WOLVERHAMPTON CCG

GOVERNING BODY

Agenda item 13

Title of Report:	**Summary – Wolverhampton Clinical Commissioning Group (WCCG) Finance and Performance Committee- 29th August 2017**
Report of:	Tony Gallagher – Chief Finance Officer
Contact:	Tony Gallagher – Chief Finance Officer
Governing Body Action Required:	☐ **Decision** ☒ **Assurance**
Purpose of Report:	To provide an update of the WCCG Finance and Performance Committee to the Governing Body of the WCCG.
Recommendations:	• **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):	

• **Domain 1:** A Well Led Organisation	The CCG must secure the range of skills and capabilities it requires to deliver all of its Commissioning functions, using support functions effectively, and getting the best value for money; and has effective systems in place to ensure compliance with its statutory functions. meet a number of constitutional, national and locally set performance targets.
• **Domain2:** Performance – delivery of commitments and improved outcomes	The CCG must meet a number of constitutional, national and locally set performance targets.
• **Domain 3:** Financial Management	The CCG aims to generate financial stability in its position, managing budgets and expenditure to commission high quality, value for money services. The CCG must produce a medium to long term plan that allows it to meet its objectives in the future.

1. FINANCE POSITION

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

Financial Targets				
Statutory Duties	**Target**	**FOT**	**Variance o(u)**	**RAG**
Expenditure not to exceed income	£9.130m surplus	£9.130m surplus	Nil	G
Capital Resource not exceeded	nil	nil	Nil	G
Revenue Resource not exceeded	£402.964m	£402.964m	Nil	G
Revenue Administration Resource not exceeded	£5.535m	£5.465m	(£0.07m)	G

Non Statuory Duties	**YTD Target**	**YTD Actual**	**Variance o(u)**	**RAG**
Maximum closing cash balance £'000	344	1,521	1,177	A
Maximum closing cash balance %	1.25%	5.53%	4.28%	A
BPPC NHS by No. Invoices (cum)	95%	100%	-5%	G
BPPC non NHS by No. Invoices (cum)	95%	96%	-1%	G
QIPP	£3.54m	£3.61m	(£0.07m)	A
Programme Cost £'000*	128,192	128,859	667	G
Reserves £'000*	712	0	(712)	G
Running Cost £'000*	1,845	1,795	(49)	G

- The net effect of the three identified lines (*) is a small underspend.
- The cash balance has exceeded the target due to a delay in BCF payments
- The CCG is anticipating meeting all its statutory duties in 2017/18 and in doing so has utilised all its reserves.
- Following a review of the financial position at M4 the level of risks and associated mitigations has been reduced and the CCG is maintaining a nil net risk as mitigations match identified risks.
- Programme Costs are forecast to overspend which is compensated for by underspends on Running Costs.

- The CCG is continuing to recurrently overspend c £800k FOT which is offset by non recurrent underspends. This has serious implications for 18/19 onwards most importantly the level of QIPP will have to increase to c £12m.
- Royal Wolverhampton Trust (RWT) is giving concern as the M3 activity is indicating a potential forecast out turn (FOT) of c £1.5-2m. The CCG is seeing new HRGs codes being used as a result of the expansion of codes in 17/18 many of which carry a higher tariff e.g. Sepsis.
- Other Providers such as University Hospitals Birmingham (UHB) and Dudley Group are also over performing which appears to be linked to new HRGs and Specialist activity now in the CCG portfolio.
- Mental Health Complex cases are continuing to over perform. Assurances have been given by the MH Commissioner that the spend will reduce and fall back in line with budget as cases are reviewed and costs reduced.
- Within Delegated Primary Care there is considerable flexibility to utilise in bringing forward plans and commit recurrent spend.
- GP Prescribing has moved significantly in the recently received M2 data which has adversely affected the FOT, moving by £500k. This is generally volume driven.
- CHC/FNC has worsened in M4 mainly as a result of increasing numbers in CHC and Terminal phase. However, the worsening FOT still indicates a FOT within budget but at a reduced underspend.
- BCF has been reported as breakeven based upon the financial report provided by Wolverhampton Council (CWC). The CCG has concerns over the robustness of CWC's FOT following the last two years' experience.
- BCF 17/18 budgets are awaiting approval and work is ongoing with regard to the risk share arrangements.
- No additional QIPP has been identified over and above M3 and the CCG is reporting achieving its QIPP target. However, actual achievement of reduced activity levels associated with QIPP schemes is not materialising.

