

WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

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| Title of Report: | Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 31st October 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 | <p>The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.</p> |
| <ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes | <p>The CCG must meet a number of constitutional, national and locally set performance targets.</p> |
| <ul style="list-style-type: none"> • Domain 3: Financial Management | <p>The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.</p> |

1. FINANCE POSITION

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

| Financial Targets | | | | |
|--|-----------------|-----------------|---------------|-----|
| Statutory Duties | Target | FOT | Variance o(u) | RAG |
| 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 | £403.044m | £403.044m | Nil | G |
| Revenue Administration Resource not exceeded | £5.535m | £5.465m | (£0.07m) | G |

| Non Statutory Duties | YTD Target | YTD Actual | Variance o(u) | RAG |
|------------------------------------|------------|------------|---------------|-----|
| Maximum closing cash balance £'000 | 329 | 705 | 376 | A |
| Maximum closing cash balance % | 1.25% | 2.68% | 1.43% | A |
| BPPC NHS by No. Invoices (cum) | 95% | 100% | -5% | G |
| BPPC non NHS by No. Invoices (cum) | 95% | 97% | -2% | G |
| QIPP | £5.31m | £5.12m | £0.19m | A |
| Programme Cost £'000* | 192,210 | 193,397 | 1,186 | G |
| Reserves £'000* | 1,068 | 0 | (1,068) | G |
| Running Cost £'000* | 2,767 | 2,667 | (100) | G |

- The net effect of the three identified lines (*) is a small overspend.
- The CCG's cash performance has improved in September.
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M6 the level of risks and associated mitigations has been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is partially compensated for by underspends on Running Costs, (section 3).

- The financial position has been scrutinised in M6 (Q2 review) and following a review of assumptions the recurrent overspend has decreased to an estimated £900k FOT which is currently offset by non-recurrent underspends and the use of reserves. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase.
- Royal Wolverhampton Trust (RWT) is giving concern as the M5 activity is indicating a potential forecast out turn (FOT) of c £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is some flexibility to in bring forward plans and commit recurrent spend.
- Expenditure on GP prescribing has decreased significantly compared to month 5. The movement includes savings in relation to Pregabalin partially offset by increased costs for NCSO drugs.
- CHC/FNC continues to report an overall FOT underspend but this has reduced again in month 6 due to additional patients within Adult CHC.
- The inclusion of the “cap” arrangement for BCF has released £700k into the recurrent position .
- Additional QIPP has been identified over and above M5 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes are not materialising and are manifesting themselves in overspends, largely within the Acute portfolio.

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

| | Annual Budget £'000 | YTD Performance M06 | | | | | | | | In Month Movement Trend | In Month Movement £'000 o(u) | Previous Month FOT Variance £'000 o(u) |
|------------------------|------------------------|---------------------|---------------------|------------------------|---------------|---------------------|-----------------------|---------------|---|-------------------------------|------------------------------------|---|
| | | Ytd Budget £'000 | Ytd Actual £'000 | Variance £'000 o(u) | Var % o(u) | FOT Actual £'000 | FOT Variance £'000 | Var % o(u) | | | | |
| Acute Services | 190,356 | 95,178 | 95,905 | 727 | 0.8% | 192,377 | 2,021 | 1.1% | ● | 310 | 1,711 | |
| Mental Health Services | 35,651 | 17,826 | 18,097 | 271 | 1.5% | 35,799 | 147 | 0.4% | ● | (266) | 413 | |
| Community Services | 36,943 | 18,425 | 18,358 | (67) | (0.4%) | 36,814 | (128) | (0.3%) | ● | (71) | (57) | |
| Delegated Primary Care | 35,165 | 17,582 | 17,756 | 174 | 1.0% | 34,665 | (500) | (1.4%) | ● | (207) | (293) | |
| Other Primary Care | 724 | 362 | 362 | 0 | 0.0% | 724 | 0 | 0.0% | ● | 0 | 0 | |
| Prescribing & Quality | 50,570 | 25,285 | 25,833 | 549 | 2.2% | 51,377 | 807 | 1.6% | ● | (398) | 1,205 | |
| Continuing Care/FNC | 13,973 | 6,987 | 6,877 | (109) | (1.6%) | 13,766 | (207) | (1.5%) | ● | 218 | (425) | |
| Other Programme | 21,131 | 10,566 | 10,207 | (358) | (3.4%) | 20,849 | (282) | (1.3%) | ● | 413 | (695) | |
| Total Programme | 384,513 | 192,210 | 193,397 | 1,186 | 0.6% | 386,372 | 1,858 | 0.5% | ● | (0) | 1,858 | |
| Running Costs | 5,535 | 2,767 | 2,667 | (100) | (3.6%) | 5,465 | (70) | (1.3%) | ● | 0 | (70) | |
| Reserves | 3,866 | 1,068 | 0 | (1,068) | (100.0%) | 2,077 | (1,788) | (46.3%) | ● | 0 | (1,788) | |
| Total Mandate | 393,914 | 196,045 | 196,063 | 18 | 0.0% | 393,914 | (0) | (0.0%) | ● | (0) | (0) | |
| Target Surplus | 9,130 | 4,565 | 0 | (4,565) | (100.0%) | 0 | (9,130) | (100.0%) | ● | 0 | (9,130) | |
| Total | 403,044 | 200,610 | 196,063 | (4,547) | (2.3%) | 393,914 | (9,130) | (2.3%) | ● | (0) | (9,130) | |

