

WOLVERHAMPTON CCG

GOVERNING BODY
13th September 2016

Agenda item 12b

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 30th August 2016
Report of:	Claire Skidmore – Chief Finance and Operating Officer
Contact:	Claire Skidmore – Chief Finance and Operating Officer
Governing Body Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Public or Private:	This Report is intended for the public domain.
Relevance to CCG Priority:	The organisation has a number of finance and performance related statutory obligations including delivery of a robust financial position and adherence with NHS Constitutional Standards.
Relevance to Board Assurance Framework (BAF):	

<ul style="list-style-type: none"> • Domain 1: A Well Led Organisation 	<p>The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> • Domain2: Performance – delivery of commitments and improved outcomes 	<p>The CCG must meet a number of constitutional, national and locally set performance targets.</p>
<ul style="list-style-type: none"> • Domain 3: Financial Management 	<p>The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.</p>

1. FINANCE POSITION

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

Financial Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£6.172m surplus	£6.172m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£350.213m	£350.213m	Nil	G
Revenue Administration Resource not exceeded	£5.555m	£5.555m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	324	530	206	A
Maximum closing cash balance %	1.25%	2.05%	0.80%	A
BPPC NHS by No. Invoices (cum)	95%	98%	-3%	G
BPPC non NHS by No. Invoices (cum)	95%	95%	0%	G
QIPP	£2.91m	£2.87m	£0.04m	A
Programme Cost £'000*	110,176	110,800	623	G
Reserves £'000*	593	0	(593)	G
Running Cost £'000*	1,851	1,774	(78)	G

“* The net effect of the three identified lines (*) is a small underspend and the green rating refers to the overall position”

- The CCG continues to exceed the BPPC target of paying 95% of its invoices within 30 days (figures are cumulative April16-July16).
- Higher than anticipated cash balances were held at month end following an unexpected receipt from NHSE.

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

	Annual Plan £'000	YTD Performance M04			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	180,513	60,171	60,370	199	0.33%
Mental Health Services	34,455	11,485	11,413	(72)	(0.63%)
Community Services	37,730	12,577	12,484	(93)	(0.74%)
Continuing Care/FNC	12,259	4,086	4,412	326	7.98%
Prescribing & Quality	51,990	17,481	17,127	(354)	(2.03%)
Other Programme	16,385	4,377	4,994	617	14.11%
Total Programme	333,332	110,176	110,800	623	0.57%
Running Costs	5,555	1,851	1,774	(78)	(4.20%)
Reserves	5,154	593	0	(593)	(100.00%)
Total Mandate	344,041	112,621	112,573	(47)	(0.04%)
Target Surplus	6,172	1,903	0	(1,903)	(100.00%)
Total	350,213	114,524	112,573	(1,950)	(1.70%)

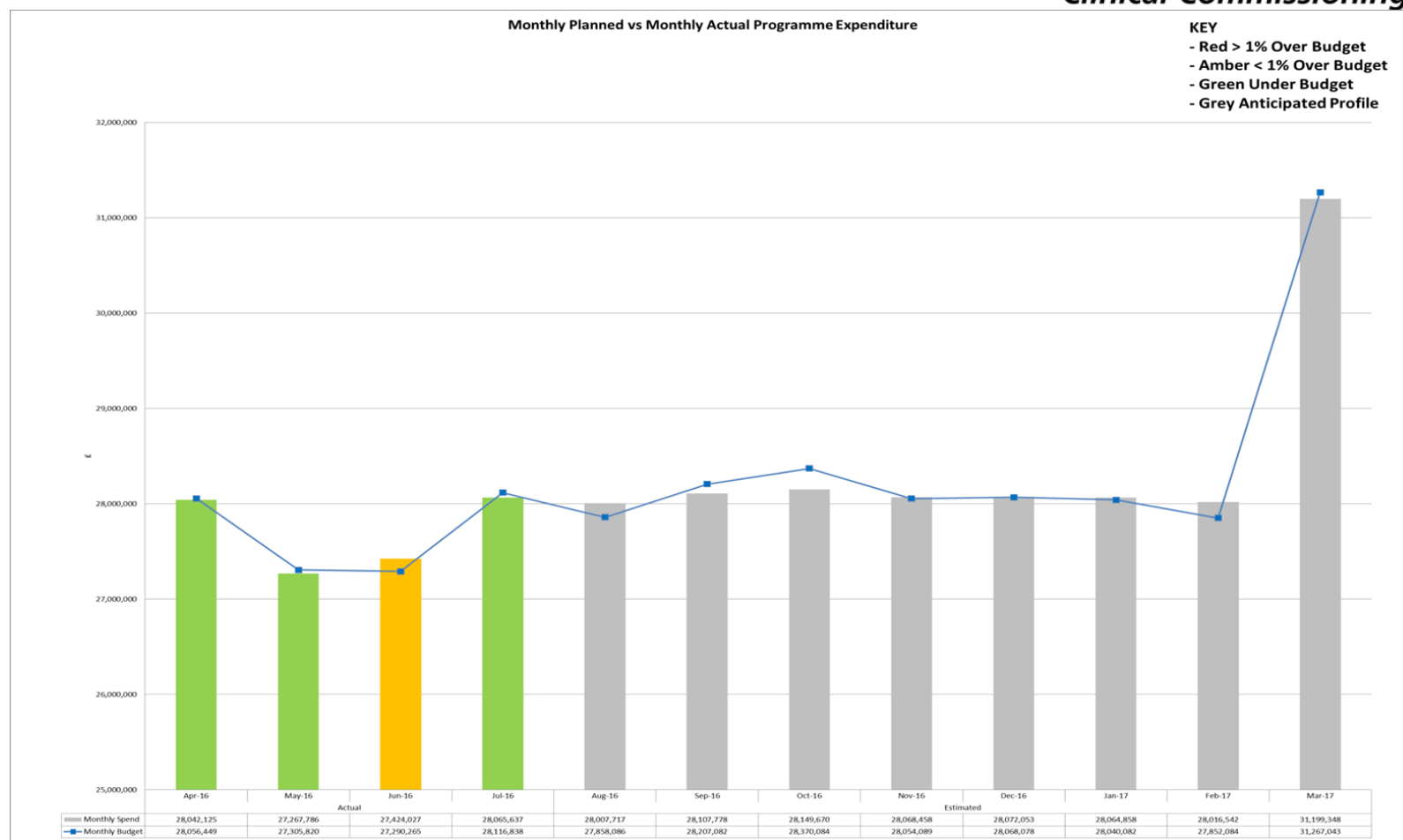
The table below details the forecast out turn by service line at Month 4