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

	Annual Budget £'000	YTD Performance M04									
		Ytd Budget £'000	Ytd Actual £'000	Variance £'000 o/(u)	Var % o(u)	FOT Actual £'000	FOT Variance £'000	Var % o(u)	In Month Movement Trend	In Month Movement £'000 o(u)	Previous Month FOT Variance £'000 o/(u)
Acute Services	190,382	63,461	63,710	250	0.4%	191,710	1,328	0.7%		358	970
Mental Health Services	35,619	11,921	12,250	329	2.8%	35,943	323	0.9%		(101)	424
Community Services	36,971	12,324	12,281	(43)	(0.3%)	36,914	(57)	(0.2%)		(23)	(34)
Delegated Primary Care	35,165	11,722	11,838	116	1.0%	35,165	0	0.0%		0	0
Other Primary Care	779	260	260	(0)	(0.0%)	779	0	0.0%		0	0
Prescribing & Quality	50,547	16,849	17,162	313	1.9%	51,017	471	0.9%		329	142
Continuing Care/FNC	13,899	4,633	4,569	(64)	(1.4%)	13,443	(456)	(3.3%)		356	(812)
Other Programme	21,072	7,024	6,791	(233)	(3.3%)	21,321	249	1.2%		(849)	1,098
Total Programme	**384,433**	**128,192**	**128,859**	**667**	**0.5%**	**386,292**	**1,858**	**0.5%**		**70**	**1,788**
Running Costs	5,535	1,845	1,795	(49)	(2.7%)	5,465	(70)	(1.3%)		(70)	0
Reserves	3,866	712	0	(712)	(100.0%)	2,077	(1,788)	(46.3%)		(0)	(1,788)
Total Mandate	**393,834**	**130,749**	**130,655**	**(94)**	(0.1%)	**393,834**	**(0)**	**(0.0%)**		**(0)**	**0**
Target Surplus	9,130	3,043	0	(3,043)	(100.0%)	0	(9,130)	(100.0%)		0	(9,130)
Total	**402,964**	**133,792**	**130,655**	**(3,138)**	(2.3%)	**393,834**	**(9,130)**	(2.3%)		**(0)**	**(9,130)**