Red = adverse impact on FOT and overall financial position of the CCG

Amber = no movement on FOT from last month

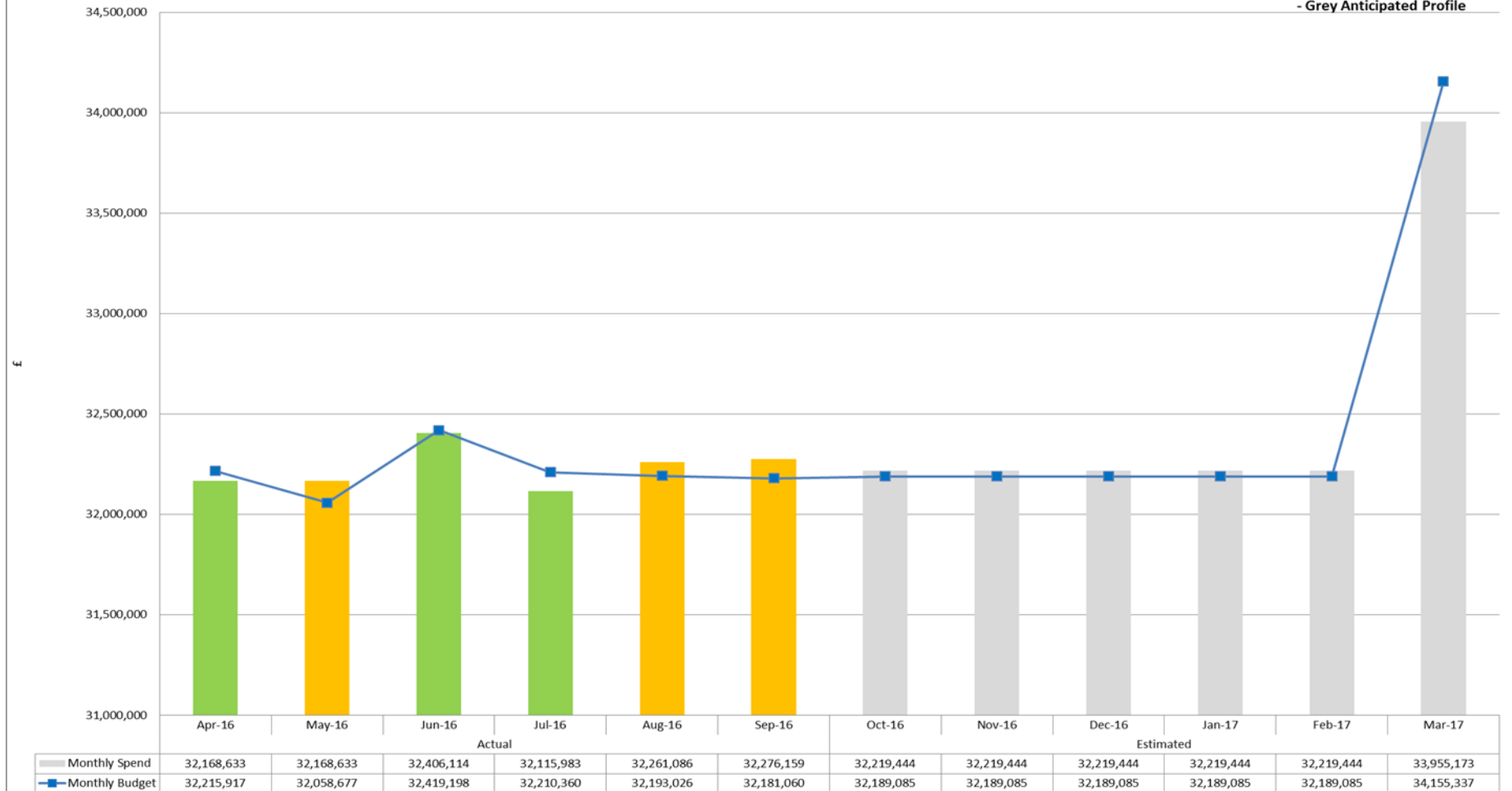
Green = favourable impact on FOT and financial position of the CCG

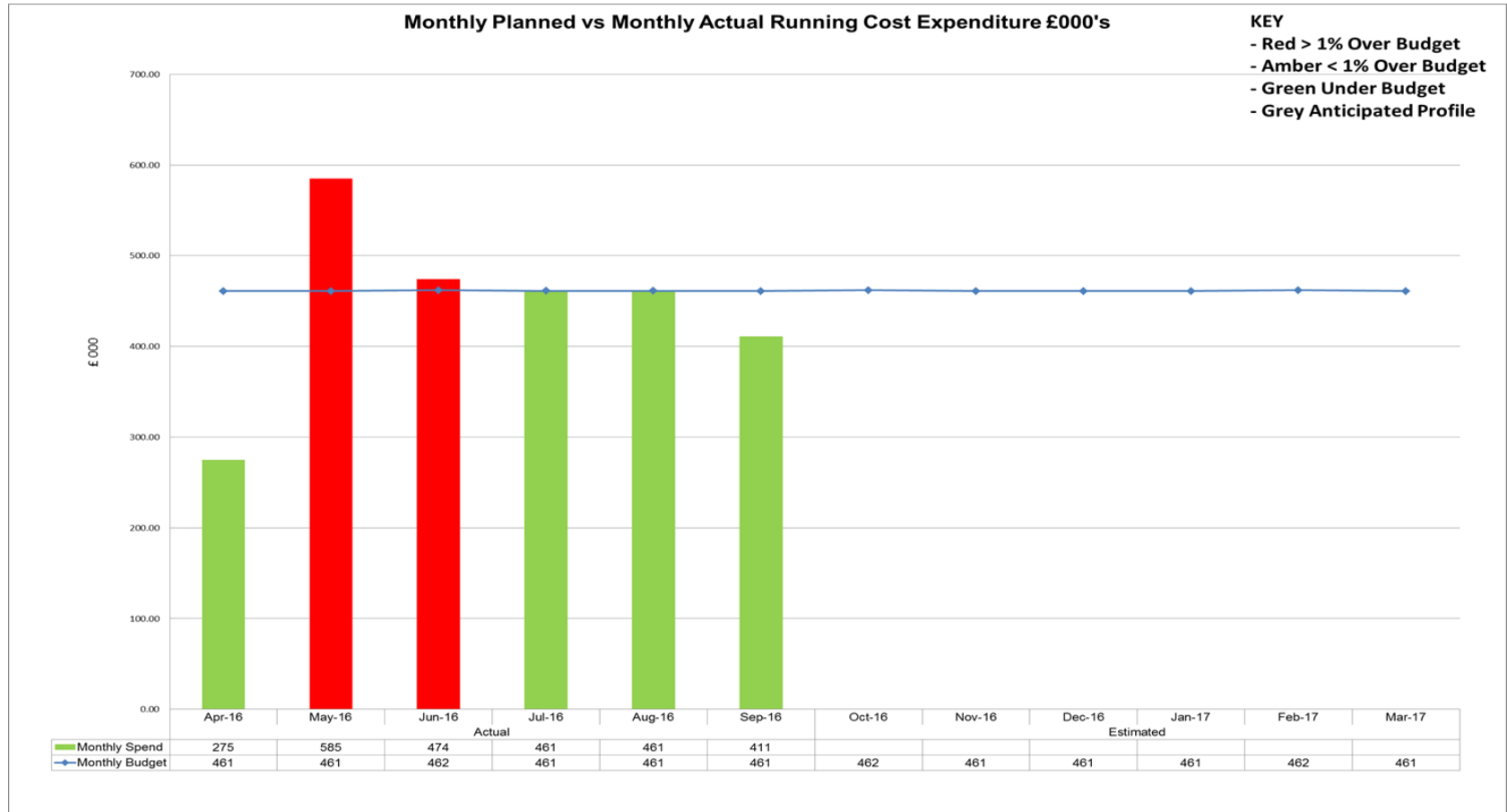
| | Annual Budget £'000 | Yr End Forecast £'000 | Yr End Variance Total £'000 o(u) | Yr End Variance Recurrent £'000 | Yr End Variance Non Recurrent | Yr End Variance % |
|------------------------------------|------------------------|--------------------------|-------------------------------------|------------------------------------|----------------------------------|-------------------|
| Acute Services | 190,356 | 192,377 | 2,021 | 1,399 | 622 | 0 |
| Mental Health Services | 35,651 | 35,799 | 147 | (15) | 162 | 0 |
| Community Services | 36,943 | 36,814 | (128) | 45 | (173) | (0) |
| Delegated Primary Care | 35,165 | 34,665 | (500) | 0 | (500) | (0) |
| Other Primary Care | 724 | 724 | 0 | 0 | 0 | 0 |
| Prescribing & Quality | 50,570 | 51,377 | 807 | 782 | 25 | 0 |
| Continuing Care/FNC | 13,973 | 13,766 | (207) | (327) | 120 | (0) |
| Other Programme | 21,131 | 20,849 | (282) | 5,497 | (5,779) | (0) |
| Total Programme | 384,513 | 386,372 | 1,858 | 7,381 | (5,523) | 0 |
| Running Costs | 5,535 | 5,465 | (70) | 0 | (70) | (0) |
| Reserves | 3,866 | 2,077 | (1,788) | (1,788) | 0 | (0) |
| Total Mandate | 393,914 | 393,914 | (0) | 5,593 | (5,593) | (0) |
| Target Surplus | 9,130 | 0 | (9,130) | 0 | (9,130) | (1) |
| Total | 403,044 | 393,914 | (9,130) | 5,593 | (14,723) | (0) |
| Recurrent/non recurrent adjustment | | | | -4721 | 4721 | |
| Removal of Target Surplus | | | | | 9,130 | |
| Residual position | | | | 872 | (872) | |