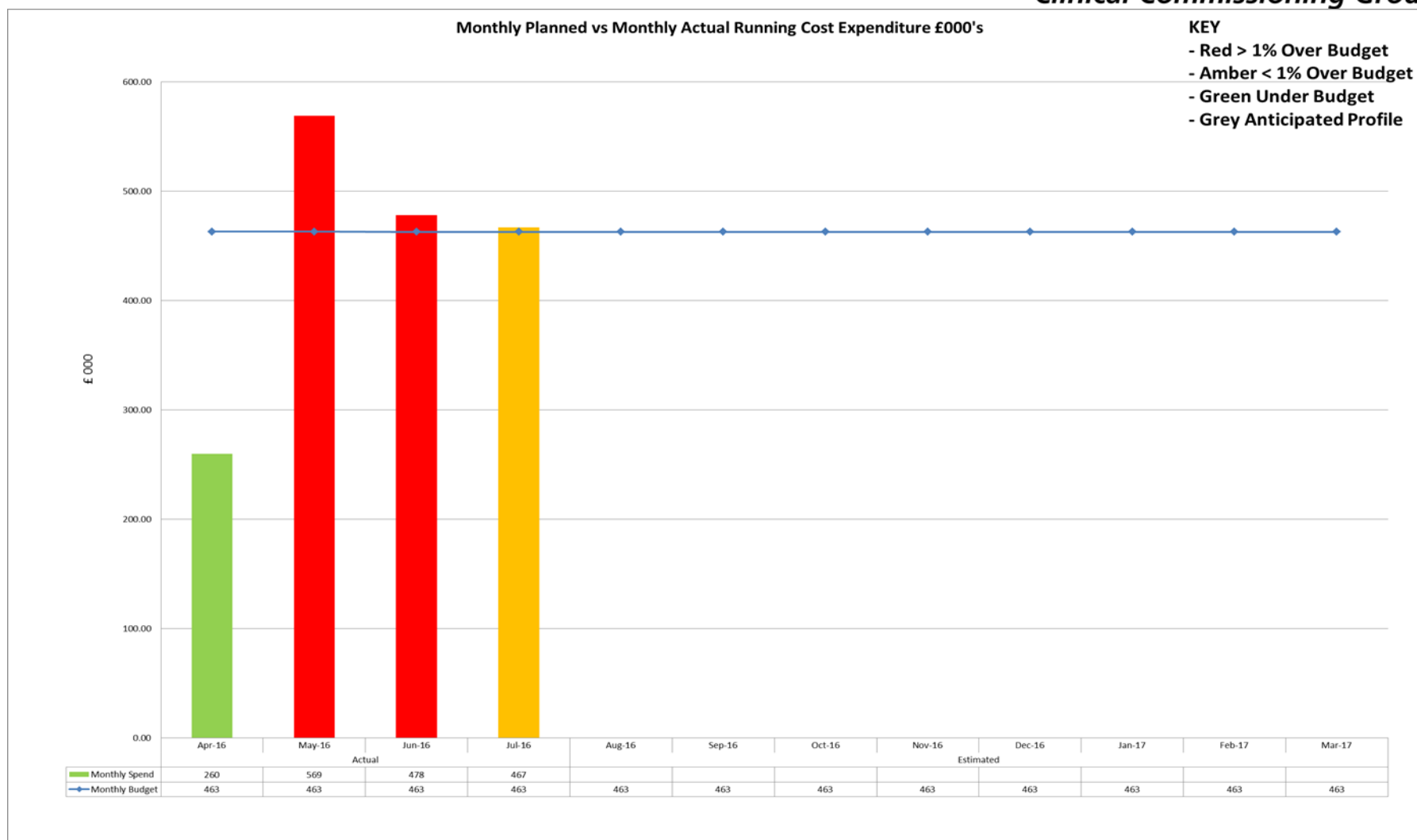
	Annual Plan £'000	Forecast Outturn at M04			Forecast Outturn at M03			In Month Movement £'000 o(u)
		Actual £'000	Variance £'000	Var %	Actual £'000	Variance o(u) £'000	Var %	
Acute Services	180,513	182,027	1,514	0.84%	182,167	1,654	0.92%	(140)
Mental Health Services	34,455	34,267	(188)	(0.55%)	34,463	8	0.02%	(196)
Community Services	37,730	37,435	(296)	(0.78%)	37,350	(164)	(0.44%)	(132)
Continuing Care/FNC	12,259	13,362	1,103	9.00%	12,078	(510)	(4.05%)	1,613
Prescribing & Quality	51,990	50,932	(1,058)	(2.04%)	51,583	(375)	(0.72%)	(683)
Other programme	16,385	17,090	705	4.30%	17,239	1,167	7.26%	(463)
Total Programme	333,332	335,111	1,780	0.53%	334,880	1,780	0.53%	(0)
Running Costs	5,555	5,555	0	0.00%	5,555	0	0.00%	0
Reserves	5,154	3,375	(1,780)	(34.53%)	3,375	(1,780)	(34.53%)	0
Target Surplus	6,172	6,172	0	0.00%	6,172	0	0.00%	0
Total Mandate Spend	350,213	350,213	(0)	(0.00%)	349,982	0	0.00%	(0)