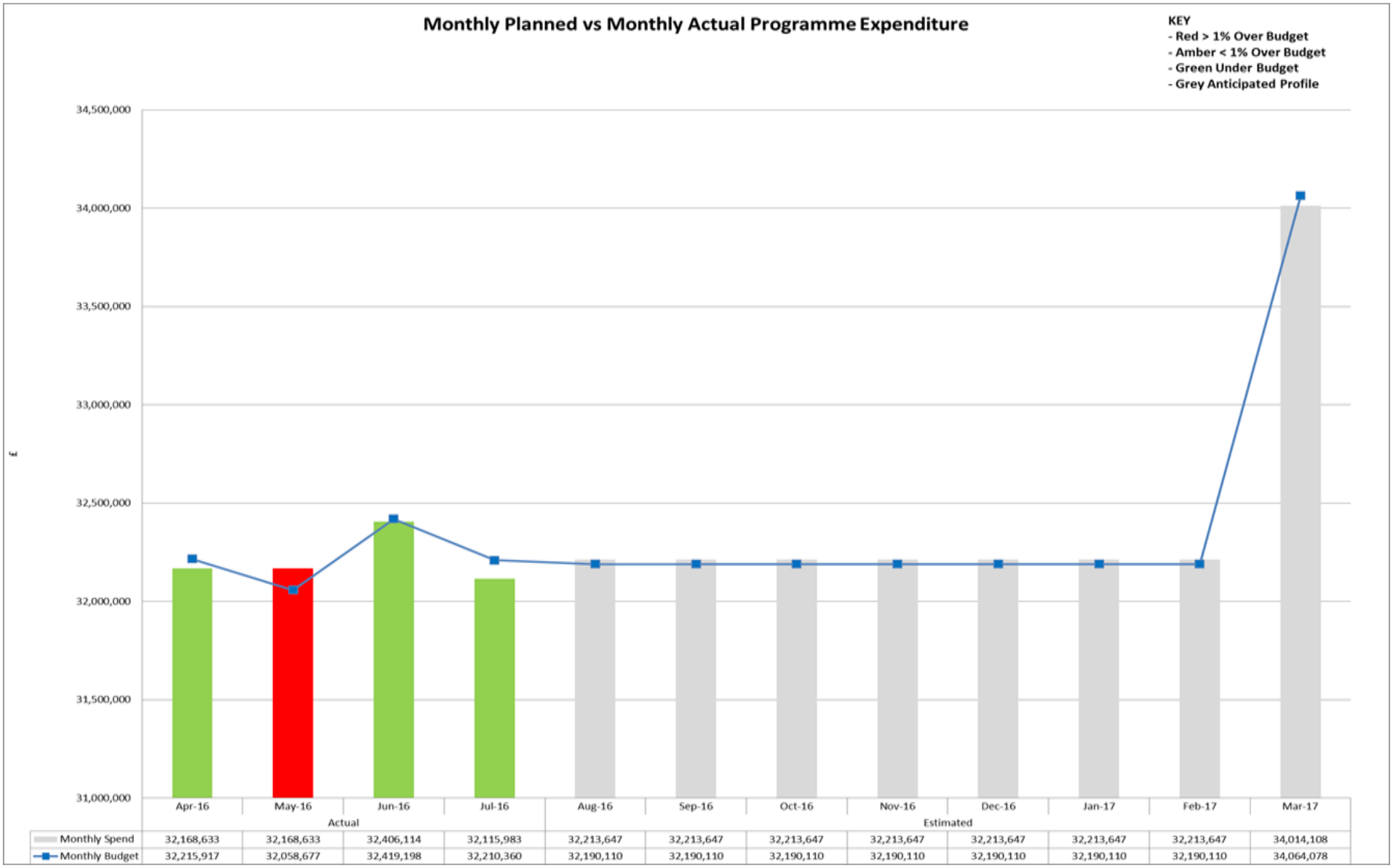
Red = adverse impact on FOT and overall financial position of the CCG
Amber = no movement on FOT from last month
Green = favourable impact on FOT and financial position of the CCG