- Of the recurrent year end variance, £4.721m 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 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review). This is reflected in the table above.
- The above table demonstrates that after adjusting for the required target and non-recurrent allocation, the CCG is overcommitted recurrently by £872k, which is offset by non-recurrent underspends.
- 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.

Monthly Planned vs Monthly Actual Programme Expenditure

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





- 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 M06 are £35.513m which includes the 1% reserve which isn't included in the table below as it sits outside of the delegated primary care budget but within CCG reserves. Therefore the annual budget excluding 1% reserve is £35.165m and the forecast outturn is £34.665m delivering an underspend position.

- The table below shows the revised forecast for month 06:

| | YTD budget £'000 | YTD spend £'000 | YTD Variance £'000 o/(u) | Annual Budget £'000 | FOT £'000 | Variance £'000 o/(u) | In Month Movement Trend | In Month Movement £'000 o/(u) | Previous Month FOT Variance £'000 o/(u) |
|-------------------------------------|---------------------|--------------------|-----------------------------|------------------------|---------------|-------------------------|-------------------------------|-------------------------------------|---|
| General Practice GMS | 10,501 | 10,526 | 25 | 21,002 | 21,002 | 0 | ● | 0 | 0 |
| General Practice PMS | 905 | 899 | (5) | 1,809 | 1,809 | 0 | ● | 0 | 0 |
| Other List Based Services APMS incl | 1,149 | 1,271 | 122 | 2,298 | 2,298 | 0 | ● | 0 | 0 |
| Premises | 1,342 | 1,325 | (17) | 2,684 | 2,684 | 0 | ● | 0 | 0 |
| Premises Other | 45 | 26 | (19) | 90 | 90 | 0 | ● | 0 | 0 |
| Enhanced services Delegated | 422 | 405 | (17) | 845 | 845 | 0 | ● | 0 | 0 |
| QOF | 1,811 | 1,764 | (47) | 3,622 | 3,622 | 0 | ● | 0 | 0 |
| Other GP Services | 1,320 | 1,540 | 219 | 2,641 | 2,141 | (500) | ● | (500) | 0 |
| Delegated Contingency reserve | 87 | 0 | (87) | 174 | 174 | 0 | ● | 0 | 0 |
| Total | 17,582 | 17,756 | 174 | 35,165 | 34,665 | (500) | ● | (500) | 0 |

The forecast outturn shows an underspend of £500k against other GP services which relates to the release of an accrual previously managed by NHSE. The benefit is non recurrent in nature. The 0.5% contingency will be committed in line with the 2017/18 planning metrics. The CCG has plans in place to utilise this resource.

In line with national guidance the 1% Non-Recurrent Transformation Fund can be utilised in year non-recurrently to help and support the delegated services. The CCG has plans in place to meet this metric.

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.

