

WOLVERHAMPTON CCG

GOVERNING BODY

11 July 2017

Agenda item 13

Title of Report:	Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 27th June 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 Target	Target	FOT	Variance o(u)	RAG
Statutory Duties				
Expenditure not to exceed income	£9.052m surplus	£9.052m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£401.390m	£401.390m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.535m	Nil	G
Non Statutory Duties				
	YTD Target	YTD Actual	Variance o(u)	RAG
Maximum closing cash balance £'000	338	2,759	2,422	A
Maximum closing cash balance %	1.25%	10.22%	8.97%	A
BPPC NHS by No. Invoices (cum)	95%	99%	-4%	G
BPPC non NHS by No. Invoices (cum)	95%	95%	0%	G
Q PP	£1.77m	£1.77m	£0.01m	A
Programme Cost £'000*	63,919	64,337	419	G
Reserves £'000*	356	0	(356)	G
Running Cost £'000*	922	860	(63)	G
BPPC NHS by Value (cum)	95%	100%	-5%	G
BPPC non NHS by Value (cum)	95%	96%	-1%	G

- The net effect of the three identified lines (*) is breakeven.
- The Cash balance has exceeded pal due to unanticipated receipt of c £1m from NHSE (see cash section).

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

	Annual Plan £'000	YTD Performance M02			
		Plan £'000	Actual £'000	Variance £'000 o(u)	Var % o(u)
Acute Services	190,491	31,749	31,763	14	0.0%
Mental Health Services	35,366	5,990	6,123	132	2.2%
Community Services	36,947	6,158	6,100	(58)	(0.9%)
Continuing Care/FNC	13,899	2,316	2,431	115	5.0%
Delegated Primary Care	34,477	5,746	5,804	58	1.0%
Prescribing & Quality	51,184	8,531	8,637	107	1.2%
Other Programme	20,572	3,429	3,479	50	1.5%
Total Programme	382,937	63,919	64,337	419	0.7%
Running Costs	5,535	922	860	(63)	(6.8%)
Reserves	3,866	356	0	(356)	(100.0%)
Total Mandate	392,338	65,197	65,197	(0)	(0.0%)
Target Surplus	9,052	1,508.667	0	(1,509)	(100.0%)
Total	401,390	66,706	65,197	(1,509)	(2.3%)

The table below details the forecast out turn by service line at Month 2.

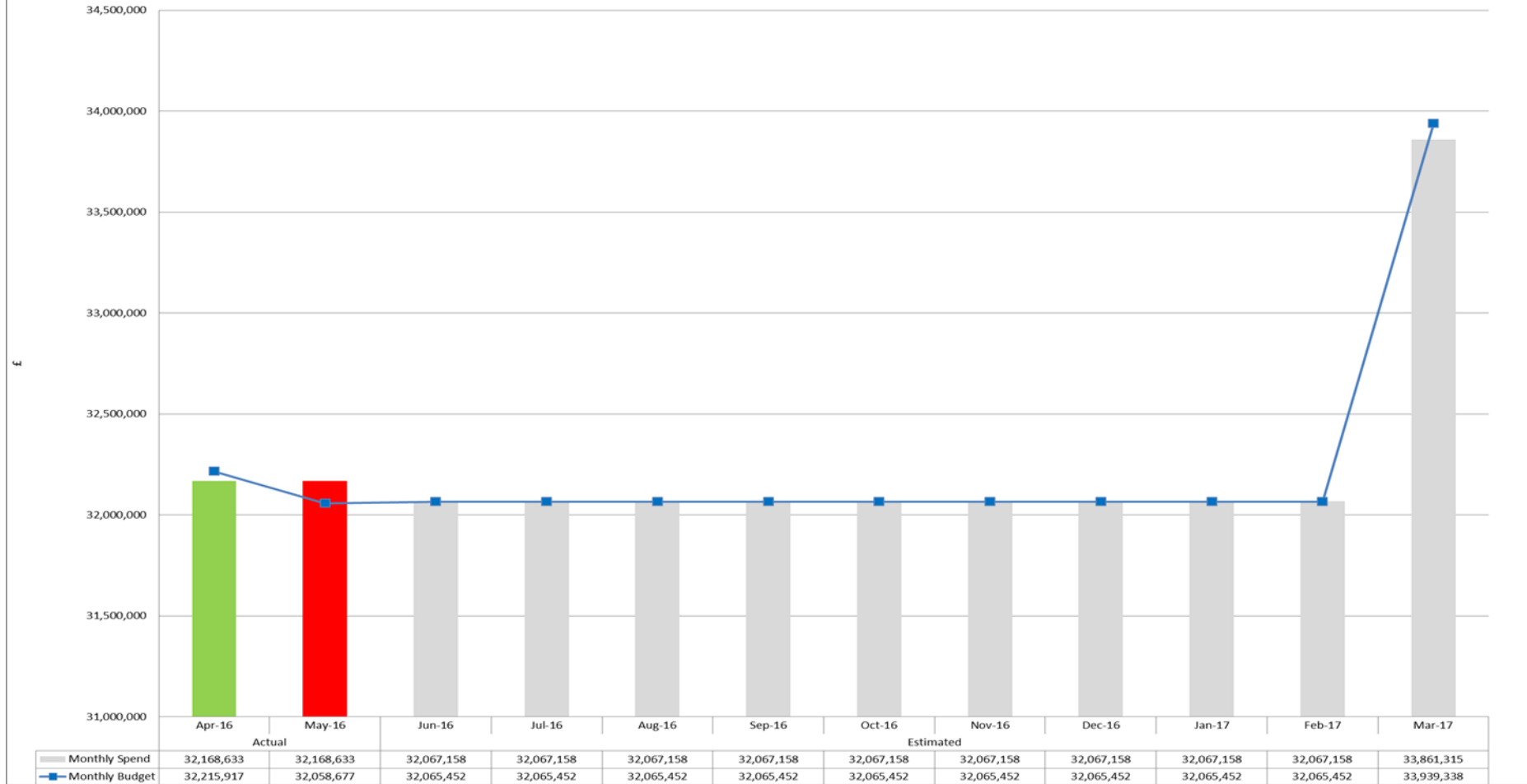
	Annual Plan £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000 o(u)	Yr End Variance Non Recurrent £'000 o(u)	Yr End Variance %
Acute Services	190,491	190,282	(210)	(450)	241	(0.11%)
Mental Health Services	35,366	35,423	56	0	56	0.16%
Community Services	36,947	36,913	(34)	5	(39)	(0.09%)
Continuing Care/FNC	13,899	13,987	88	0	88	0.63%
Delegated Primary Care	34,477	34,477	0	0	0	0.00%
Prescribing & Quality	51,184	51,370	185	93	92	0.36%
Other Programme	20,572	22,274	1,702	6,886	(5,184)	8.27%
Total Programme	382,937	384,726	1,788	6,533	(4,745)	0.47%
Running Costs	5,535	5,535	0	0	0	0.00%
Reserves	3,866	2,077	(1,788)	(1,788)	0	(46.26%)
Total Mandate	392,338	392,338	0	4,745	(4,745)	0.00%
Target Surplus	9,052	0	(9,052)	(9,052)	0	(100.00%)
Total	401,390	392,338	(9,052)	(4,307)	(4,745)	(2.26%)