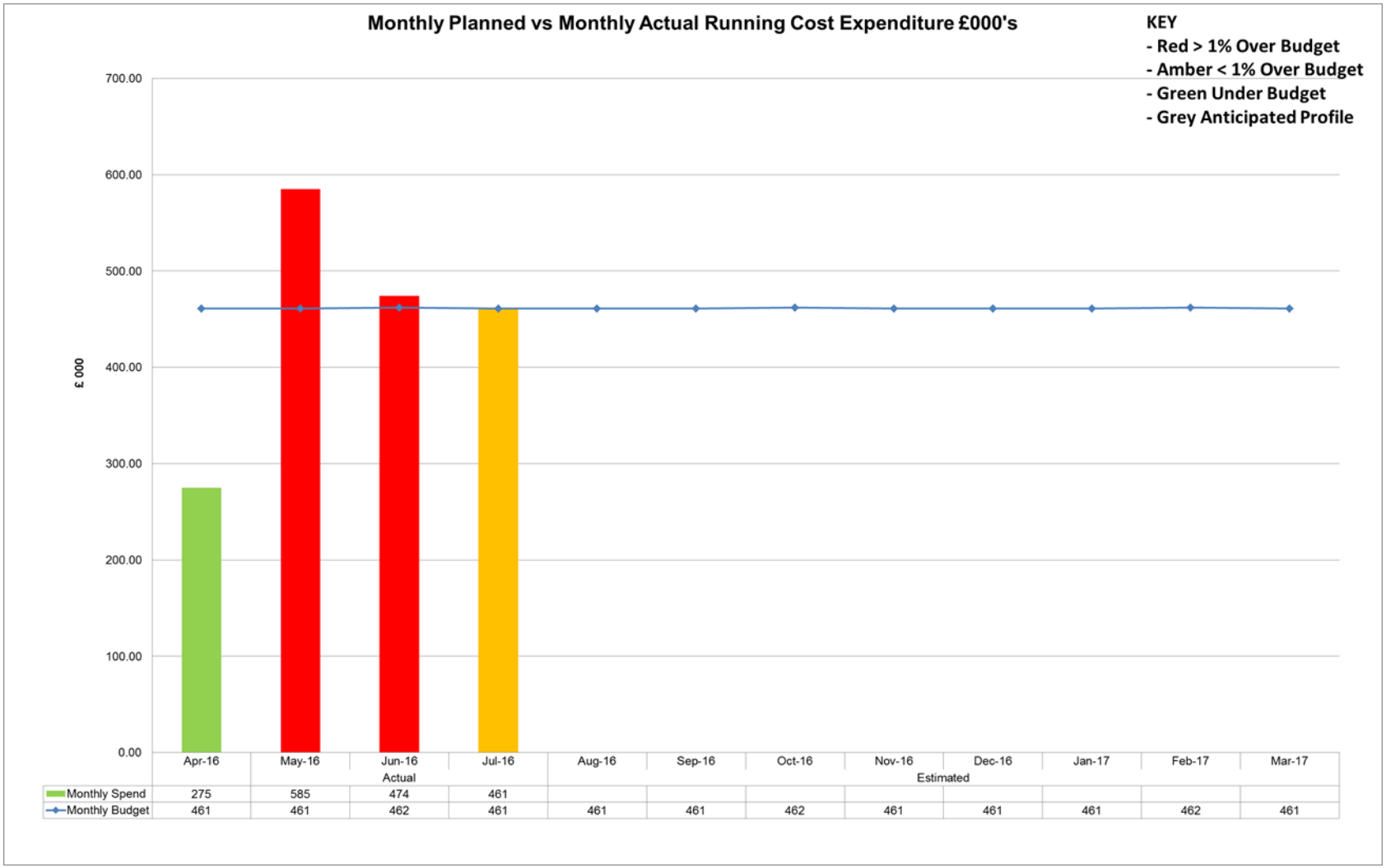
	Annual Budget £'000	Yr End Forecast £'000	Yr End Variance Total £'000 o(u)	Yr End Variance Recurrent £'000	Yr End Variance Non Recurrent	Yr End Variance %
Acute Services	190,382	191,710	1,328	1,014	314	0
Mental Health Services	35,619	35,943	323	53	270	0
Community Services	36,971	36,914	(57)	35	(92)	(0)
Delegated Primary Care	35,165	35,165	0	0	0	0
Other Primary Care	779	779	0	0	0	0
Prescribing & Quality	50,547	51,017	471	379	92	0
Continuing Care/FNC	13,899	13,443	(456)	(552)	96	(0)
Other Programme	21,072	21,321	249	6,339	(6,090)	0
Total Programme	**384,433**	**386,292**	**1,858**	**7,268**	**(5,410)**	**0**
Running Costs	5,535	5,465	(70)	0	(70)	(0)
Reserves	3,866	2,077	(1,788)	(1,788)	0	(0)
Total Mandate	**393,834**	**393,834**	**(0)**	**5,480**	**(5,480)**	**(0)**
Target Surplus	9,130	0	(9,130)	0	(9,130)	(1)
Total	**402,964**	**393,834**	**(9,130)**	**5,480**	**(14,610)**	**(0)**

- Of the recurrent year end variance, £4.765m is a consequence of recurrent spend being offset by a non-recurrent allocation in relation to HRG4+ and IR (national coding and costing changes which impacted upon the 17/19 contract). The CCG will have a non-recurrent allocation again in 18/19 thereafter the sum should be incorporated into the new allocations published after the next CSR (Comprehensive spending review).

- 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. This is clearly detailed in the following table.

  As mandated by NHSE the CCG is also retaining 0.5% of its 1% reserve. It is unable to utilise this at this stage of the financial year and will hold this resource until guidance on its treatment in the accounts from NHSE.