- Following a national increase in Funded Nursing Care (FNC) rates (an increase of 40%) backdated to 1st April 2016 the impact has been estimated to be c£1.2m full year effect. This is the reason for the deterioration in the Continuing Care/FNC position.
- The improvement in 'Other programme 'services is due to a reduction in unallocated QIPP and forecast under spends in other budgets.

Recently received

- Prescribing information indicates a more favourable forecast than previously reported hence the improvement in the prescribing forecast between months.





2. QIPP

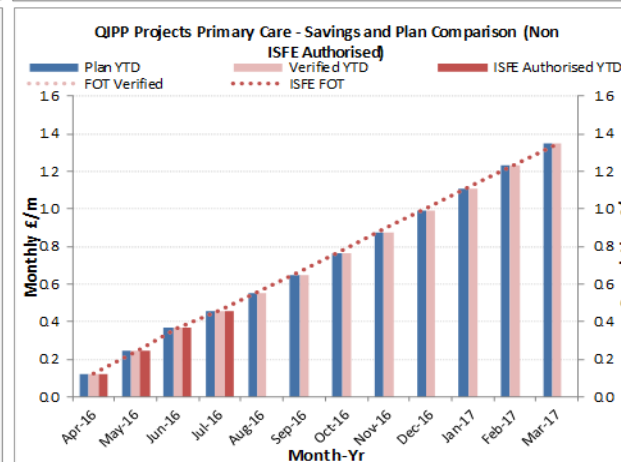
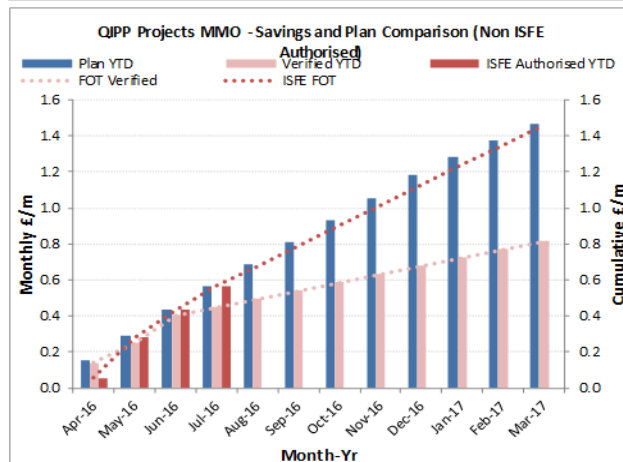
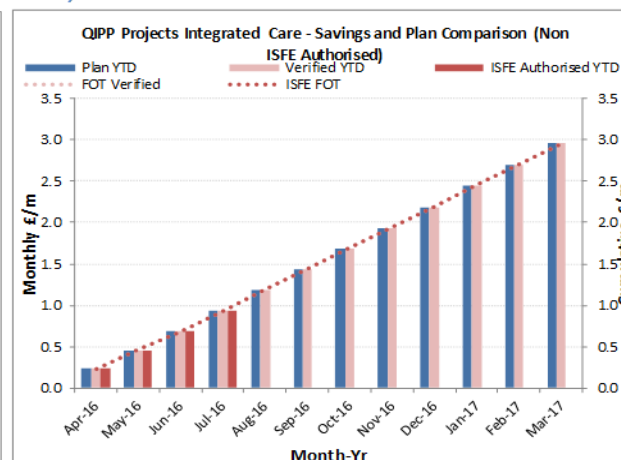
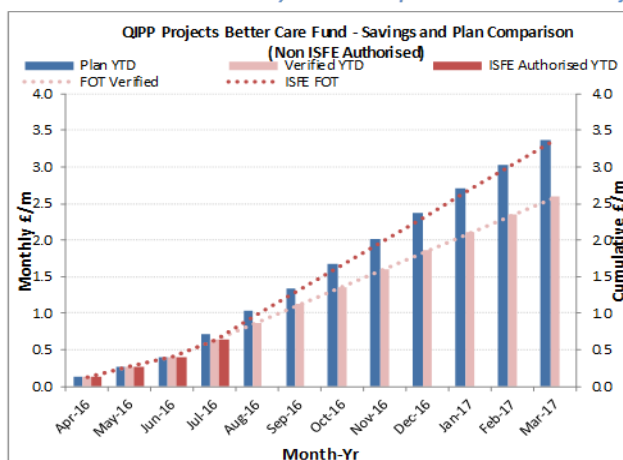
The Committee noted the improved position of QIPP Programme performance as at Month 4.

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	0.74	0.85	0.11	2.21	2.60	0.39
Transformational	1.94	2.03	0.09	6.93	7.40	0.47
Unallocated	0.24	0.00	-0.24	2.12	1.26	-0.86
Total	2.92	2.88	-0.04	11.26	11.26	0.00

QIPP Programme Delivery Board - Validated Figures for Non ISFE

Financial Savings Projects within QIPP Programme Delivery Board and Annual Plan

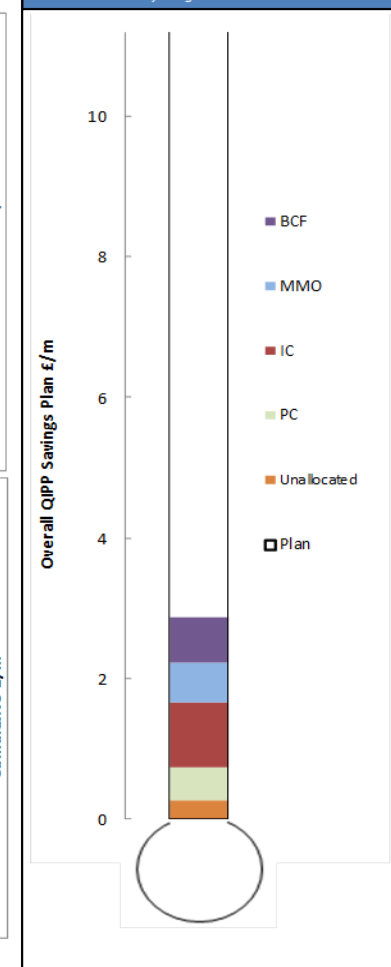
Source : Non ISFE Submission by Wolverhampton CCG - Financial Projects Only



Note : Cumulative figures are based on a secondary axis

Note : Updates provided by Project Leads as verified figures on Project Highlight sheets may exclude data due to lags in data availability.