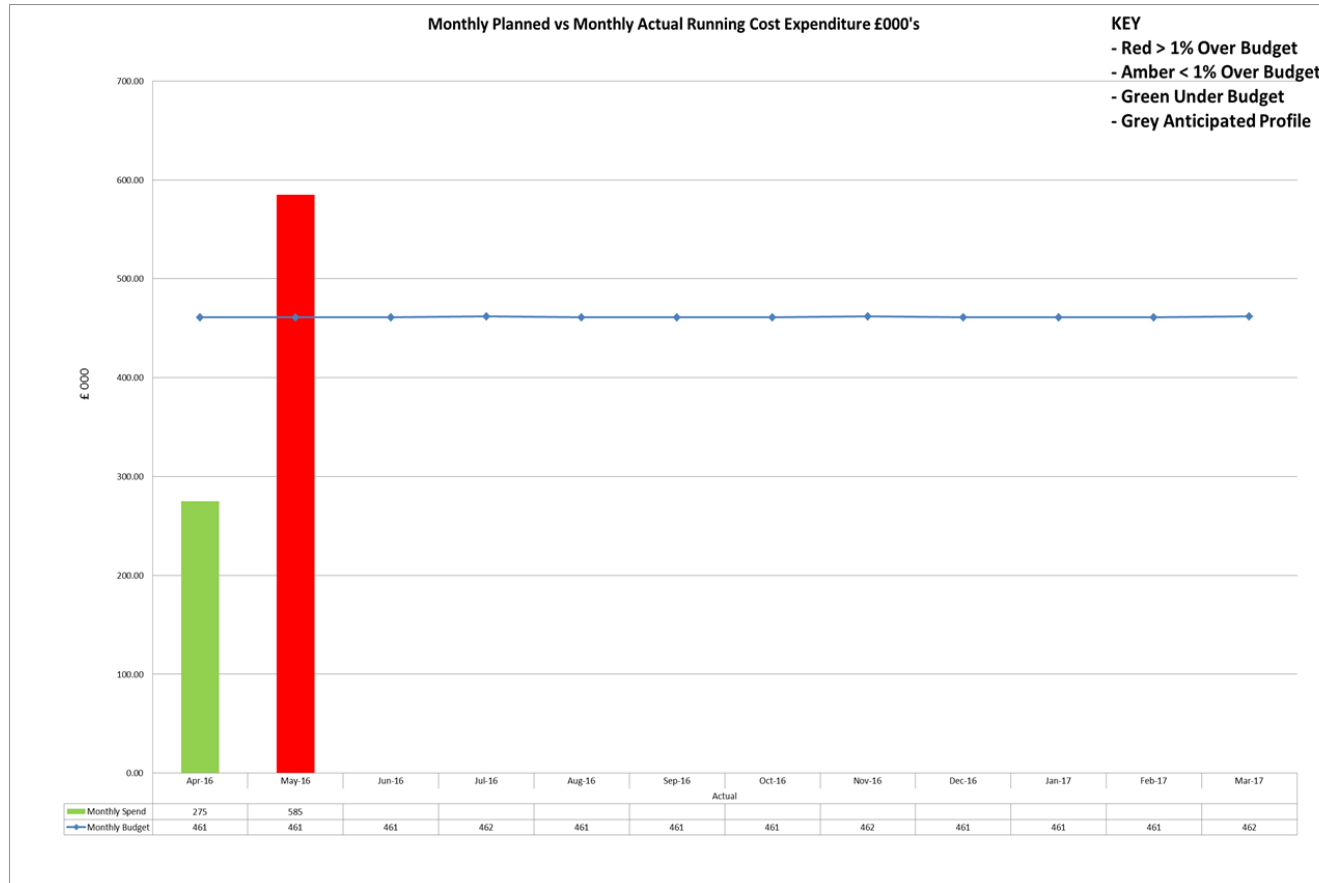
- To achieve the target surplus the CCG has utilised all of the Contingency Reserve, £1.780m. For 18/19 the CCG will need to reinstate the Contingency and this will be a first call on growth monies.
- The CCG is required to maintain a recurrent underlying surplus of 2% of its allocation (£7.551m as per Financial Plan). The year end position calculated in the monthly submission to NHSE delivers 1.95% as a result of the Primary Care Delegated budgets being included. This NHSE calculation is incorrect as 1% surplus does not have to be made on the Delegated Primary Care Budgets.

The table on the following page highlights movements in the forecast between months 1 and 2 although the basis for month one was assumed as breakeven:

Monthly Planned vs Monthly Actual Programme Expenditure

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





- The movement in spend between April and May is expected as there are missing accruals in the April position. This is due to the focus of finance work being the completion of the year-end accounts during April. Movements in future months will be considerably lower.
- 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

The Committee noted a small improvement in the QIPP Programme FOT as at Month 10.

Delegated Primary Care Allocations for 2017/18 as at month 02 are £34.825m. The forecast outturn is £34.825m delivering a breakeven position.

The planning metrics for 2017/18 are as follows;

- Contingency delivered across all expenditure areas of 0.5%
- Non Recurrent Transformation Fund of 1%. The CCG is not required to deliver a surplus of 1% on their GP Services Allocations. The table below shows the revised forecast for month 02:

	Annual Budget	FOT M02	Var
	£'000s	£'000s	£'000s
General Practice GMS	21,002	21,002	0
General Practice PMS	1,809	1,809	0
Other list base service AMPS	2,298	2,298	0
Premises	2,684	2,684	0
Premises Other	90	90	0
Enhanced Services	845	845	0
QOF	3,622	3,622	0
Other PCO ie Sickness, Maternity etc	606	606	0
PMS Premium *	494	494	0
Other GP Services	853	853	0
Contingency 0.5%*	174	174	0
Reserve 1%*	348	348	0
Total	34,825	34,825	0

*budgets being committed non recurrently pending a Q2 budget review.

