Performance Indicators 16/17

Current Month: Sep

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	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%	93.86%	R	89.59%	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%	93.62%	G	93.54%	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%	93.29%	G	95.08%	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%	96.37%	G	95.68%	R	⬆		
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery*	RWT	94%	89.36%	R	88.39%	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	99.75%	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%	94.83%	G	97.47%	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%	80.13%	R	78.13%	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%	76.92%	R	86.13%	R	⬇		
RWT_EBS1	Mixed sex accommodation breach*	RWT	0	0.00	G	4.00	R	⬆		
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	3 (11 mths) 2 (mth 12) 35 (Yr End)	3.00	G	31.00	R	⬆		
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways*	RWT	0	51.00	R	268.00	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	50.00	R	353.00	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	0.00	G	19.00	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%	95.61%	G	95.17%	G	⬆		
RWTCB_S10B	Duty of candour	RWT	Yes	No	G	-	R	⬇		
RWTCB_S10D	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	99.00%	99.75%	G	99.61%	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%	97.94%	G	97.18%	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%	95.10%	G	93.72%	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%	87.03%	R	84.56%	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%	5.90%	R	3.02%	G	⬇		
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the incident is identified.	RWT	0	0.00	G	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	1.00	R	5.00	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	0.00	G	8.00	R	⬆		
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.23%	G	0.49%	G	⬆		
RWT_LQR8	Hospital GSF - % patients recognised as end of life are on the GSF register within the hospital.	RWT	95.00%	100.00%	G	100.00%	G	➡		
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	91.18%	G	90.14%	G	⬆		
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	82.35%	G	73.22%	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	4.00	G	46.00	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	30.00	G	189.00	G	➡		
RWT_LQR18b	Optimising Outpatient Follow-Ups - Paediatric Rheumatology and Paediatric Endocrinology patients receiving telephone follow up clinic ≥ 30 per month	RWT	30	44.00	G	152.00	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	8.00	G	25.00	R	⬆		
RWT_LQR19a	Dressings - % formulary and exception compliance	RWT	98.00%	99.40%	G	99.55%	G			
RWT_LQR19b	Dressings - % spend via non FP10 supply route	RWT	98.00%	99.28%	G	99.41%	G			

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
RWT_LQR20	% Patients in receipt of TTOs within 4hours from the pharmacy receiving order	RWT	TBC	97.86%		97.05%	Awaiting Target	⬆	
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%	100.00%	G	99.61%	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%	98.82%	G	98.81%	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%	95.45%	G	96.72%	G	⬇	
BCPFT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	BCP	0.00	0.00	G	0.00	G	➡	
BCPFT_DC1	Duty of Candour	BCP	Yes	Yes	G	-	G		
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	➡	
BCPFT_EH4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	62.50%	G	48.06%	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%	98.36%	G	93.08%	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	99.77%	G	⬆	
BCPFT_LQGE01a	Proportion of Patients accessing MH services who are on CPA who have a crisis management plan (people on CPA within 4 weeks of initiation of their CPA)	BCP	90.00%	100.00%	G	100.00%	G	➡	
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge.	BCP	100.00%	94.12%	R	99.02%	R	⬇	
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	96.55%	G	87.67%	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	26.00	G	77.00	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%	62.50%	G	48.06%	R	➡	
BCPFT_LQGE05	Percentage of all routine EIS referrals, receive initial assessment within 10 working days	BCP	95.00%	83.33%	R	85.62%	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%	93.76%	G	93.72%	G	⬇	
BCPFT_LQGE07	Psychosis Medication Review - Percentage who have been prescribed and administered antipsychotic treatments for >12 months that have had an antipsychotic medications review in the previous 12 months.	BCP	85.00%	100.00%	G		G	⬆	
BCPFT_LQGE08	% compliance with local antibiotic prescribing formulary, including if there is evidence of justifiable clinical reasons for deviation from set formulary. Minimum of annual confirmation of % of compliance with the antibiotic formulary. To submit the EPACT antibiotic prescribing data to commissioners. Results to be presented to Health Protection Board. Adverse trends in unavoidable antibiotic consumption.	BCP	95.00%	100.00%	G		G	⬆	
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	95.76%	G	95.36%	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%	18.55%	R	14.59%	R	⬇	
BCPFT_LQGE12	Emergency up to 4 hours. % of assessments relating to referral within period	BCP	85.00%	90.43%	G	89.57%	G	⬆	
BCPFT_LQGE13	Urgent (up to 48 hours). % of assessments relating to referral within period	BCP	85.00%	81.82%	R	82.85%	R	⬇	
BCPFT_LQGE14	Routine (up to 28 days). % of assessments relating to referral within period	BCP	85.00%	98.71%	G	97.93%	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	97.62%	R	➡	
BCPFT_LQGE17	Provide commissioners with Grade 1 and Grade 2RCA reports within 60 working days where possible, exception report provided where not met	BCP	100.00%	100.00%	G	100.00%	G	➡	
BCPFT_DB01	Safeguarding – failure to achieve thresholds for specific indicators as detailed in the Safeguarding Dashboard.	BCP	Yes	No	R	-	R		
BCPFT_DB02	CAMHS - failure to achieve thresholds for specific indicators as detailed in the CAMHS Dashboard.	BCP	Yes	Yes	G	-	R		
BCPFT_DB03	IAPT – failure to achieve thresholds for specific indicators as detailed in the IAPT Dashboard.	BCP	Yes	Yes	G	-	G		
BCPFT_DB04	Dementia Data Set – failure to complete the Dementia Data Set	BCP	Yes	Yes	G	-	G		