Monthly Planned vs Monthly Actual Programme Expenditure
KEY
- Red > 1% Over Budget
- Amber < 1% Over Budget
- Green Under Budget
- Grey Anticipated Profile
£
34,500,000
34,000,000
33,500,000
33,000,000
32,500,000
32,000,000
31,500,000
31,000,000
Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17
Actual
Estimated
Monthly Spend 32,168,633 32,168,633 32,406,114 32,115,983 32,213,647 32,213,647 32,213,647 32,213,647 32,213,647 32,213,647 32,213,647 34,014,108
Monthly Budget 32,215,917 32,058,677 32,419,198 32,210,360 32,190,110 32,190,110 32,190,110 32,190,110 32,190,110 32,190,110 32,190,110 34,064,078



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

2. Delegated Primary Care

Delegated Primary Care Allocations for 2017/18 as at M04 are £35.165m. The forecast outturn is £35.165m 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 04:

	YTD budget £'000	YTD spend £'000	YTD Variance £'000 o/(u)	Annual Budget £'000	FOT £'000	Variance £'000 o/(u)	In Month Movement Trend	In Month Movement £'000 o/(u)	Previous Month FOT Variance £'000 o/(u)
General Practice GMS	7,001	7,017	17	21,002	21,002	0		0	0
General Practice PMS	603	600	(3)	1,809	1,809	0		0	0
Other List Based Services APMS incl	766	847	81	2,298	2,298	0		0	0
Premises	895	883	(11)	2,684	2,684	0		0	0
Premises Other	30	18	(12)	90	90	0		0	0
Enhanced services Delegated	282	270	(12)	845	845	0		0	0
QOF	1,207	1,176	(31)	3,622	3,622	0		0	0
Other GP Services	880	1,026	146	2,641	2,641	0		0	0
Delegated Contingency reserve	58	0	(58)	174	174	0		0	0
Total	**11,721**	**11,837**	**116**	**35,165**	**35,165**	**0**		**0**	**0**

3. QIPP

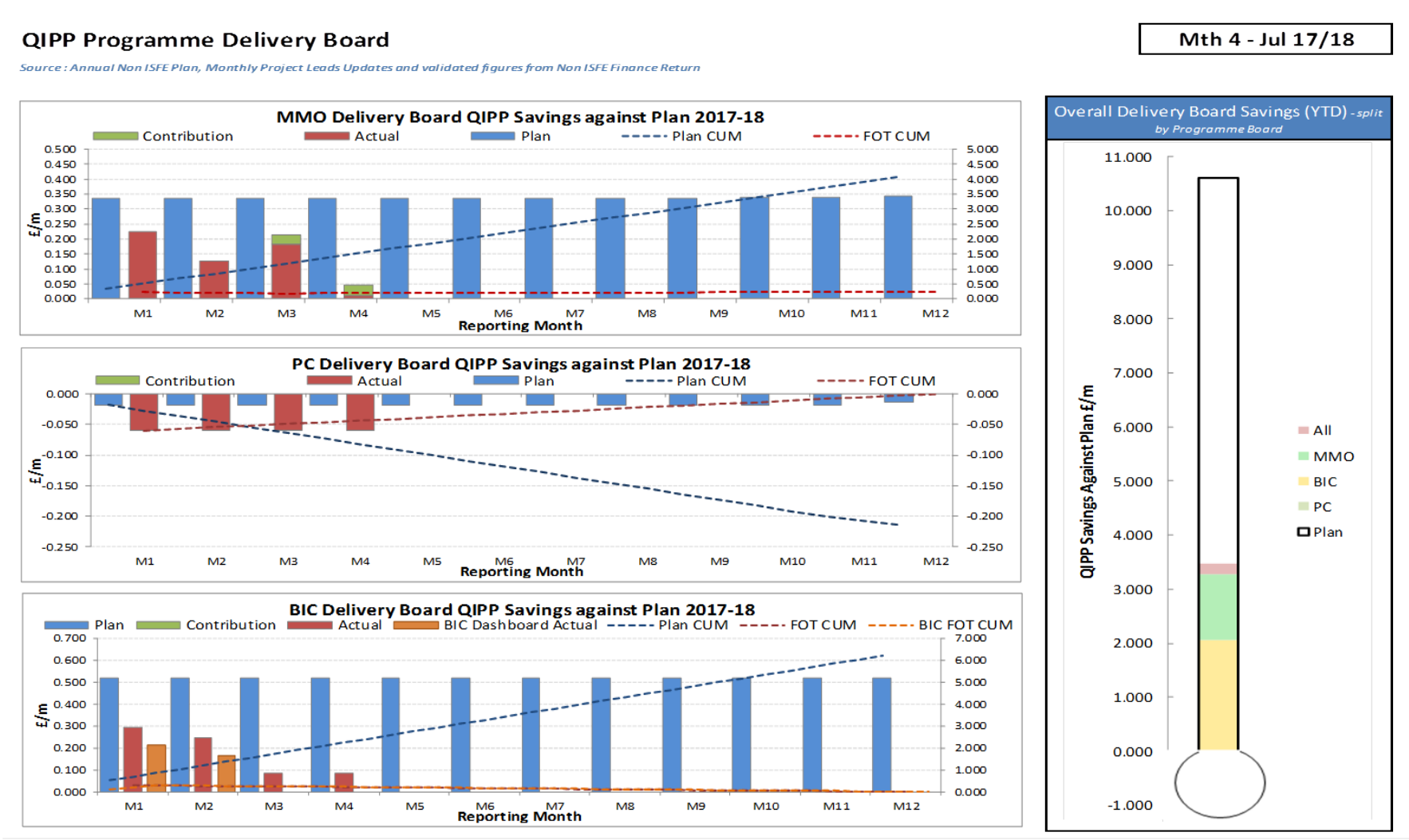
The key points to note are as follows:

- Following the finalisation of the year end figure the plan QIPP target of £10.62m increased to £11m. As a result the level of non- contrated QIPP without plans has increased to £1.519m as £616k has identified plans.
- No additional QIPP has been identified in M4.
- Any non-recurrent QIPP will potentially be carried forward into the 18/19 target although the CCG is covering undelivered QIPP in its recurrent reported position.

- Reporting to NHSE requires QIPP to be split between Transactional QIPP and Transformational QIPP. The table below details the split between categories:

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

	YTD Plan £'m	YTD Actual £'m	YTD Var o(u) £m	An. Plan £'m	FOT £'m	Var o(u) £m
Transactional	1.35	1.37	0.02	4.05	4.05	0.00
Transformational	2.15	2.17	0.02	6.56	6.64	0.08
Unallocated		0.00	0.00	0.00	0.00	0.00
Total	**3.50**	**3.54**	**0.04**	**10.61**	**10.69**	**0.08**



4. STATEMENT OF FINANCIAL POSITION

The Statement of Financial Position (SoFP) as at 31st July is shown below

	31 July '17 £'000	30 June '17 £'000	Change In Month £'000
Non Current Assets			
Assets	0	0	0
Accumulated Depreciation	0	0	0
	0	0	
Current Assets			
Trade and Other Receivables	2,296	1,866	430
Cash and Cash Equivalents	1,520	2,799	-1,278
	3,817	4,665	
Total Assets	**3,817**	**4,665**	
Current Liabilities			
Trade and Other Payables	-23,619	-23,310	-309
	-23,619	-23,310	
Total Assets less Current Liabilities	**-19,803**	**-18,646**	
TOTAL ASSETS EMPLOYED	**-19,803**	**-18,646**	
Financed by:			
TAXPAYERS EQUITY			
General Fund	19,803	18,646	1,157
TOTAL	**19,803**	**18,646**	

Key points to note from the SoFP are:

- As at the end of June the CCG held a bank balance of £1,520k. This was 5.53% of the monthly drawdown against the target of no greater than 1.25%. This underperformance was due to anticipated payments not being realised in the month (see 14.2 below);
- Performance against the target of paying at least 95% of invoices within 30 days remains at 96% for non-NHS invoices and 100% for
  NHS invoices;