3. QIPP

The key points to note are as follows:

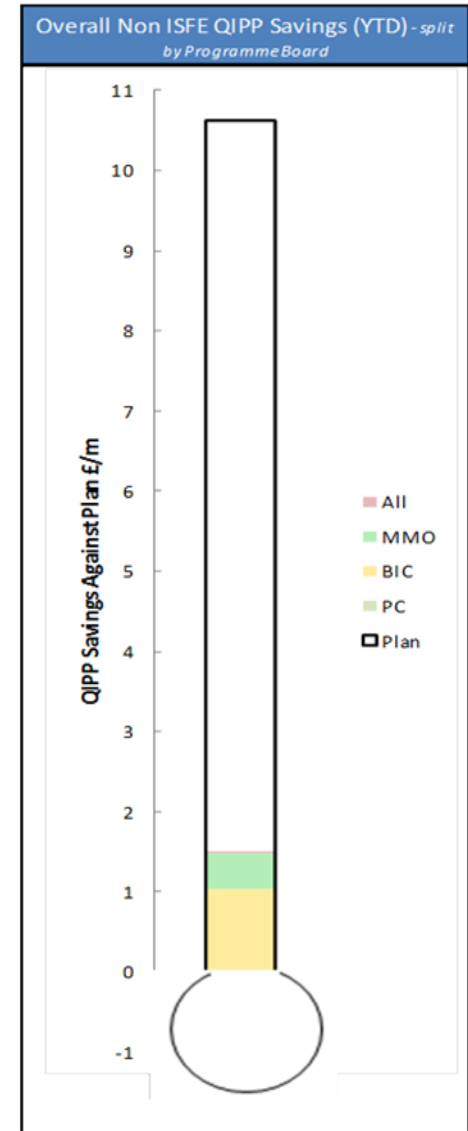
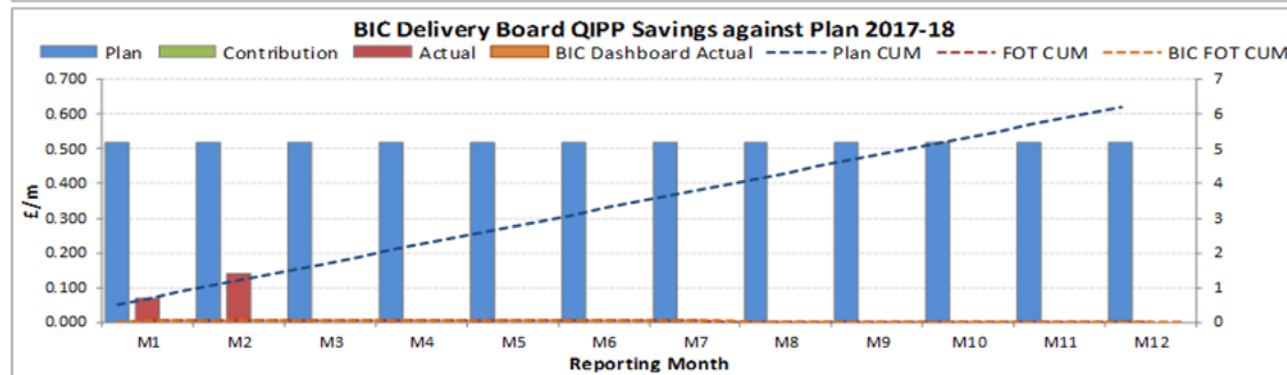
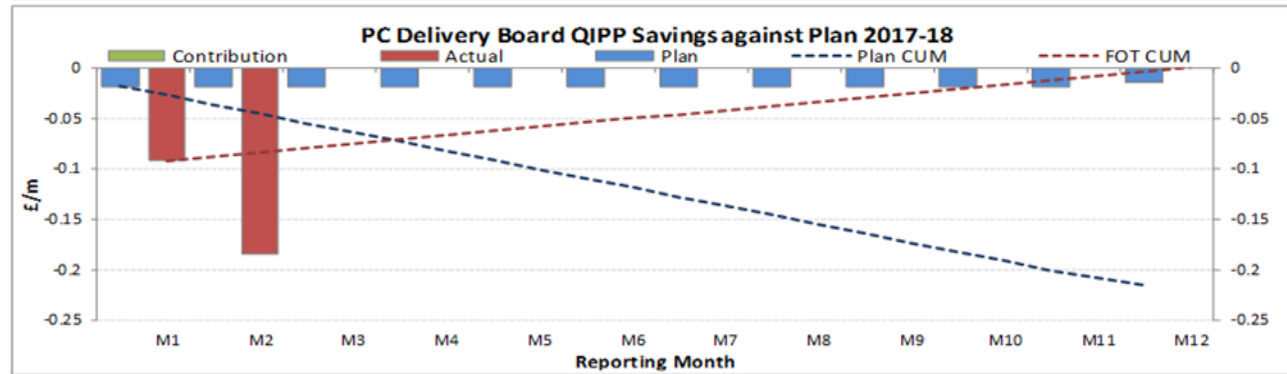
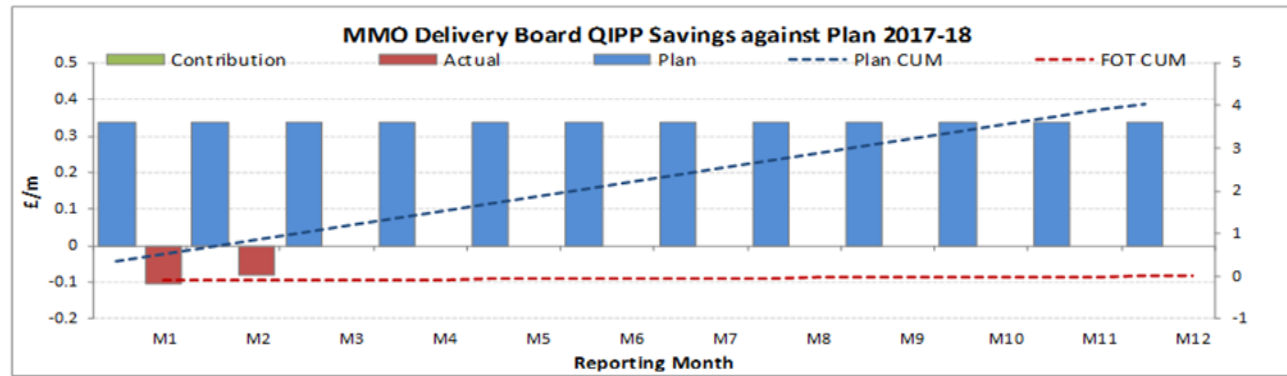
- The CCG target for QIPP for 17/18 is £10.62m.
- The QIPP plan currently has £2.018m in non contracted of which £616k has identified plans.
- £105k has been identified on a recurrent basis which will be reported in Month 3 as well as a further £108k on a non recurrent basis relating to unutilised sanctions.
- A Deep Dive into Budgets at the end of Q1 is likely to identify further QIPP to contribute against the non contracted QIPP.
- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