Additional Information Dashboards

Current Month: | Sep

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

RWT - Safeguarding

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
LQSG01	**Level 1 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 1 Safeguarding Children competence. Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 2 hours	RWT	95%	97.40%	G	97.05%	G	↓	
LQSG02	**Level 2 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of staff that have up to date Level 2 Safeguarding Children competence. Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours.	RWT	85%	93.22%	G	93.15%	G	↓	
LQSG03	**Percentage of staff that have up to date Level 3 Safeguarding Children competence.** As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core this equates to a minimum of 2 hours per annum) and a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill).	RWT	85%	80.42%	R	81.62%	R	↓	
LQSG04	**Level 4 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of staff that have up to date Level 4 Safeguarding Children competence. Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.	RWT	100%	100.00%	G	94.45%	R	➡	
LQSG05	Safeguarding Children training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of Board Level Executives and non-executives who have up to date Safeguarding Children competence within three months of appointment. This will require a tailored package to be delivered which encompasses level 1, knowledge, skills and competences, as well as Board level specific as identified in this section.	RWT	100%	No Data	No Data		No Data		
LQSG06	**Level 1 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 1 Safeguarding Adults competence. Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 30 minutes.	RWT	95%	99.22%	G	98.76%	G	↓	
LQSG07	**Level 2 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 2 Safeguarding Adults competence. Over a three-year period, individuals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours.	RWT	85%	93.18%	G	92.27%	G	➡	
LQSG08	**Level 3 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Individuals moving into a permanent senior level post who have as yet not attained the relevant knowledge, skills and competence required at level 3, it is expected that within a year of appointment additional education will be completed. Percentage of eligible staff that have up to date Level 3 Safeguarding Adults competence. Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core, this equates to a minimum of 2 hours per annum), a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill). NB: Existing RAP in place 15/16. This will be carried forward given that the trajectory runs until Dec 2016.	RWT	85% of staff who have training due in Qtr	80.00%	R	83.00%	R	➡	
LQSG09	**Level 4 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Named Professionals staff groups. Named Professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training. NB: to be undertaken within three months of appointment.	RWT	100%	100.00%	G	100.00%	G	➡	
LQSG10	Safeguarding training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible members who have up to date Safeguarding Adults competence to be undertaken within three months of appointment. This will require a tailored package to be delivered which encompasses level 1, knowledge, skills and competences, as well as Board level specific as identified in this section.	RWT	100%	No Data	No Data		No Data		
LQSG11	**% Staff with up to date Basic PREVENT Awareness Training Level 1** - As defined in the NHSE Prevent Training & Competencies Framework. Percentage of staff with up to date PREVENT competence. Basic Prevent awareness training should be repeated on a 3 yearly cycle to ensure that individuals are up to date with current procedures and contacts	RWT	300.00	76.00	G	TBC	TBC	↑	
LQSG12	**% Staff with up to date Basic PREVENT Awareness Training Level 2** - As defined in the NHSE Prevent Training & Competencies Framework Percentage of staff with up to date PREVENT competence. Basic Prevent awareness training should be repeated on a 3 yearly cycle to ensure that individuals are up to date with current procedures and contacts *1617 trajectory based on numbers of staff trained.	RWT	300.00	245.00	G	TBC	TBC	↑	
LQSG13	**% Staff with up to date Basic PREVENT Awareness Training Level 3** - Level 3 and 4 have to be delivered by trained people as training is more specific. Must take place within 12 months of relevant staff commencing in role. As defined in the NHSE Prevent Training & Competencies Framework. Percentage of staff with up to date PREVENT competence. Organisations should issue an update/briefing on Prevent to staff that have attended WRAP annually (or more frequently if required).	RWT	85%	No Data	No Data		No Data		
LQSG14	**% Staff with up to date Basic PREVENT Awareness Training Level 4** - As defined in the NHSE Prevent Training & Competencies Framework Percentage of staff with up to date PREVENT competence. Level 3 and 4 have to be delivered by trained people as training is more specific. Must take place within 12 months of relevant staff commencing in role. Organisations should issue an update/briefing on Prevent to staff that have attended WRAP annually (or more frequently if required).	RWT	85%	No Data	No Data		No Data		