Overall Non ISFE QIPP Savings (YTD) - split
by Programme Board



3. PERFORMANCE

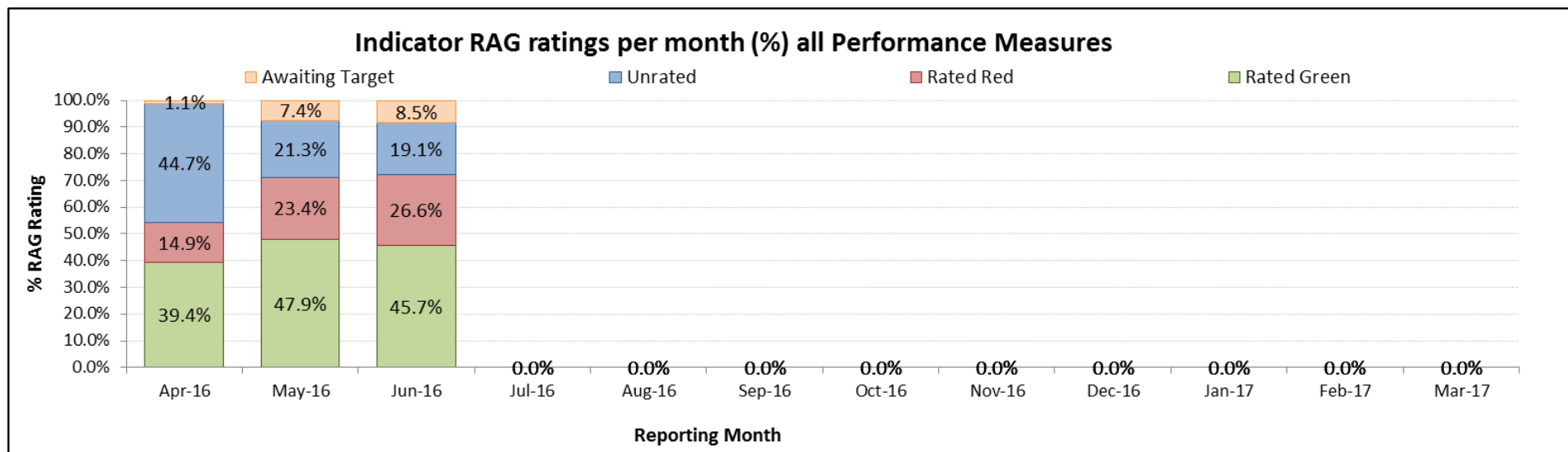
The following tables are a summary of the performance information presented to the Committee;

Executive Summary - Overview

Jun-16

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	Unrated (blank)	Previous Mth	Awaiting Target	Total
NHS Constitution	11	11	10	10	3	3	0	0	24
Outcomes Framework	14	11	5	7	11	11	7	8	37
Mental Health	20	21	7	8	6	4	0	0	33
Totals	45	43	22	25	20	18	7	8	94

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	Unrated (blank)	Previous Mth:	Awaiting Target
NHS Constitution	46%	46%	42%	42%	13%	13%	0%	0%
Outcomes Framework	38%	30%	14%	19%	30%	30%	19%	22%
Mental Health	61%	64%	21%	24%	18%	12%	0%	0%
Totals	48%	46%	23%	27%	21%	19%	7%	9%



* Figures reported via the Executive Summary Overview in Month 2 for April (Previous Mth column) have been noted as erroneous due to a formula error. Figures have been confirmed as follows :

Performance Measures	Month 1 (April)				Month 2 (May)			
	Green	Red	Unrated	Awaiting Target	Green	Red	Unrated	Awaiting Target
NHS Constitution	16	7	1	0	11	10	3	0
Outcomes Framework	9	2	25	1	14	5	11	7
Mental Health	12	5	16	0	20	7	6	0
Totals	37	14	42	1	45	22	20	7

Exception highlights were as follows;

Indicator Ref:	Title and Narrative
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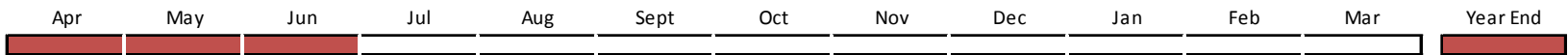
RWT_EB3

18 Weeks Referral To Treatment (RTT) Incompletes :

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End

The performance data for headline level RTT (Incompletes) was not submitted at Month 3. At time of submission the Trust confirmed that this was due to "On-going validation". The June performance has since been confirmed at the Royal Wolverhampton Trust Board as 91.04%, the Trust have confirmed that RTT performance is still recovering from the impact of patient cancellations due to the Junior Doctors Industrial Action that took place in April and the long waiting patients on the Orthodontic waiting list identified following a details review of waiting list practices. The Trust has confirmed that excluding Orthodontics, the headline performance was within target and have shared a 2 year recovery plan place for the specialty. All patients affected by the industrial action taken in April are expected to have been seen by the end of June.