	Annual Plan £'m	FOT £m	Variance o(u) £'m	YTD Plan £'m	YTD Actual £'m	Variance o(u) £'m
Transactional	4.05	4.05	0	0.68	0.68	0
Transformational	6.56	6.56	0	1.77	1.77	0
Unallocated	0	0	0	0	0	0
Total	10.61	10.61	0	2.45	2.45	0

QIPP Programme Delivery Board

Mth 2 - May 17/18

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

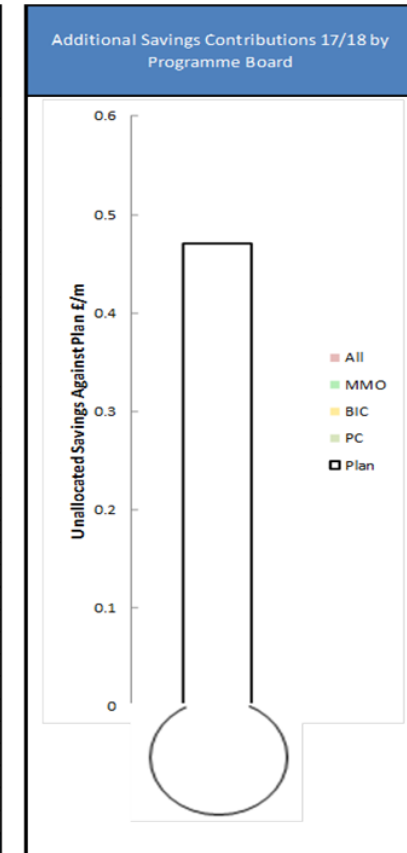


QIPP Programme Delivery Board

Mth 2 - May 17/18

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

Project ID	Description	Annual Plan	YTD Plan	YTD (Non ISFE)	Variance from Plan YTD	FOT (Non ISFE)	FOT Variance from Annual Plan	May YTD Non ISFE diff from Prog Brd	May FOT Non ISFE diff from Prog Brd
17/18-1	Chest Pain Tariff	0.240	0.040	0.040	0.000	0.240	0.000	0.040	0.000
17/18-2	Lucentis Tariff	0.583	0.097	0.097	0.000	0.583	0.000	0.097	0.000
17/18-3	Walking for Health	0.038	0.006	0.006	0.000	0.038	0.000	0.000	0.000
17/18-4	Therapy Service Review (R&R Team)	0.071	0.012	0.012	0.000	0.071	0.000	0.000	0.000
17/18-5	CHC Efficiencies	0.135	0.023	0.023	0.000	0.135	0.000	0.000	0.000
17/18-6	Prescribing Efficiencies	2.050	0.342	0.342	0.000	2.050	0.000	0.216	0.000
17/18-7	Estates Voids	0.100	0.017	0.017	0.000	0.100	0.000	0.017	0.000
17/18-8	EPP	0.300	0.050	0.050	0.000	0.300	0.000	0.050	0.000
17/18-9	Practice Transformation Support - Investment	-0.500	-0.084	-0.084	0.000	-0.500	0.000	0.000	0.000
17/18-10	Community Investment	-0.600	-0.100	-0.100	0.000	-0.600	0.000	0.000	0.000
17/18-11	NEPTS	0.403	0.067	0.067	0.000	0.403	0.000	0.000	0.000
17/18-12	MSK - Investment	-2.226	-0.372	-0.372	0.000	-2.226	0.000	0.000	0.000
17/18-13	Running Costs	0.100	0.017	0.017	0.000	0.100	0.000	0.000	0.000
17/18-14	MSK Indep. Physios	0.155	0.026	0.026	0.000	0.155	0.000	0.000	0.000
17/18-15	MSK Acute	0.885	0.148	0.148	0.000	0.885	0.000	0.148	0.000
17/18-16	MSK OCAS	0.311	0.052	0.052	0.000	0.311	0.000	0.000	0.000
17/18-17	MSK Community Physio	0.926	0.154	0.154	0.000	0.926	0.000	0.154	0.000
17/18-18	GP Extended Access	0.385	0.064	0.064	0.000	0.385	0.000	0.064	0.000
17/18-19	Dementia (Rubicon C22 Changes) £	0.200	0.033	0.033	0.000	0.200	0.000	0.033	0.000
17/18-20	Paeds NEL	0.397	0.066	0.066	0.000	0.397	0.000	0.066	0.000
17/18-21	Care closer to home	3.690	0.615	0.615	0.000	3.690	0.000	0.615	0.000
17/18-22	EOL	0.200	0.033	0.033	0.000	0.200	0.000	0.000	0.000
17/18-23	Mental Health (surplus 1)	0.169	0.028	0.028	0.000	0.169	0.000	0.000	0.000
17/18-24	Mental Health (surplus 2)	0.277	0.046	0.046	0.000	0.277	0.000	0.000	0.000
17/18-25	Other Community Physio	0.041	0.007	0.007	0.000	0.041	0.000	0.000	0.000
17/18-26	Robotics	0.051	0.008	0.008	0.000	0.051	0.000	0.000	0.000
17/18-27	Care closer to home (stretch)	0.416	0.069	0.069	0.000	0.416	0.000	0.069	0.000
17/18-28	Planned /unplanned Mental Health in acute £	0.148	0.025	0.025	0.000	0.148	0.000	0.025	0.000
17/18-29	Dementia Pathway Review £	0.200	0.033	0.033	0.000	0.200	0.000	0.033	0.000
17/18-55	TWIRL	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
17/18-97	Contract Efficiencies incl NCAs	0.500	0.083	0.083	0.000	0.500	0.000	0.083	0.000
17/18-98	Primary Care Stretch	0.500	0.083	0.083	0.000	0.500	0.000	0.083	0.000
17/18-99	2017/18 Budget	0.470	0.078	0.078	0.000	0.470	0.000	0.078	0.470
Grand Total :		10.615	1.767	1.767	0.000	10.615	0.000	1.872	0.470