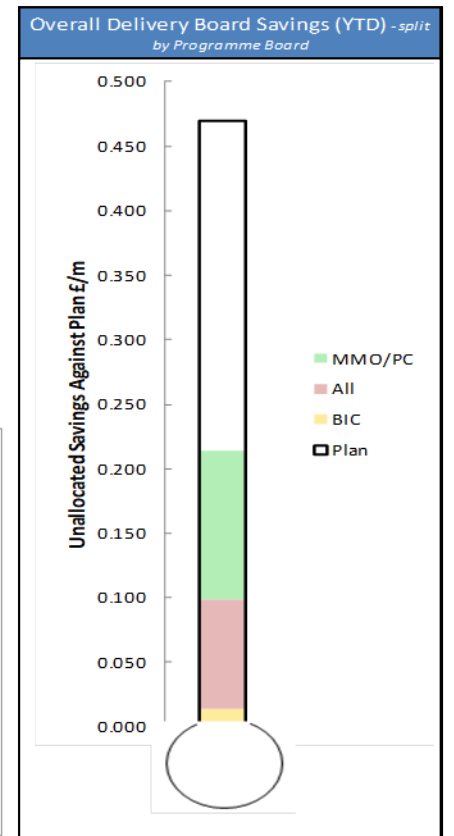
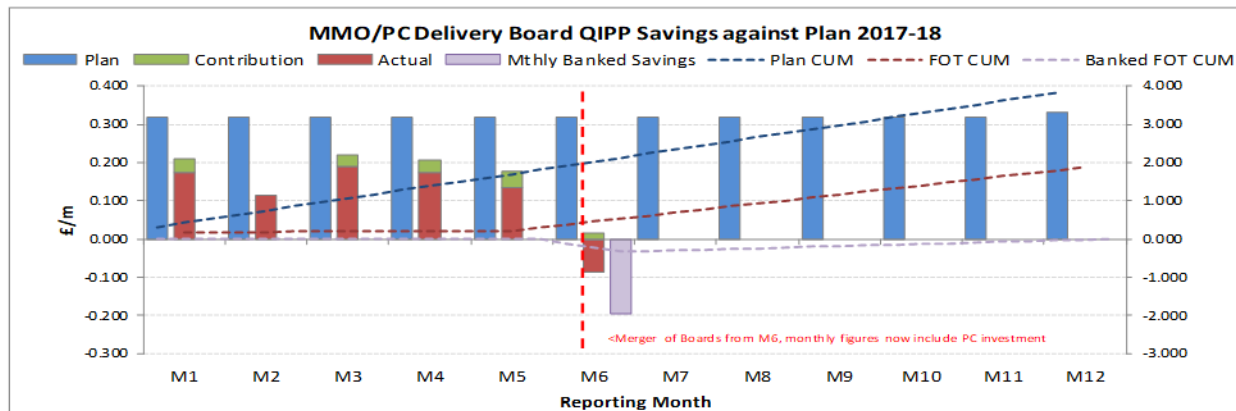
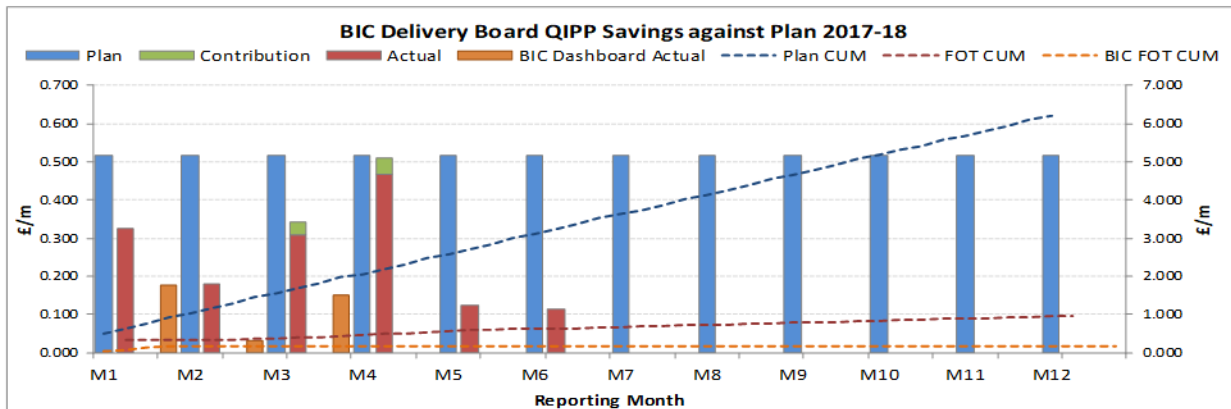
- Additional QIPP has been identified in M6.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational 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 | 2.03 | 2.03 | 0.00 | 4.05 | 4.05 | 0.00 |
| Transformational | 3.29 | 3.09 | -0.20 | 6.56 | 6.56 | 0.00 |
| Unallocated | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | 5.32 | 5.12 | -0.20 | 10.61 | 10.61 | 0.00 |

QIPP Programme Delivery Board

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

Mth 6 - Sept 17/18



4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 30th September is shown below.

| | 30 September '17 £'000 | 31 August '17 £'000 | Change In Month £'000 |
|--|---------------------------|------------------------|-----------------------------|
| Non Current Assets | | | |
| Assets | 0 | 0 | 0 |
| Accumulated Depreciation | 0 | 0 | 0 |
| | 0 | 0 | |
| Current Assets | | | |
| Trade and Other Receivables | 1,591 | 1,410 | 181 |
| Cash and Cash Equivalents | 687 | 1,650 | -963 |
| | 2,279 | 3,060 | |
| Total Assets | 2,279 | 3,060 | |
| Current Liabilities | | | |
| Trade and Other Payables | -25,648 | -24,087 | -1,561 |
| | -25,648 | -24,087 | |
| Total Assets less Current Liabilities | -23,369 | -21,026 | |
| TOTAL ASSETS EMPLOYED | -23,369 | -21,026 | |
| Financed by: | | | |
| TAXPAYERS EQUITY | | | |
| General Fund | 23,369 | 21,026 | 2,343 |
| TOTAL | 23,369 | 21,026 | |

Key points to note from the SoFP are:

- The CCG's cash performance has improved this month with the bank balance at the end of September being £705k compared to £1,652k at the end of August, (note that these balances differ from the SoFP cash balances shown above due to timing differences). This was 2.68% of the monthly drawdown against the target of no greater than 1.25%. Work will continue to achieve the target in October (see 14.2 below);
- Performance continues to be high against the target of paying at least 95% of invoices within 30 days, (97% for non-NHS invoices and 100% for NHS invoices);

5. PERFORMANCE

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

Executive Summary - Overview

Aug-17

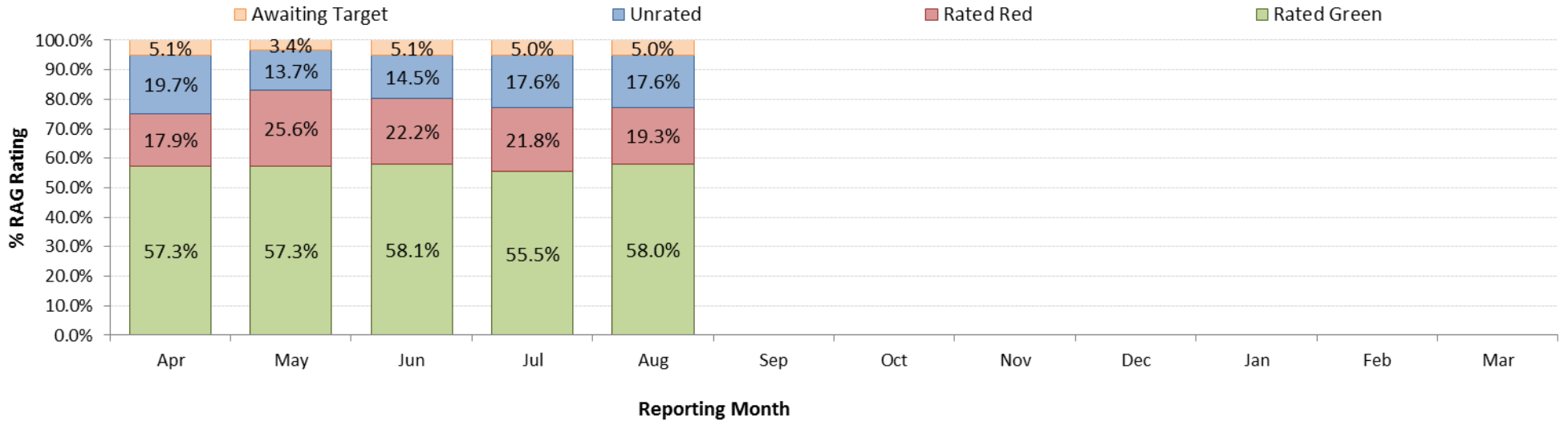
| Performance Measures | Previous Mth | Green | Previous Mth | Red | Previous Mth | No Submission (blank) | Previous Mth | Target TBC or n/a * | Total |
|-----------------------------|--------------|-----------|--------------|-----------|--------------|-----------------------|--------------|---------------------|------------|
| NHS Constitution | 13 | 15 | 9 | 8 | 2 | 1 | 0 | 0 | 24 |
| Outcomes Framework | 8 | 7 | 7 | 7 | 11 | 12 | 0 | 0 | 26 |
| Mental Health | 23 | 24 | 5 | 4 | 8 | 8 | 0 | 0 | 36 |
| Safeguarding - RWT | 8 | 9 | 5 | 4 | 0 | 0 | 0 | 0 | 13 |
| Looked After Children (LAC) | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 6 | 6 |
| Safeguarding - BCP | 14 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| Totals | 66 | 69 | 26 | 23 | 21 | 21 | 6 | 6 | 119 |