BCP - Safeguarding

16-17 Reference	Description - Indicators with exeception 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
BCP_LQSG01	**Level 1 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 1 Safeguarding Children competence. Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 2 hours	BCP	85%	96.65%	G	96.73%	G	⬇	
BCP_LQSG02	**Level 2 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of staff that have up to date Level 2 Safeguarding Children competence. Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours	BCP	85%	84.85%	R	85.65%	G	⬇	
BCP_LQSG03	**Percentage of staff that have up to date Level 3 Safeguarding Children competence.** As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core this equates to a minimum of 2 hours per annum) and a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill).	BCP	85%	78.06%	R	80.94%	R	⬇	
BCP_LQSG04	**Level 4 training for Safeguarding Children** - As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of staff that have up to date Level 4 Safeguarding Children competence. Named professionals should attend a minimum of 24 hours of education, training and learning over a three-year period.	BCP	100%	100.00%	G	100.00%	G	➡	
BCP_LQSG05	Safeguarding Children training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document. Percentage of Board Level Executives and non-executives who have up to date Safeguarding Children competence within three months of appointment. This will require a tailored package to be delivered which encompasses level 1, knowledge, skills and competences, as well as Board level specific as identified in this section.	BCP	100%	100.00%	G	100.00%	G	➡	
BCP_LQSG06	**Level 1 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 1 Safeguarding Adults competence. Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 30 minutes.	BCP	95%	96.65%	G	96.73%	G	⬇	
BCP_LQSG07	**Level 2 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible staff that have up to date Level 2 Safeguarding Adults competence. Over a three-year period, individuals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours.	BCP	85%	87.03%	G	86.38%	G	⬇	
BCP_LQSG08	**Level 3 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Individuals moving into a permanent senior level post who have as yet not attained the relevant knowledge, skills and competence required at level 3, it is expected that within a year of appointment additional education will be completed. Percentage of eligible staff that have up to date Level 3 Safeguarding Adults competence. Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core, this equates to a minimum of 2 hours per annum), a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill). NB: Existing RAP in place 15/16. This will be carried forward given that the trajectory runs until Dec 2016.	BCP	End Aug - 45% End Oct - 65% End Dec - 85%	71.39%	G	62.66%	G	⬆	
BCP_LQSG09	**Level 4 training for Safeguarding Adults** - As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Named Professionals staff groups. Named Professionals should attend a minimum of 24 hours of education, training and learning over a three-year period. This should include non-clinical knowledge acquisition such as management, appraisal, and supervision training. NB: to be undertaken within three months of appointment.	BCP	100%	100.00%	G	100.00%	G	➡	
BCP_LQSG10	Safeguarding training for Board Level for Chief Executive Officers, Trust and Health Board Executive and Non-Executive Directors/members As defined by the Safeguarding Adults: Roles and competences for health care staff - Intercollegiate Document. Percentage of eligible members who have up to date Safeguarding Adults competence to be undertaken within three months of appointment. This will require a tailored package to be delivered which encompasses level 1, knowledge, skills and competences, as well as Board level specific as identified in this section.	BCP	100%	100.00%	G	100.00%	G	➡	
BCP_LQSG11	**% Staff with up to date Basic PREVENT Awareness Training Level 1** - As defined in the NHSE Prevent Training & Competencies Framework. Percentage of staff with up to date PREVENT competence. Basic Prevent awareness training should be repeated on a 3 yearly cycle to ensure that individuals are up to date with current procedures and contacts	BCP	85%	96.65%	Target from Dec16 - 85%		Target from Dec16 - 85%	⬇	
BCP_LQSG12	**% Staff with up to date Basic PREVENT Awareness Training Level 2** - As defined in the NHSE Prevent Training & Competencies Framework Percentage of staff with up to date PREVENT competence. Basic Prevent awareness training should be repeated on a 3 yearly cycle to ensure that individuals are up to date with current procedures and contacts	BCP	85%	96.65%	Target from Dec16 - 85%		Target from Dec16 - 85%	⬇	
BCP_LQSG13	**% Staff with up to date Basic PREVENT Awareness Training Level 3** - Level 3 and 4 have to be delivered by trained people as training is more specific. Must take place within 12 months of relevant staff commencing in role. As defined in the NHSE Prevent Training & Competencies Framework. Percentage of staff with up to date PREVENT competence. Organisations should issue an update/briefing on Prevent to staff that have attended WRAP annually (or more frequently if required).	BCP	85%	89.63%	Target from Dec16 - 85%		Target from Dec16 - 85%	⬆	
BCP_LQSG14	**% Staff with up to date Basic PREVENT Awareness Training Level 4** - As defined in the NHSE Prevent Training & Competencies Framework Percentage of staff with up to date PREVENT competence. Level 3 and 4 have to be delivered by trained people as training is more specific. Must take place within 12 months of relevant staff commencing in role. Organisations should issue an update/briefing on Prevent to staff that have attended WRAP annually (or more frequently if required).	BCP	85%	No Data	**No Data**		**No Data**		