5. PERFORMANCE

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

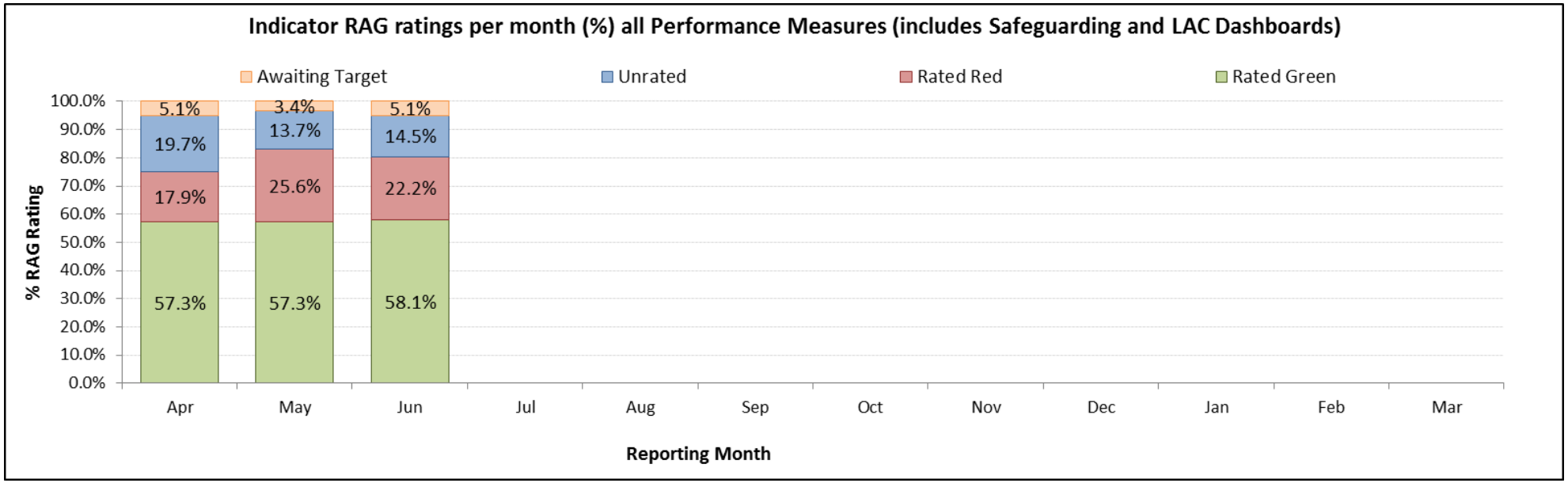
Executive Summary - Overview

Jun-17

Performance Measures	Previous Mth	Green	Previous Mth	Red	Previous Mth	No Submission (blank)	Previous Mth	Target TBC or n/a *	Total
NHS Constitution	11	13	13	10	0	1	0	0	**24**
Outcomes Framework	11	8	10	6	5	12	0	0	**26**
Mental Health	23	25	2	5	9	4	0	0	**34**
Safeguarding - RWT	8	8	5	5	0	0	0	0	**13**
Looked After Children (LAC)	0	0	0	0	2	0	4	6	**6**
Safeguarding - BCP	14	14	0	0	0	0	0	0	**14**
Totals	**67**	**68**	**30**	**26**	**16**	**17**	**4**	**6**	**117**

Performance Measures	Previous Mth:	Green	Previous Mth:	Red	Previous Mth:	No Submission (blank)	Previous Mth:	Target TBC or n/a *
NHS Constitution	46%	54%	54%	42%	0%	4%	0%	0%
Outcomes Framework	42%	31%	38%	23%	19%	46%	0%	0%
Mental Health	68%	74%	6%	15%	26%	12%	0%	0%
Safeguarding - RWT	62%	62%	38%	38%	0%	0%	0%	0%
Looked After Children (LAC)	0%	0%	0%	0%	33%	0%	67%	100%
Safeguarding - BCP	100%	100%	0%	0%	0%	0%	0%	0%
Totals	**57%**	**58%**	**26%**	**22%**	**14%**	**15%**	**3%**	**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.


Indicator RAG ratings per month (%) all Performance Measures (includes Safeguarding and LAC Dashboards)
Awaiting Target
Unrated
Rated Red
Rated Green
% RAG Rating
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
5.1%
19.7%
17.9%
57.3%
3.4%
13.7%
25.6%
57.3%
5.1%
14.5%
22.2%
58.1%
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Reporting Month

Exception highlights were as follows;

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

RWT_EB6

Percentage of Service Users referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.91%	93.42%	94.19%										92.84%	93.00%

The 2 week first outpatient cancer performance has achieved the 93% target for the second consecutive month, however the Year To Date remains below target at 92.84% due to the previous below target performance in April (90.91%). Compared to the previous year, there has been a 2.26% increase in referrals (June16 = 1194 - 93.06%, June17 = 1221 - 94.19%) and an increase in compliance by 0.55%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end and June performance has been confirmed as 94.19% (71 patients breaching target out of 1,221) and therefore remains GREEN in month, however the Quarter 1 performance remains RED (92.98%) due to the below target performance in April.