| Performance Measures | Previous Mth: | Green | Previous Mth: | Red | Previous Mth: | No Submission (blank) | Previous Mth: | Target TBC or n/a * |
|-----------------------------|---------------|------------|---------------|------------|---------------|-----------------------|---------------|---------------------|
| NHS Constitution | 54% | 63% | 38% | 33% | 8% | 4% | 0% | 0% |
| Outcomes Framework | 31% | 27% | 27% | 27% | 42% | 46% | 0% | 0% |
| Mental Health | 64% | 67% | 14% | 11% | 22% | 22% | 0% | 0% |
| Safeguarding - RWT | 62% | 69% | 38% | 31% | 0% | 0% | 0% | 0% |
| Looked After Children (LAC) | 0% | 0% | 0% | 0% | 0% | 0% | 100% | 100% |
| Safeguarding - BCP | 100% | 100% | 0% | 0% | 0% | 0% | 0% | 0% |
| Totals | 55% | 58% | 22% | 19% | 18% | 18% | 5% | 5% |

* 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.

August 2017 : additional of C.Diff and MRSA indicators for the Black Country Partnership Foundation Trust reporting, increases number to 119 overall indicators

Indicator RAG ratings per month (%) all Performance Measures (includes Safeguarding and LAC Dashboards)



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 referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment ↑

| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 90.91% | 93.42% | 94.19% | 93.09% | 93.64% | | | | | | | | 93.05% | 93.00% |

RWT_EB6
 The 2 week first outpatient cancer performance has achieved the 93% target for the fourth consecutive month. Due to the increase in performance since May, the Year To Date has recovered and is now achieving standard. Compared to the previous year, there has been a 1.70% increase in referrals (August16 = 1288 - 93.56%, August17 = 1321 - 93.71%) and an increase in compliance by 0.09%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and August performance has been confirmed as 93.71% (83 patients breaching target out of 1,319) and therefore remains GREEN in month.

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 |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 77.78% | 94.87% | 94.34% | 91.43% | 94.44% | | | | | | | | 90.57% | 94.00% |

RWT_EB9
 The 31 Day for subsequent treatment (surgery) cancer performance in August achieved the 94% target (94.44%) in month, however the Year To Date remains below target at 90.57% due to previously lower than target performance in April17 (77.78%) and July17 (91.43%). Performance will need to achieve 96.5% for the remainder of the year to achieve the 94% Year End target. Compared to the previous year, there has been a 35% decrease in referrals (Aug16 = 55 - 87.27%, Aug17 = 36 - 94.44%) and a increase in compliance by 7.17%. The performance for this indicator is directly related to the 62 Day standard and is expected to follow the same recovery trajectory. 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 August confirm that the Trust achieved 94.87% (relating to 2 breaches out of 39 patients seen) and therefore remains GREEN in month. Early indications are that the September performance has seen a decrease to 84.85% and is therefore RED.

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 |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 94.74% | 84.62% | 78.57% | 82.50% | 86.49% | | | | | | | | 85.38% | 90.00% |

The 62 Day referral from an NHS screening service performance for August has seen a positive increase to 86.49%, however has failed to achieve the 90% target for the 4th consecutive month. This indicator is affected by low numbers of breaches impacting on a small cohort of patients. In August, 2.5 patients breached the 62 day threshold from a total of 18.5 patients (includes tertiary referral shared breaches). The Trust have confirmed that all breaches relate to capacity issues with performance excluding tertiary referrals = 88.89%. The pathway and process flow coach assigned by NHS Intelligence has been working with the Trust (1 day per week) and has researched a methodology applied in other Trusts to calculate number of slots that would need to be available for to achieve levels of activity. A revised 62 Day Cancer Standard Improvement Plan has been distributed following discussions at the Trusts Cancer Recovery Meeting in October. Updates include : Gastroscopy OGD (Oesophago-gastro duodenoscopy) tests are to be offered within 7 days (rather than 14 days) and colonoscopies and combi's are to be offered within 14 days to support the diagnostic element of the Upper and Lower GI 62 Cancer Pathway, with a further review of other specialty pathways to assess if any could move to a diagnostic test within 7 days. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and the August performance has been confirmed as 86.49%. Initial indications are that performance has declined in September to 83.78% and remains below target.

RWT_EB13

The 62 Day Cancer waits continues to be a National issue and is to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The performance remains as part of the Quality requirements National Operational Standards for 2017/18 with the threshold remaining at 90%.

Minimise rates of Clostridium Difficile



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Threshold |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----------|
| 4 | 5 | 2 | 2 | 4 | | | | | | | | 17 | 35 |

The number of Clostridium Difficile (C.Diff) has failed to achieve the in-month threshold of 3 with 4 cases reported for August at the Trust. The Year to Date remains in breach due to the number of breaches in previous months (17 cases against a threshold of 15 cases). Compared to the same month in 16/17, performance has seen a significant improvement (16/17 = 8, 17/18 = 4) and the YTD performance has also seen a significant improvement (16/17 YTD = 28, 17/18 YTD = 17). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 21 positive cases (by toxin test), 4 of which were attributable to the Royal Wolverhampton using the external definition of attribution. The number of C.Diff cases continues to be discussed as part of the CQRM and CRM meetings with actions shared by the Infection Prevention Team. The Trust have confirmed that Incident meetings have been held with the respective areas where cases occurred with actions identified and implemented. These included: support of junior pharmacists working in the clinical areas when seniors are off sick and review of the deep clean programme. The Nationally verified data has confirmed that the number of cases for the CCG as a Commissioner for August has increased to 10 cases (30 Year to Date) and matches the Year to Date threshold of 30. The Trust have also confirmed that there were 5 E coli device related bacteraemia also identified during August 2017.

RWT_EAS5

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 | 0 | 0 | 0 | | | | | | | | 10 | 0 |

RWT_EBS4

This indicator has breached the Year End zero threshold for 52 week waiters due to the April and May breaches for Orthodontic patients. The M5 performance confirms that there were no patients waiting over 52 weeks during August, however the Year End threshold has already breached for 2017/18 due to the performance in April and May. 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. Early indications are that there are no further breaches during September.