A&E 4 hr Waits :



The A&E 4 Hour Wait performance has failed to meet the 95.00% national target since August 2015. Month 3 (June) performance is 91.61%. The Trust failed to achieve the STF recovery trajectory and both Type 1 and the All Types target for the month. The Trust has confirmed that recent poor performance over weekends and bed pressures continue to impact on performance. Vocare are now providing daily validated figures and the triage model was being refined in conjunction with Vocare and changes would be introduced from beginning of July (including a Vocare streaming nurse providing an initial triage on arrival to the Emergency Department). From 1st September, a joint streaming service (both Vocare and RWT nursing staff) will be available and will include a more clinical triage and ability to have assessments in privacy. A revised remedial action plan (RAP) has been received (July) from the Trust with a recovery trajectory in line with the Sustainability and Transformational Fund Improvement Trajectories.

RWT_EB5

Cancer Waits

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
2WW													
31 Day													
31 day (Surgery)													
62 Day (1st)													
62 Day (Screening)													

RWT_EB6, RWT_EB8, RWT_EB9,
RWT_EB12 & RWT_EB13

In month breaches for Cancer Waits for June 2016 are:

31 Day (Treatment is Surgery) – 75.76% against 94% target. Validated figures now confirm June performance as 77.78% and still below target.

62 Day (1st Definitive Treatment) – 81.36% against 85% target. Validated figures now confirm June performance as 83.16% and still below target.

62 Day (Screening) – 82.35% against 90% target (in-month) and the YTD remains RED (86.67%). Validated figures now confirm June performance as 88.00%.

E-Discharge

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Excl Assessment													
All													

RWT_LQR1 &
RWT_LQR2

The Trust has advised that the primary issues with performance sit with PAU/GAU. The issues affecting performance are around delays with patients being input onto the PAS systems within these assessment units.

Performance for E-Discharges is split into 2 indicators:

94.59% against a target of 95% - Completion within 24 hours for all wards excluding assessment units

84.48% against a target of 95% - Completion within 24 hours for all assessment units

An updated remedial action plan (RAP) has been received (July16) for assessment units which includes updates on actions and any slippage in timescales.

>50% of people experiencing a 1st episode of psychosis will be treated with a NICE approved care package within two weeks of referral

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End

BCPFT_LQGE04

This indicator failed to achieve the 50% target both in-month for June with 20% (numerator = 1, denominator = 5) and YTD (34.44%). An Action Plan is being worked through with the Trust and the Commissioner is incorporating new guidance into the action plan which has delayed agreement. The Trust has confirmed that all appointments in June were offered within 10 working days of the referral being received. Small number variations and high levels of DNA continue to affect performance for this indicator. This is a local indicator carried over for monitoring purposes from 15/16, there is a National indicator (see reference BCP_EH4) which the Area Team monitor performance directly from the Trusts Unify2 submissions.

Delayed Transfers of Care (DTOC)

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year End
RWT - Delays													
BCP - Delays													

RWT_LQR3 &
BCPFT_LQGE11

RWT met the in month stretch target of 3.50% in June, with performance at 2.43%. The Trust have indicated the following top 3 delay reasons for June:

- 37.3% - Delay Awaiting Assessment (previously 34.6%)
- 19.0% - Delay awaiting further NHS Care (previously 25.0%)
- 20.9% - Delay awaiting domiciliary package (previously 16.2%)

The Black Country Partnership Foundation Trust has failed to meet the 7.50% target for the 3rd consecutive month with the reported performance of 13.62% for June.

Good News Stories

Quarter 1 2016/17:

Patients admitted with Primary Diagnosis of stroke should spend >90% of their hospital stay on a dedicated stroke unit - The RWT June performance indicates 95% achieved against a 80% target. High risk patients assessed and treated within 24 hrs also remains above the 60% target for June achieving 66%.

4. CONTRACT AND PROCUREMENT REPORT

The Committee received the latest overview of the contract and procurement situation. There were no significant changes to the procurement plan. It was noted that the guidance has been received relating to the contract planning round for 2017/18 and it is a requirement that contracting be completed by the end December 2016, a significantly shortened timeframe than previously followed.

5. RISK and MITIGATION

Financial Risk

Risks	Potential Risk Value Mth03	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %
CCGs					
Acute SLAs	1.13	1.50	75.00%	1.13	44.03%
Community SLAs	0.00			0.00	0.00%
Mental Health SLAs	0.00			0.00	0.00%
Continuing Care SLAs	0.00			0.00	0.00%
QIPP Under-Delivery	0.68	1.26	50.00%	0.63	24.66%
Performance Issues	0.00			0.00	0.00%
Primary Care	0.00			0.00	0.00%
Prescribing	0.00			0.00	0.00%
Running Costs	0.00			0.00	0.00%
Other Risks	0.80	1.00	80.00%	0.80	31.31%
TOTAL RISKS	2.60	3.76		2.56	100.00%