Modernisation and Medicines Optimisation	Primary Care
Better Integrated Care	Exec/All
Closed Projects - for information	

4. PERFORMANCE

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

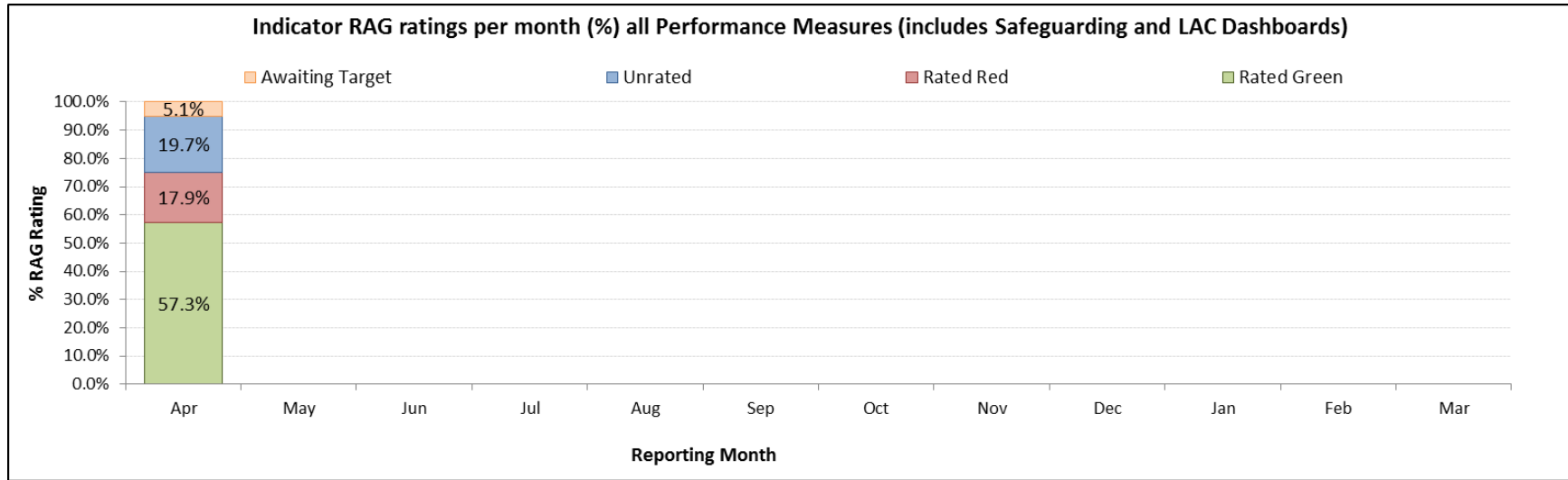
Executive Summary - Overview

Apr-17

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

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



*Copy of 17/18 Performance Indicators and Dashboards available as Appendix

Exception highlights were as follows;

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

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

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
RWT_EB3	<p>The performance data for headline Referral to Treatment (RTT - 18 weeks) Incompletes was not reported on the April SQPR submission, however was verbally provided by the Trust as 91.10%. When compared to the previous years performance, the actual validated National Unify2 submission showed that there has been a decrease in compliance (Apr16 = 91.50% - 2943 breaches out of 34332, Apr17 = 91.07% - 2973 breaches out of 33289) with an overall decrease in the number of patients on the waiting list of 1043 (3.04% decrease). The April performance of 91.07% remains below the 92% National standard but has achieved the proposed 17/18 STF Trajectory for April of 91.03%. Failing specialties include : Urology, Oral Surgery, Trauma & Orthopaedics, Plastic Surgery, Ophthalmology, ENT and General Surgery. Following the resignation of multiple Dermatologists, 2 new locums have been recruited to support the service which is currently performing at 96.92%, the performance will continue to be monitored to assess the impact of staffing changes. The Trust have confirmed that a Consultant has been recruited with special interest in Magnetic Resonance Imaging and Computed Tomography (MRI/CT) scans that will assist with reducing diagnostic waiting times and therefore assist the 18 weeks performance. There has been a 5.37% increase in the number of Ophthalmology waiters due to capacity issues at Shrewsbury and Telford NHS Trust and this has been raised with NHSE as is impacting on the Royal Wolverhampton Trusts capacity and specialty performance (Mar17 = 90.73%, Apr17 = 89.94%). Shrewsbury and Telford NHS Trust have confirmed the following services are currently closed to new referrals : Neurology (a 6 month contract is in place with the Royal Wolverhampton NHS Trust), Spinal Services (one consultant therefore minimal disruption) and three sub-specialities of Ophthalmology (Glaucoma, General Ophthalmology and Adult Squint).</p> <p>The Trust has significantly reduced the backlog of incompletes within threshold (to prevent further patients breaching), however those that remain over threshold continue to impact on monthly performance. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The confirmed number of patients reported over 52 weeks at the end of April is 7 (all Orthodontics patients) and remains ahead of target against the recovery action plan trajectory of 14 by month end. Additional sessions have continued during May to ensure that performance remains within the recovery trajectory and the Trust are confident that the 52 week waiters will be clear by end of June. Early indications are that the May performance has seen an increase to 91.50% and is above the STF trajectory for M2.</p>													

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



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
98.88%												98.88%	99.00%

The performance for Diagnostic Tests has failed to achieve the 99% target since October 2016, with the April performance reporting at 98.88% (61 breaches out of 5438). All diagnostic test areas were at 100% in April with the exception of Computed Tomography (CT = 25 breaches out of 744), Magnetic Resonance Imaging (MRI = 32 breaches out of 1074) and Non-Obstetric Ultrasound (4 breaches out of 1435). The Trust have confirmed that there are 2 primary issues for achieving target -

The Trust sole Cardiac Consultant commenced Maternity leave in November and a locum consultant recruited, however has been unable to maintain the substantive consultants workload. The Trust attempted further recruitment but this has so far been unsuccessful.