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Threshold |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----------|
| 33 | 69 | 54 | 27 | 48 | | | | | | | | 231 | 0 |

RWT_EBS7a

The Ambulance handover delays have seen an increase in breach numbers during August with 48 handover breaches out of 3,655 conveyances during the month. Compared to the same month in 16/17, there has been a 4% decrease in the number of breaches. There has also been a 1.8% increase in the number of conveyances (August 16/17 = 50 breaches out of 3,591, August 17/18 = 48 breaches out of 3,655). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for August confirm that there were an average of 118 conveyances per day, the highest number of 155 ambulance conveyances was reported on Wednesday 16th August. The Trust have advised that 30% of all breaches in month occurred on the same day. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 5 estimated at £9,600 (based on 48 breaches 30-60mins @ £200). There were no patients breaching the 12 hour threshold during August. Early indications are that the September performance has seen an increase to 70 breaches.

All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Threshold |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----------|
| 1 | 2 | 5 | 0 | 5 | | | | | | | | 13 | 0 |

RWT_EBS7b

The Ambulance handover delays have seen an increase in breach numbers during August with 5 handover breaches out of 3,655 conveyances during the month. Compared to the same month in 16/17, there has been a 16.7% decrease in the number of breaches. There has also been a 1.8% increase in the number of conveyances (August 16/17 = 6 breaches out of 3,591, August 17/18 = 5 breaches out of 3,655). Ambulance conveyance handover times continue to be hampered by the batching of ambulances at the Emergency Department within A&E. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (e.g. accidents, incidents, hot/inclement weather). Activity numbers for August confirm that there were an average of 118 conveyances per day, the highest number of 155 ambulance conveyances was reported on Wednesday 16th August. The Trust have advised that all 60 minute breaches in month all occurred on the same day between 16:30 and 17:15. Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 5 estimated at £5,000 (based on 5 breaches >60mins @ £1000). There were no patients breaching the 12 hour threshold during August. Early indications are that the September performance has seen a decrease to 2 breaches.

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all wards excluding assessment units.



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 91.30% | 94.66% | 96.29% | 96.25% | 95.56% | | | | | | | | 94.81% | 95.00% |

RWT_LQR1

The E-Discharge (excluding assessment units) indicator has seen a decrease in performance to 95.56%, however has achieved the 95% target for the 3rd consecutive month. Analysis of the year on year performance shows that the M5 performance relates to a lower number of records (16/17 denominator = 2754, 17/18 denominator = 2412 and a reduction of 342) and a performance above that of the same period in 2016/17 (95.56%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the September performance has seen a further decrease to 95.91% but remains above target.

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.]



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 81.94% | 89.98% | 85.50% | 90.36% | 89.33% | | | | | | | | 87.42% | 92.50% |

RWT_LQR2

The E-Discharge (excluding assessment units) indicator has failed to achieve 85% target for the first time since April 2017. Analysis of the year on year performance shows that the M5 performance has seen an increase in the number of records (16/17 denominator = 1363, 17/18 denominator = 1424 and a reduction of 61) and a performance above that of the same period in 2016/17 (80.92%). The Trust confirmed that additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) to identify any common trends and this is having a positive impact on performance. Early indications are that the September performance has seen a decrease to 85.49% and therefore below the Quarter 2 target of 90%.

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



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Threshold |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----------|
| 0 | 1 | 0 | 0 | 0 | | | | | | | | 1 | 0 |

RWT_LQR4

The Trust have reported no breaches for August, however following clarification and confirmation of the contract indicator wording (based on the occurrence date is equal to the date incident was discovered, rather than the date reported) the CCG's Quality and Patient Safety Team have identified 4 breaches since the confirmed breach in May (of which 2 have since been agreed as overturned). The breaches relating to serious incidents are as follows :

1 x Slip/Trip/Fall (ref : 13497 - May)

1 x Surgical/invasive procedure incident meeting SI criteria (ref: 17050 - July) - confirmed as a Never Event (Surgical Invasive Procedure) with ongoing discussions with Trust for LQR4 sanction

1 x Maternity/Obstetric incident meeting SI criteria - Mother only (ref: 17230 - July)

The overturned breaches were as follows :

1 x Pending Review - category to be confirmed before incident can be closed (ref: 17028 - July)

1 x Treatment delay meeting SI criteria (ref: 17933 - July).

The disputed breaches are currently under discussion with each breach reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that there are 3 agreed breaches for the Royal Wolverhampton NHS Trust and an additional 7 disputed breaches currently under investigation.

Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework.

60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Threshold |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----------|
| 0 | 4 | 3 | 1 | 4 | | | | | | | | 12 | 0 |

The August performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 4 reported breaches. The Year to Date breaches relating to serious incidents are as follows :

5 x Treatment delay meeting SI criteria (ref : 3856 - May, 3250 - May, 29941, 7143 - June, 13500 - August)

2 x Pending Review - category to be confirmed before incident can be closed (ref: 2461 - May, 12558 - August)

2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775 - June, 7707 - June)

1 x Awaiting RCA (due 18/07/17, not recieved ref : 10549 - July).

2 x VTE meeting SI criteria (ref: 12846 - August, 13134 - August). Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that September performance has no further breaches for the Royal Wolverhampton NHS Trust.

RWT_LQR6

Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches)



| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|--------|
| No | No | No | Yes | Yes | | | | | | | | - | Yes |

Performance for this indicator relates to compliance to all Safeguarding and Looked After Children (LAC) indicators provided via the Safeguarding Dashboard (provided within this report). The Month 5 report has been submitted as "Yes" to indicate no breaches, however, the Safeguarding Dashboard has highlighted several breaches. Breaches include :

LQSG05 - Safeguarding Children Training, Board Level for Chief Executive Officers (93.33% against 100% target)

The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.

LQSG10 - Safeguarding Training, Board Level for Chief Executive Officers (93.33% against 100% target)

The Trust have confirmed that the breach relates to one board member (out of 15) who partially completed as required to leave training session.

LQSG11 - Prevent Awareness level 1 & 2 (71.35% against 95% target)

LQSG13 - Prevent Awareness level 3,4 &5 (71.35% against 85% target).

RWT_LQR21

All Staff Hand Hygiene Compliance

| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 90.42% | 92.48% | 93.31% | 92.08% | 92.50% | | | | | | | | 92.16% | 95.00% |



The Staff Hygiene Compliance indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with August reporting 92.50%. The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms that contributions to the under performance were: Long Term Sickness, lack of adequate training resources for staff to complete training and failed attendance by staff to pre-booked training sessions. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process with the following planned actions :

RWT_LQR28

Monthly reporting to line managers of non-compliant (named) staff, emails to non-compliant staff from senior management, training records to be updated and non-attendance followed up, incorporation of hand hygiene into local induction, annual appraisals and training needs analysis, monthly discussion at the Infection Prevention and Control Group (IPCG) with Directorates to manage their teams to ensure a minimum of 95% compliance. Early indications are that the September performance has increased to 92.88% however remains below target.