- Risk associated with Acute over performance and BCF is the CCG's biggest risk being £1.5m gross but probability rated to £1.13m.
- The CCG is anticipating delivering its QIPP programme. However it is prudent to identify some risk relating to the delivery of the unallocated QIPP. The reduction in risk is associated with the identification of £630k against the unallocated QIPP plan.
- Other risks are in the main associated with the price impact of NHS Property Services moving to charging market rents

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

	Expected Mitigation Value Mth03	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %
Mitigations					
Uncommitted Funds (Excl 1% Headroom)					
Contingency Held	0.00			0.00	0.00%
Contract Reserves	0.00			0.00	0.00%
Investments Uncommitted	0.00			0.00	0.00%
Uncommitted Funds Sub-Total	0.00	0.00		0.00	0.00%
Actions to Implement					
Further QIPP Extensions	0.00			0.00	0.00%
Non-Recurrent Measures	1.42	1.38	100.00%	1.38	53.85%
Delay/ Reduce Investment Plans	0.40	0.40	100.00%	0.40	15.64%
Other Mitigations	0.47	0.47	100.00%	0.47	18.38%
Mitigations relying on potential funding	0.31	0.31		0.31	12.12%
Actions to Implement Sub-Total	2.61	2.56		2.56	100.00%
TOTAL MITIGATION	2.61	2.56		2.56	100.00%

- Non Recurrent measures relate to the diversion of Drawdown funding to support the financial position and the use of SOFP flexibilities.
- Delay/ reduce investment plans would require the CCG to review the use of funds to support the Primary Care Strategy.
- In delivering the financial surplus in M3 the CCG has already committed its Contingency reserve of £1.78m therefore this cannot be considered as mitigation.

Other Risk

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

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

6. RECOMMENDATIONS

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

Name: Claire Skidmore
Job Title: Chief Finance and Operating Officer
Date: 31st August 2016

ATTACHED: Performance Indicators as at Month 3

Performance Indicators 16/17

Current Month: Jun

Key:

(based on if indicator required to be either Higher or Lower than target/threshold)

- Improved Performance from previous month
- Decline in Performance from previous month
- Performance has remained the same

16-17 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month												
									A	M	J	J	A	S	O	N	D	J	F	M	Yr End
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department*	RWT	95%	91.61%	R	88.24%	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%	93.63%	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%	93.26%	G	96.03%	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%	96.41%	G	95.57%	R														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	75.76%	R	88.08%	R														
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen*	RWT	98%	100.00%	G	99.49%	G														
RWT_EB11	Percentage of Service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	98.28%	G	99.04%	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%	81.36%	R	77.75%	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%	82.35%	R	86.67%	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	2.92 (mth) 35 (Yr End)	2.00	R	13.00	R														
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	100.00	R	100.00	R														
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes*	RWT	0	53.00	R	166.00	R														
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes*	RWT	0	3.00	R	8.00	R														
RWT_EBS5	Trolley waits in A&E not longer than 12 hours*	RWT	0	0.00	G	0.00	G														

RWT_EBS6	No urgent operation should be cancelled for a second time*	RWT	0	0.00	G	0.00	G	→			
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	93.93%	R	95.05%	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%	99.68%	G	99.57%	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%	99.93%	G	97.79%	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%	94.59%	R	93.61%	R	↑			
RWT_LQR2	Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]	RWT	95.00%	84.48%	R	85.48%	R	↓			
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 3.5% Q2 - 3.2% Q3 - 2.8% Q4 - 2.5%	2.43%	G	2.83%	G	↑			
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	2.00	R	2.00	R	↓			
RWT_LQR5	Serious incident (SI) reporting – 72 hour review to be undertaken and uploaded onto the STEIS system by the provider (offline submission may be required where online submission is not possible).	RWT	0	3.00	R	4.00	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	6.00	R	6.00	R	↓			
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.42%	G	0.59%	G	↑			
RWT_LQR11	Completion of electronic CHC Checklist	RWT	TBC	88.89%	#VALUE!	85.28%	#VALUE!	↑			
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	95.00%	G	89.20%	G	↑			
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	66.67%	G	71.17%	G	↓			
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	90.00%	91.32%	G	92.75%	G	↓			
RWT_LQR18ai	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Biopsy Follow up ≥ 4 patients per month	RWT	4	5.00	G	28.00	G	↓			
RWT_LQR18aii	Optimising Outpatient Follow-Ups - 2015/16 - Prostate cancer patients receiving telephone follow up clinic: Prostate Cancer Follow up ≥ 17 patients per month	RWT	17	31.00	G	87.00	G	↑			
RWT_LQR18b	Optimising Outpatient Follow-Ups - Paediatric Rheumatology and Paediatric Endocrinology patients receiving telephone follow up clinic ≥ 30 per month	RWT	30	24.00	G	77.00	R	↓			
RWT_LQR18c	Optimising Outpatient Follow-Ups - Gynaecology Nurse Led Clinic – patients followed up in nurse led clinics for the management and implantation of pessaries instead of in a consultant clinic ≥ 50 per month	RWT	50	2.00	G	13.00	R	↓			
RWT_LQR19a	Dressings - % formulary and exception compliance	RWT	98.00%	99.70%	G	99.70%	G	↑			