BCP - IAPT

16-17 Reference	Description - Indicators with exeception 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
BCP_1	Number of people who have been referred for psychological therapies	BCP	TBC	583	Awaiting Target	3014	Awaiting Target	↑	# # # # # #
BCP_26c	Number of active referrals who have waited more than 28 days from referral to first treatment/therapeutic session at the end of each quarter, as a % of Total waiting	BCP	TBC	13.1%	Awaiting Target	23.6%	Awaiting Target	↓	
BCP_32	The number of people who have entered (ie received) psychological therapies during the reporting period	BCP	366	489	G	2525	G	↑	
BCP_37	IAPT % Moving to recovery (national indicator)	BCP	50.00%	55.11%	G	53%	G	↑	
BCP_55	People who have entered (ie received) treatment as a proportion of people with anxiety or depression	BCP	15.00%	8.6%	G	8.6%	R	↑	
LQIA01	Percentage of people who are moving to recovery of those who have completed treatment in the reporting period	BCP	50%	55.11%	G	53.42%	G	↑	
LQIA02	75% of people engaged in the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral [Target - >75%	BCP	75%	98.36%	G	93.08%	G	↑	
LQIA03	95% of people referred to the Improved Access to Psychological Therapies programme will be treated within 18 weeks of referral [Target - >95%	BCP	95%	100.00%	G	99.77%	G	↑	
LQIA04	Percentage achievement in data validity across all IAPT submissions on final data validity report [Target - >80%	BCP	80%	No Data	No Data	87.34%	G		
LQIA05	People who have entered treatment as a proportion of people with anxiety or depression (local prevalence) [Target - Special Rules - 2524 = 15% of prevalence. Annual target for High Intensity and Counselling	BCP	1.25%	1.67%	G	8.62%	R	↑	

BCP - CAMHS

16-17 Reference	Description - Indicators with exeception 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
BCP_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	Q1 – N/A Q2 - 75% Q3 - 80% Q4 - 90%	80.00%	G	75.80%	G	↑	
BCP_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS)	BCP	80.0%	100.00%	G	100.00%	G		
BCP_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.0%	100.00%	G	100.00%	G	⇨	
BCP_LQCA04	Every young person presenting with self harm or crisis seen within 4 hours regardless of setting.	BCP	100.00%	100.00%	G	100.00%	G	⇨	