The average number of new referrals has increased (from an average of 30, increasing to 70 per month) following the introduction of new NICE guidelines. The Trust confirmed at the Clinical Quality Review Meeting (CQRM) meeting held in May that there was a backlog of descriptive imaging reports (which are sent with a copy of the image scans). The Trust have approached an external provider to clear the backlog with a trajectory of end of July for compliance. Two radiographers have been employed to work through the backlog of scans and are on track to clear the backlog by the end of July. The Radiology Department continues to work closely with the Cardiac Directorate to utilise scan capacity. The Radiographers are aware of reporting issues and will flag any cases if they are deemed clinically more urgent - categories are : Inpatient (same day), Routine (within 6 weeks), Urgent (within 5 days), 62 Day Target (within 5 days) and Soon (within 2 weeks). Outsourcing of scans has been investigated, however as specialised scans require a consultant to be present during consultations this is not an option for all referrals. A mobile CT scanner remains on site and routine scans are being displaced in order to create specialist capacity within the Radiology Department. As a Commissioner, the April performance calculates as 98.56% (47 breaches out of 3256) of which 37 relate to the Royal Wolverhampton NHS Trust, 10 to other Providers (compared to 5 breaches at end of March17):

Cystoscopy - 1 x Walsall Healthcare NHS Trust

MRI - 2 x Birmingham Women's & Children's NHS Foundation Trust, 1 x Nuffield Wolverhampton, 1 x Dudley Group NHS Foundation Trust

Non Obstetric Ultrasound - 3 x Dudley Group NHS Foundation Trust

Urodynamic - 2 x University Hospitals Birmingham NHS Foundation Trust

Early indications are that the Royal Wolverhampton NHS Trust performance for May has seen an increase to 99.06% and is therefore GREEN.

RWT_EB4

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



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

RWT_EB5

The April performance (92.52%) has failed to achieve the National target (Type 1 and All Types) of 95%, however has achieved the proposed 17/18 STF Trajectory for April of 90.00%. The percentage of patients seen within 4 hrs has seen a 1.28% increase from the previous month and is the highest performance achieved since September 2016. The performance can be split into the following : Emergency Department (New Cross) - 87.36%, Walk-In Centre -100%, Cannock Minor Injury Unit (MIU) - 100% and Vocare - 92.52%. When compared to the previous year's compliance, there has been an improvement in performance (Apr16 - 85.08%, Apr17 - 92.52%). The Trust and CCG continue to hold Urgent Care teleconferences (Exec to Exec) three times a week and the A&E Delivery Board meetings to review progress and manage performance. A revised trajectory has been submitted and is awaiting approval from NHS Improvement (NHSI) which would provide a staggered recovery to meet national recovery trajectory of 91% by September 2017 and full compliance of the 95% target by March 2018. The Group Manager for Emergency Care at the Trust has provided a summary of recommendations and actions from the Matthew Cooke report to the CCG Quality and Safety Committee. This included identification of risks associated with Locum usage, expansion and clinically focussed Human Factors Training, nursing and medical capacity gaps. The A&E performance continues to be discussed at the monthly CQRM and CRM meetings, as part of the CCG Assurance Call Agenda with NHS England, the A&E Delivery Boards and as part of the Quality Requirements and National Operational Standards contract for 2017/18. Early indications are that the May performance (2017/18) has seen an increase to 94.12% which is the highest performance level since August 2015.

Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.



Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.40%												77.40%	85.00%

RWT_EB12

The performance for the 62 Day from GP Referral to 1st definitive treatment has failed to achieve the 85% target (77.40%) and has only achieved standard once since December 2016. The Trust have since confirmed via the Integrated Quality and Performance Report that there were 20 patients that breached target during April (4 x tertiary referrals, 9 x capacity issues, 3 x patient initiated and 4 x complex pathways). Of the tertiary referrals, 2 referrals were received after day 62 of the patient pathway and therefore had already breached standard. Analysis by Cancer site confirms the breaches are relating to : Urology (4 breaches out of 17.5 - 77.14%), Colorectal (3 breaches out of 7 - 57.14%), Head & Neck (1 breaches out of 4.5 - 77.78%), Upper GI (2 breach out of 8 - 75.00%), Gynaecology (3.5 breaches out of 7.5 - 53.33% and Skin (2 breaches out of 9.5 - 78.95%). Other cancer site performance reported as follows : Lung (0 breaches out of 2 - 100%), Haematology (0 out of 3 - 100%) and Breast (2 out of 16 - 87.50%). The Trust have confirmed that excluding tertiary referrals performance for April reports at 77.94%. Exec level discussions have taken place between the Royal Wolverhampton NHS Trust and The Dudley Group of Hospitals regarding late tertiary referrals, however negotiations and requests to change to the current system have been unsuccessful as would also directly impact on the Dudley performance standards. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and April performance has been confirmed as 74.10% (21.5 patient breaching target out of 83) and therefore remains RED. Performance is discussed at the CQRM and CRM meetings with the Trust who confirm that they have been in discussions with NHSI regarding a recovery trajectory to achieve only 83% by year end, but this is yet to be formally agreed.

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												6	0



This indicator has breached the zero threshold for 52 week waiters as it continues to manage the outstanding long waiting Orthodontic patients following an in-depth review of waiting list practices. At the end of April, 6 patients were recorded as waiting over 52 weeks, however the validated National Unify2 data has since confirmed that were 7 Orthodontic patients waiting over 52 week. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The Trust have confirmed that the original Orthodontic long waiters back log is nearing completion with the exception of 1 complex case who has been scheduled to be seen in May. The Trust recovery trajectory is set to clear all remaining long waiters by the end of June and they are confident that this will be achieved. At the CQRM meeting held in May, the April 2017 total remaining 52 week waiters was confirmed as 7, with the expectation that May will report 5 remaining patients. As a commissioner the CCG have the following breaches :

1 x Trauma & Orthopaedic patient waiting over 52 weeks at the Royal Orthopaedic Hospital (ROH Birmingham) who is classified as a Spinal Deformity patient and therefore a specialised commissioning responsibility. The co-ordinating commissioner (Birmingham Cross City CCG) have confirmed that ROH are working with Specialised Commissioning to support issues around spinal surgery.

1 x Other specialty waiting at University Hospital of North Midlands. RTT performance (including 52 Week Waiters and Referral Diversions) continues to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. The 52 week waiters performance remains as part of the Quality requirements Operational Standards for 2017/18 with the threshold remaining at zero per month.