RWT_LQR19b	Dressings - % spend via non FP10 supply route	RWT	98.00%	99.55%	G	99.55%	G	↑				
RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	95.14%	Awaiting Target	96.29%	Awaiting Target	↓				
RWT_LQR22a	Avoidable Grade 2 Hospital Acquired Pressure Ulcers (HAPU) as a percentage of all G2 HAPU	RWT	TBC	29.41%	Awaiting Target	33.04%	Awaiting Target	↑				
RWT_LQR22b	Avoidable Grade 3 HAPU as a percentage of all G2 HAPU	RWT	TBC	50.00%	Awaiting Target	61.03%	Awaiting Target	↓				
RWT_LQR22c	Avoidable Grade 4 HAPU as a percentage of all G2 HAPU	RWT	TBC	0.00%	Awaiting Target	0.00%	Awaiting Target	→				
RWT_LQR23a	Avoidable Grade 2 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	25.00%	Awaiting Target	15.00%	Awaiting Target	↓				
RWT_LQR23b	Avoidable Grade 3 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	0.00%	Awaiting Target	5.56%	Awaiting Target	→				
RWT_LQR23c	Avoidable Grade 4 Community Acquired Pressure Ulcers (CAPU) as a percentage of all G2 CAPU	RWT	TBC	0.00%	G	0.00%	G	→				
RWT_LQR24a	Dementia – FAIR - Percentage of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to hospital.	RWT	90.00%	99.74%	G	99.77%	G	↓				
RWT_LQR24b	Dementia – FAIR - Percentage of patients aged 75 years and over admitted as emergency inpatients identified as potentially having dementia or delirium who are appropriately assessed.	RWT	90.00%	100.00%	G	100.00%	G	→				
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	98.02%	G	98.67%	G	↓				
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0.00	0.00	G	0.00	G	→				
BCPFT_EBS3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care*	BCP	95.00%	100.00%	G	94.72%	R	↑				
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	→				
BCPFT_DC1	Duty of Candour	BCP	Yes	Yes	G	-	G					
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→				
BCPFT_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	20.00%	R	34.44%	R	↓				
BCPFT_EH1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	BCP	75.00%	93.33%	G	89.07%	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	99.62%	G	↑				

BCPFT_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	BCP	90.00%	90.00%	G	96.67%	G	↓			
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	92.59%	R	97.53%	R	↓			
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	91.38%	G	83.44%	G	↑			
BCPFT_LQGE03	Meeting commitment to serve new psychosis cases by early intervention teams. Quarterly performance against commissioner contract. Threshold represents a minimum level of performance against contract performance rounded down. (Monitor definition 11)	BCP	44.00	11.00	G	17.00	G	↑			
BCPFT_LQGE04	More than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral	BCP	50.00%	20.00%	R	34.44%	R	↓			
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	100.00%	G	79.17%	R	↑			
BCPFT_LQGE06	IPC training programme adhered to as per locally agreed plan for each staff group. Compliance to agreed local plan. Quarterly confirmation of percentage of compliance	BCP	85.00%	92.39%	G	93.84%	G	↓			
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.44%	G	95.31%	G	↑			
BCPFT_LQGE10	Proportion of patients referred for inpatient admission who have gatekeeping assessment (Monitor definition 10)	BCP	95.00%	100.00%	G	100.00%	G	→			
BCPFT_LQGE11	Delayed transfers of care to be maintained at a minimum level	BCP	7.50%	13.62%	R	12.17%	R	↓			
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	86.26%	G	90.10%	G	↓			
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	81.08%	R	81.33%	R	↑			
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	97.90%	G	97.28%	G	↓			
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	100.00%	G	↑			
BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	92.86%	R	↑			
BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2 RCA reports within 60 working days where possible, exception report provided where not met	BCP	100.00%	100.00%	G	100.00%	G	→			
BCPFT_DB01	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.	BCP	Yes	Yes	G	-	G				
BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	Yes	G	-	G				
BCPFT_DB03	IAPT – failure to achieve thresholds for specific indicators as detailed in the IAPT Dashboard.	BCP	Yes	Yes	G	-	G				
BCPFT_DB04	Dementia Data Set – failure to complete the Dementia Data Set	BCP	Yes	Yes	G	-	G				