Infection Prevention Training Level 2

| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | YTD | Target |
|--------|--------|--------|--------|--------|------|-----|-----|-----|-----|-----|-----|--------|--------|
| 94.21% | 94.67% | 94.82% | 94.67% | 94.83% | | | | | | | | 94.64% | 95.00% |



The Infection Prevention Training indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with August reporting 94.83%. The Trust have provided an exception report which includes the following actions: Improved electronic notification via the Electronic Staff Record (ESR) system - giving staff members 3 months notification to staff of training due dates (with non attendance followed up and addressed), continued monthly discussion at the Infection Prevention and Control Group (IPCG), The Commissioner has formally written to the Trust as the current exception reports narrative fails to provide the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust and are awaiting a formal response from the Trust.

RWT_LQR29

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.

7. Risk Report

The Committee received and considered a first overview of the risk profile for the Committee including Corporate and Committee level risks following a review of the CCG's risk management arrangements.

8. Risk and Mitigation

The CCG submitted an annual plan which presented a nil net risk. Following discussion within the CCG the risk profile has changed to reflect changes between plan submission (March 2017), and Month 6, and continues to report a nil net risk.

The table below details the current risk assessment for the CCG' a risk of £2m with mitigations of £2m. There has been a reduction of £200k in overall risk following a re-assessment of the BCF overspend risk.

| CCG RISKS & MITIGATIONS | Forecast Net Expenditure | | | | RISKS (enter negative values only) | | | | | MITIGATIONS (enter positive values only) | | | | | | | | TOTAL NET (RISK) / MITIGATION | Of which: RECURRENT | |
|-------------------------------------|--------------------------|--------------|------------|-------------|------------------------------------|--------------|--------------------|--------------|------------|--|-------------------|-------------------------|-------------------------|------------------------|---------------------------------|-------------------|-------------------|-------------------------------|---------------------|-------|
| | Plan | Actual | Variance | Variance | Contract | QJPP | Performance Issues | Prescribing | Other | Contingency Held | Contract Reserves | Investments Uncommitted | Further QJPP Extensions | Non-Recurrent Measures | Delay / Reduce Investment Plans | Other Mitigations | Potential Funding | | | |
| | £m | £m | £m | % | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | £m | | | £m |
| REVENUE RESOURCE LIMIT (IN YEAR) | 393.9 | | | | | | | | | | | | | | | | | | | |
| REVENUE RESOURCE LIMIT (CUMULATIVE) | 403.0 | | | | | | | | | | | | | | | | | | | |
| Acute Services | 193.9 | 195.4 | (1.5) | (0.8%) | (1.4) | (0.3) | | | | | | | 0.3 | | | | | | (1.4) | (1.4) |
| Mental Health Services | 35.7 | 35.8 | (0.1) | (0.2%) | | 0.0 | | | | | | | 0.0 | | | | | | 0.0 | 0.0 |
| Community Health Services | 48.5 | 47.7 | 0.8 | 1.7% | | 0.0 | | | | | | | 0.0 | | | | | | 0.0 | 0.0 |
| Continuing Care Services | 14.5 | 14.4 | 0.1 | 0.7% | | 0.0 | | | | | | | 0.0 | | | | | | 0.0 | 0.0 |
| Primary Care Services | 52.3 | 53.0 | (0.7) | (1.3%) | | 0.0 | | (0.3) | | | | | 0.0 | 0.3 | | | | | (0.0) | 0.0 |
| Primary Care Co-Commissioning | 35.5 | 35.0 | 0.5 | 1.4% | | 0.0 | | | | | | | 0.0 | 0.4 | | | | | 0.4 | 0.0 |
| Other Programme Services | 7.9 | 7.2 | 0.7 | 8.7% | | 0.0 | | | | | | | 0.0 | | 1.0 | | | | 1.0 | 0.0 |
| Commissioning Services Total | 388.4 | 388.4 | (0.1) | (0.0%) | (1.4) | (0.3) | 0.0 | (0.3) | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | 0.7 | 1.0 | 0.0 | 0.0 | (0.0) | (1.4) | |
| Running Costs | 5.5 | 5.5 | 0.1 | 1.3% | | 0.0 | | | | | | | 0.0 | | | | | | 0.0 | 0.0 |
| Unidentified QJPP | | | | | | 0.0 | | | | | | | | | | | | | 0.0 | 0.0 |
| TOTAL CCG NET EXPENDITURE | 393.9 | 393.9 | 0.0 | 0.0% | (1.4) | (0.3) | 0.0 | (0.3) | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | 0.7 | 1.0 | 0.0 | 0.0 | (0.0) | (1.4) | |

There has been a change in reporting requirements to NHSE as the above table now reflects risk and mitigations by service line as well as by recurrent /non recurrent. It is clear that the CCG is carrying a recurrent risk, particularly in the Acute portfolio which is being offset by non-recurrent solutions.

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.

In summary the CCG is reporting the following:

| | £m Surplus(deficit) | |
|--------------------|----------------------------|--|
| Most Likely | £9.130 | No risks or mitigations, achieves control total |
| Best Case | £11.130 | Control total and mitigations achieved, risks do not materialise achieves control total |
| Risk adjusted case | £9.130 | Adjusted risks and mitigations occur. CCG achieves control total |
| Worst Case | £7.130 | Adjusted risks and no mitigations occur. CCG misses revised control total |

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.

There are potentially two additional risks not factored into the financial position or Risk schedule as follows:

- Any contribution to the currently disputed £4.8m invoice received from RWT in respect of lost income as Emergency activity continues to reduce (a national directive)
- Any potential financial consequences resulting from issues arising with services provided at the Urgent Care Centre (Vocare Ltd).

9. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 1st November 2017

Performance Indicators 17/18

Current Month: **Aug**

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 | | | | | | | | | | | | | | |
|-----------------|--|----------|--|--------------------------|------------|-----------------|---------|----------------------|--|---|---|---|---|---|---|---|---|---|---|---|--------|--|--|
| | | | | | | | | | A | M | J | J | A | S | O | N | D | J | F | M | Yr End | | |
| RWT_EB4 | Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test | RWT | 99% | 99.20% | G | 99.24% | G | ↓ | | | | | | | | | | | | | | | |
| RWT_EB5 | Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department | RWT | 95% | 92.09% | R | 93.19% | 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% | 93.64% | G | 93.05% | G | ↑ | | | | | | | | | | | | | | | |
| RWT_EB7 | Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment | RWT | 93% | 94.21% | G | 95.30% | G | ↓ | | | | | | | | | | | | | | | |
| RWT_EB8 | Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers | RWT | 96% | 98.56% | G | 96.75% | G | ↑ | | | | | | | | | | | | | | | |
| RWT_EB9 | Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery | RWT | 94% | 94.44% | G | 90.57% | 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% | 96.74% | G | 99.00% | 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% | 75.00% | R | 75.67% | 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% | 86.49% | R | 85.38% | 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 | 4.00 | R | 17.00 | R | ↓ | | | | | | | | | | | | | | | |
| RWT_EBS4 | Zero tolerance RTT waits over 52 weeks for incomplete pathways | RWT | 0 | 0 | G | 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 | 48 | R | 231 | 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 | 5 | R | 13 | 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% | 95.51% | G | 95.55% | G | ↑ | | | | | | | | | | | | | | | |
| RWTCB_S10B | Duty of candour (Note : Yes = Compliance, No = Breach) | RWT | Yes | Yes | G | - | - | | | | | | | | | | | | | | | | |
| RWTCB_S10D | Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance | RWT | 99.00% | 99.88% | G | 99.86% | G | ↑ | | | | | | | | | | | | | | | |
| RWTCB_S10E | Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance | RWT | 95.00% | 98.81% | G | 98.97% | 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% | 95.56% | G | 94.81% | 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% | 89.33% | R | 87.42% | R | ↓ | | | | | | | | | | | | | | | |
| 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% | 1.81% | G | 1.67% | 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 | 0.00 | G | 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 |
|-----------------|--|----------|---------|--------------------------|------------|-----------------|---------|----------------------|--|
| RWT_LQR5 | Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible). To be completed within 3 working days of the incident occurrence date. Note: Date of occurrence is equal to the date, the incident was discovered | RWT | 0 | 2.00 | R | 2.00 | R | ↓ | |
| RWT_LQR6 | Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework. 60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced. | RWT | 0 | 4.00 | R | 12.00 | R | ↓ | |
| RWT_LQR7 | Number of cancelled operations - % of electives | RWT | 0.80% | 0.21% | G | 0.29% | G | ↓ | |
| RWT_LQR13 | Maternity - Antenatal - % of women booked by 12 weeks and 6 days | RWT | 90.00% | 92.90% | G | 91.82% | G | ↓ | |
| RWT_LQR14 | Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit | RWT | 80.00% | 90.24% | G | 87.14% | G | ↑ | |
| RWT_LQR15 | Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours | RWT | 60.00% | 64.81% | G | 75.96% | G | ↓ | |
| RWT_LQR17 | Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting | RWT | 92.50% | 99.56% | G | 99.51% | G | ↑ | |
| RWT_LQR21 | Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Combined Safeguarding Dashboard. (Submit : Yes if all Dashboard is compliant, No if breaches) | RWT | Yes | Yes | G | - | - | | |
| RWT_LQR28 | All Staff Hand Hygiene Compliance | RWT | 95.00% | 92.50% | R | 92.16% | R | ↑ | |
| RWT_LQR29 | Infection Prevention Training Level 2 | RWT | 95.00% | 94.83% | R | 94.64% | R | ↑ | |
| BCPFT_EB3 | Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral* | BCP | 92.00% | 97.93% | G | 97.44% | G | ↓ | |
| BCPFT_EB4 | 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 | - | - | | |
| 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% | 87.50% | G | 85.50% | 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% | 94.70% | G | 93.34% | G | ↑ | |
| BCPFT_EH2 | Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral | BCP | 95.00% | 100.00% | G | 99.82% | G | ↑ | |
| BCPFT_EB51 | Mixed sex accommodation breach | BCP | 0 | 0 | G | 0 | G | → | |
| BCPFT_EB53 | Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric in-patient care* | BCP | 95.00% | 97.22% | G | 96.80% | G | ↓ | |
| BCPFT_LQGE01b | Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themselves against clinical advice or who are AWOL) | BCP | 100.00% | 100.00% | G | 98.37% | R | ↑ | |
| BCPFT_LQGE09 | Evidence of using HONOS: Proportion of patients with a HONOS score | BCP | 95.00% | 97.03% | G | 96.33% | G | ↑ | |
| BCPFT_LQGE10 | Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10) | BCP | 95.00% | 97.75% | G | 99.55% | G | ↓ | |
| BCPFT_LQGE11 | Delayed Transfers of Care to be maintained at a minimum level | BCP | 7.50% | 2.25% | G | 3.27% | G | ↑ | |
| BCPFT_LQGE12a | % of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency) | BCP | 95.00% | 100.00% | G | 95.79% | G | ↑ | |
| BCPFT_LQGE12b | % of Crisis assessments carried out within 4 hours (Sandwell Psychiatric Liaison Service Emergency) | BCP | 95.00% | 100.00% | G | 97.70% | G | ↑ | |
| BCPFT_LQGE13a | % of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service) | BCP | 85.00% | 93.33% | G | 92.26% | G | ↓ | |
| BCPFT_LQGE13b | % of Urgent assessments carried out within 48 hours (Sandwell Psychiatric Liaison Service) | BCP | 85.00% | 94.64% | G | 90.81% | G | ↓ | |
| BCPFT_LQGE14a | % of Routine assessments carried out within 8 weeks (Sandwell SQPR) | BCP | 85.00% | 97.00% | G | 86.80% | G | ↓ | |
| BCPFT_LQGE14b | % of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral) | BCP | 85.00% | 96.64% | G | 97.66% | 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 | 96.00% | 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 |
|-----------------|---|----------|-------------------------------|--------------------------|------------|-----------------|---------|----------------------|--|
| 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 CORM. | BCP | 100.00% | 80.00% | R | 96.00% | R | ↓ | |
| 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% | 100.00% | G | 82.00% | 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% | 50.68% | G | 55.60% | 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% | 94.67% | G | 95.92% | 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% | 1.42% | G | 1.47% | G | ↑ | |
| BCPFT_LQIA05CUM | People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 29,880 = 15% of prevalence. CUMULATIVE | BCP | 1.25% per mth 15% by YrEnd | 7.37% | G | 7.37% | G | ↑ | |
| BCPFT_LQCA01 | Percentage of children referred who have had initial assessment and treatment appointments within 18 weeks. This indicator will follow the rules applied in the 'Improving access to child and adolescent mental health services' reducing waiting times policy and practice guide (including guidance on the 18 weeks referral to treatment standard) in 'Documents Relied Upon' | BCP | 90.00% | 100.00% | G | 98.31% | 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 | → | |
| BCPFT_LQCA04 | Every person presenting at A&E with crisis seen within 4 hours. The clock starts when A&E make the referral to crisis. | BCP | 100.00% | 100.00% | G | 100.00% | G | → | |
| BCPFT_EAS4 | Zero Tolerance methicillin-resistant Staphylococcus aureus | BCP | 0 | 0 | G | 0 | G | → | |
| BCPFT_EASS | Minimise rates of Clostridium Difficile | BCP | 0 | 0 | G | 0 | G | → | |