RWT_EBS4

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



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

The Delayed Transfers of Care (DTOC) indicator is based on the proportion of delays by occupied bed days (excluding Social Care) and has achieved the 2.0% threshold in-month (1.75%). The Trust have confirmed via the Integrated Quality and Performance Report (published and available from the Trust Public website) the total performance (including social care) is 5.7%. The Trust have confirmed that there were 38 delay breaches in April, of which 12 were Stafford patients and the issue of delays was discussed at the April CQRM meeting as Stafford delays continuing to have significant impact on performance with disproportionately longer stays. The Stafford and Cannock CCG's have formally responded to NHSE regarding improving the DTOC position and have identified the following actions :

- The CCG's will be contacting all main Trusts and will provide contact details for their Urgent Care Team for escalations of Delay issues
- On a bi-monthly basis, a representative from the Stafford/Cannock CCG will attend the Wolverhampton A&E Delivery Board. The Trust have indicated the following delay reasons for April:

RWT_LQR3

- 36.5% - Delay Awaiting Assessment (prev 39.5% - decrease)
- 12.2% - Delay awaiting further NHS Care (prev 18.4% - decrease)
- 17.4% - Delay awaiting domiciliary package (prev 21.1% - decrease)
- 15.7% - Delay awaiting family choice (prev 6.4% - increase)
- 4.3% - Delay awaiting equipment/adaptations (prev 1.8% - increase)
- 3.5% - Delay awaiting public funding (prev 0.9% - increase)

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

Early indications are that the May performance is 2.1% and remains below the 2.5% threshold (excluding Social Care).

E-Referral – ASI rates

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

Performance for this indicator was not submitted for April as verified data was unavailable at time of submission due to NHSE publication deadlines. However, this has been highlighted as an exception report as the E-Referral indicator has failed to achieve the 10% throughout 2016-17 and performance has since been confirmed by the Trust for April as 34.66%.

RWT_LQR12

Analysis of the year on year performance shows that the M1 performance relates to a lower number of records (16/17 denominator = 4889, 17/18 denominator = 3722 and a reduction of 1167), a higher numerator value (16/17 numerator = 701, 17/18 numerator = 1290) and a performance below that of the same period in 2016/17 (14.34%). The Trust have signed up to start the Paper Switch Off CQUIN project which relates to routine appointments (not urgent) from July 2017 with a 9 month timeline, however concerns have been raised as early achievers to the project could receive additional referrals from surrounding CCGs which will increase their ASI rate more than planned. Part of the paper switch off project is to poll out on the E-Referral System (e-RS) to the same waits that providers have for paper referral waits, however as this can impact on the Referral to Treatment performance (RTT 18 Weeks) and contravenes the RTT targets. NHS England (NHSE) are to query which target should have more weight and will advise the CCG accordingly. Advice & guidance is seen as a key element of using e-RS successfully and the improved functionality encourages referring clinicians to use the system more efficiently. If the Royal Wolverhampton NHS Trust fail to achieve the paper switch off project then potentially will lose the CQUIN payment of £12million (over 2 years).

5. RISK and MITIGATION

Risks	Potential Risk Value Mth01	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	0.00	2.00	70.00%	1.40	29.82%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	0.00	2.47	60.00%	1.48	31.60%	risk of slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.00	0.70	80.00%	0.56	11.93%	risk of overspend materialising
Running Costs	0.00			0.00	0.00%	
Other Risks	0.00	1.80	69.50%	1.25	26.65%	£500k risk on IR allocation deduction materialising and £1.3m on BCF (LA budgets)
TOTAL RISKS	0.00	6.97		4.69	100.00%	

- The table above details the current assessment of risk for the CCG; a gross risk of £6.97m but risk assessed to £4.69m.

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

Risks	Potential Risk Value Mth01	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	0.00	2.00	70.00%	1.40	29.82%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	0.00	2.47	60.00%	1.48	31.60%	risk of slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.00	0.70	80.00%	0.56	11.93%	risk of overspend materialising
Running Costs	0.00			0.00	0.00%	
Other Risks	0.00	1.80	69.50%	1.25	26.65%	£500k risk on IR allocation deduction materialising and £1.3m on BCF (LA budgets)
TOTAL RISKS	0.00	6.97		4.69	100.00%	

6. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. There were no significant changes to the procurement plan to note.

Other Risk

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

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

7. RECOMMENDATIONS

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

Name: Lesley Sawrey
Job Title: Deputy Chief Finance Officer
Date: 28th June 2017

Appendix 1

Performance Indicators 17/18

Current Month:

Key:

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

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

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month													
									A	M	J	J	A	S	O	N	D	J	F	Yr End		
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	98.88%	R	98.88%	R	↑														
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RWT	95%	92.52%	R	92.52%	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%	90.91%	R	90.91%	R	↓														
RWT_EB7	Percentage of Service Users referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	RWT	93%	94.59%	G	94.59%	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%	94.38%	R	94.38%	R	↓														
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	77.78%	R	77.78%	R	↓														
RWT_EB10	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regimen	RWT	98%	100.00%	G	100.00%	G	↑														
RWT_EB11	Percentage of service Users waiting no more than 31 days for subsequent treatment where the treatment is a course of radiotherapy	RWT	94%	100.00%	G	100.00%	G	↑														
RWT_EB12	Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer.	RWT	85%	77.40%	R	77.40%	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%	94.74%	G	94.74%	G	↑														
RWT_EB51	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	↔														
RWT_EB52	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	4.00	R	↓														
RWT_EB54	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	6	R	6	R	↑														
RWT_EB57a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	RWT	0	33	R	33	R	↑														
RWT_EB57b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	RWT	0	1	R	1	R	↑														
RWT_EB55	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	↔														
RWT_EB56	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%	95.42%	G	95.42%	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%	99.84%	G	99.84%	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%	98.57%	G	98.57%	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%	91.30%	R	91.30%	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%	81.94%	R	81.94%	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%	1.75%	G	1.75%	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	0.00	G	↔														
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	0.00	G	0.00	G	↔														
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	0.00	G	↑														
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.35%	G	0.35%	G	↑														

RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	92.40%	G	92.40%	G	↑	
RWT_LQR14	Stroke - Percentage of patients who spend at least 90% of their time on a stroke unit	RWT	80.00%	86.67%	G	86.67%	G	↓	
RWT_LQR15	Stroke - Percentage of higher risk TIA cases are assessed and treated within 24 hours	RWT	60.00%	76.60%	G	76.60%	G	↓	
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.61%	G	99.61%	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	No	R	-	-	EVALUATE	
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	90.42%	R	90.42%	R	EVALUATE	
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.21%	R	94.21%	R	EVALUATE	
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	96.57%	G	96.57%	G	↓	
BCPFT_EB54	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	-	-	EVALUATE	
BCPFT_IAPT1	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	BCP	90.00%	100.00%	G	100.00%	G	→	
BCPFT_EH4	Early intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	BCP	50.00%	100.00%	G	100.00%	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%	95.83%	G	95.83%	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	100.00%	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%	96.57%	G	96.57%	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%	94.29%	R	94.29%	R	↓	
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.07%	G	96.07%	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%	5.12%	G	5.12%	G	↑	
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	96.69%	G	96.69%	G	EVALUATE	
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	91.67%	G	91.67%	G	EVALUATE	
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	98.04%	G	98.04%	G	EVALUATE	
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	100.00%	G	100.00%	G	→	
BCPFT_LQGE16	Update of STEIS at 3 working days of the report. The provider will keep the CCG informed by updating STEIS following completion of 48 hour report (within 72 hours of reporting incident on STEIS. Day one commences as of reporting date). CCG will do monthly data checks to ensure sufficient information has been shared via STEIS and report back to CQRM.	BCP	100.00%	100.00%	G	100.00%	G	→	
BCPFT_LQGE17	Provide commissioners with Level 1 (concise) and Level 2 (comprehensive) RCA reports within 60 working days and Level 3 (independent investigation) 6 months from the date the investigation is commissioned as per Serious Incident Framework 2015 page 41. All internal investigations should be supported by a clear investigation management plan.	BCP	100.00%	80.00%	R	80.00%	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%	51.05%	G	51.05%	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%	95.83%	G	95.83%	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%	1.50%	G	1.50%	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%	97.92%	G	97.92%	G	EVALUATE	
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	EVALUATE	
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	EVALUATE	

Additional Information - Dashboards

Current Month:

Key:

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

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

RWT - Safeguarding

Area	17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month												Yr End	
										A	M	J	J	A	S	O	N	D	J	F	M		
Safeguarding - RWT	RWT_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.	RWT	95%	98.57%	G	98.57%	G	↑														
Safeguarding - RWT	RWT_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.	RWT	85%	95.43%	G	95.43%	G	↑														
Safeguarding - RWT	RWT_LQSG03	Level 3 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 3 Safeguarding Children competence.	RWT	85%	84.25%	R	84.25%	R	↓														
Safeguarding - RWT	RWT_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.	RWT	100%	100.00%	G	100.00%	G	→														
Safeguarding - RWT	RWT_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.	RWT	100%	No Data	No Data		No Data															
Safeguarding - RWT	RWT_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.	RWT	95%	99.61%	G	99.61%	G	↑														
Safeguarding - RWT	RWT_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.	RWT	85%	95.24%	G	95.24%	G	↑														
Safeguarding - RWT	RWT_LQSG08	Level 3 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 3 Safeguarding Adults competence.	RWT	85%	80.00%	R	80.00%	R	↓														
Safeguarding - RWT	RWT_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.	RWT	100%	100.00%	G	100.00%	G	→														
Safeguarding - RWT	RWT_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.	RWT	100%	No Data	No Data		No Data															
Safeguarding - RWT	RWT_LQSG11	Basic Prevent Awareness Training (level 1&2) as defined in NHS England – Prevent Training and Competencies Framework (2015). Percentage of staff with up to date PREVENT competence.	RWT	95%	24.49%	R	24.49%	R															
Safeguarding - RWT	RWT_LQSG13	Prevent Awareness Training (level 3,4 & 5) WRAP training as defined in NHS England – Prevent Training and Competencies Framework (2015). % of staff with up to date competencies.	RWT	85%	80.54%	R	81%	R															
Safeguarding - RWT	RWT_LQSG13b	Statutory Organisational Prevent Leads to demonstrate criteria met to achieve competency levels as defined in NHS England – Prevent Training and Competencies Framework (2015). • Attendance at a minimum of 2 NHSE regional Prevent forums each financial year (4 take place) • Evidence of face to face meetings with the channel coordinator and CTU officers • Participate in local or regional multi-agency Prevent forums/Boards when required	RWT	100%	100.00%	G	100.00%	G															
Looked After Children (LAC)	RWT_LQSG15b	Percentage of above requests for IHAs which were completed within statutory timescales.	RWT	n/a	0.00%	n/a	0.00%	n/a															n/a
Looked After Children (LAC)	RWT_LQSG16a	Percentage of completed IHAs which were Quality Assured.	RWT	n/a	100.00%	n/a	100.00%	n/a															n/a
Looked After Children (LAC)	RWT_LQSG17a	Percentage of above requests for RHAs which were completed within statutory timescales.	RWT	n/a	3.23%	n/a	3.23%	n/a	↑														n/a
Looked After Children (LAC)	RWT_LQSG17b	Percentage of completed RHAs which were Quality Assured.	RWT	n/a	100.00%	n/a	100.00%	n/a															n/a
Looked After Children (LAC)	RWT_LQSG18a	Number of requests for Leaving Care Summaries	RWT	n/a	10	n/a	10	n/a															n/a
Looked After Children (LAC)	RWT_LQSG18b	Number of completed Leaving Care Summaries	RWT	n/a	2	n/a	2	n/a															n/a

BCP - Safeguarding

Area	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
Safeguarding - BCP	BCP_IQSG01	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	95%	Apr	#VALUE!	96.34%	G		###
Safeguarding - BCP	BCP_IQSG02	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%	96.34%	G	86.35%	G	↓	
Safeguarding - BCP	BCP_IQSG03	Percentage of staff that have up to date Level 3 Safeguarding Children 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) and a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill). As set out in Safeguarding Children & Young People roles and competencies for health care staff - Intercollegiate Document.	BCP	85%	86.35%	G	90.27%	G	↓	
Safeguarding - BCP	BCP_IQSG04	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%	90.27%	R	100.00%	G	↓	
Safeguarding - BCP	BCP_IQSG05	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	→	
Safeguarding - BCP	BCP_IQSG06	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%	100.00%	G	96.39%	G	→	
Safeguarding - BCP	BCP_IQSG07	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%	96.39%	G	89.35%	G	↓	
Safeguarding - BCP	BCP_IQSG08	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	85%	89.35%	G	90.62%	G	↓	
Safeguarding - BCP	BCP_IQSG09	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%	90.62%	R	100.00%	G	↑	
Safeguarding - BCP	BCP_IQSG10	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	→	
Safeguarding - BCP	BCP_IQSG11	% 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%	100.00%	G	96.68%	G	→	
Safeguarding - BCP	BCP_IQSG12	% 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%	96.68%	G	96.68%	G	↑	

Safeguarding - BCP	BCP_IQSG13	<p>% Staff with up to date 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).</p>	BCP	85%	96.68%	G	91.62%	G	↑	
Safeguarding - BCP	BCP_IQSG14	<p>% Staff with up to date PREVENT Awareness Training Level 4 and 5 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).</p>	BCP	85%	91.62%	G	100.00%	G	↑	