Percentage of Service Users waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.38%	96.17%	97.06%										95.87%	96.00%

RWT_EB8

The 31 Day from diagnosis to first definitive treatment cancer performance in June (97.06%) achieved the 96% target however, the Year To Date remains below target at 95.87% following the April breach (94.38%). Compared to the previous year, there has been a 7% increase in referrals (Jun16 =223 - 96.41%, Jun17 = 238 - 97.06%) and a increase in compliance by 0.65%. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for June confirm that the Trust achieved 97.29% (relating to 7 breaches out of 258 patients seen) and therefore GREEN in month. The Quarter 1 performance also remains above target reporting at 96.59%.

Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
77.78%	94.87%	94.34%										89.00%	94.00%

RWT_EB9

The 31 Day for subsequent treatment (surgery) cancer performance in June (94.34%) regained achievement of the 94% target for the first time since April 2016, however the Year To Date remains below target at 89.00%. Compared to the previous year, there has been a 61% increase in referrals (Jun16 = 33 - 75.76%, Jun17 = 53 -94.34%) and a increase in compliance by 18.58%. The performance for this indicator is directly related to the 62 Day standard and is expected to follow the same recovery trajectory. Validated figures are received after the SQPR submission deadline as the final cancer figures are uploaded nationally 6 weeks after month end, however the validated figures for June confirm that the Trust achieved 94.74% (relating to 3 breaches out of 57 patients seen) and therefore remains GREEN in month, however the Quarter 1 performance remains RED (90.40%) due to the below target performance in April.

Minimise rates of Clostridium Difficile

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
4	5	2										11	35

RWT_EAS5

The number of Clostridium Difficile (C.Diff) has achieved the in-month threshold of 3 with 2 cases reported at the Trust, however the Year to Date continues to breach due to the previous months higher than threshold performance (11 cases against a threshold of 9 cases). Compared to the same month in 16/17, performance has seen no change (16/17 = 2, 17/18 = 2). The threshold for C.Diff breaches has been agreed at 35 for the full year. The Trust have confirmed that there were 12 positive cases (by toxin test), 2 of which were attributable to the Royal Wolverhampton using the external definition of attribution. The number of C.Diff cases continues to be discussed as part of the CQRM and CRM meetings with actions shared by the Infection Prevention Team. An exception report has been received which indicates that sustainability actions have continued from 15/16 (including environmental actions), antibiotic changes being scrutinised and a ward level scrutiny of every Polymerase Chain Reaction (PCR - a laboratory test designed to amplify 2 different genes that are specific to toxigenic strains of C difficile) positive case. A recovery trajectory was not provided as part of the exception reporting process. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. The Nationally verified data has confirmed that the number of cases for June for the CCG as Commissioner total has decreased to 4 cases (all Royal Wolverhampton - 1 x Acute, 3 x Non Acute). Early indications are that the July performance remains at 2 cases for The Royal Wolverhampton, with the Commissioner total also seeing a reduction to 5 cases (from 6 cases in May).

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
33	69	54										156	0

RWT_EBS7a

The Ambulance handover delays have seen a decrease in breach numbers (in line with the seasonal trend) during June with 54 handover breaches out of 3,893 conveyances during the month. Compared to the same month in 16/17, there has been a 1.89% increase in the number of breaches, however a 4.6% increase in the number of conveyances (June 16/17 - 53 breaches out of 3,723, June 17/18 - 54 breaches out of 3,893). The number of ambulance conveyances continue to increase with handover times hampered by the batching of ambulances at the Emgergency Department within A&E and the reliance on locum staff. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (eg accidents, incidents, hot/inclement weather). Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 3 estimated at £10,800 (based on 54 breaches 30-60mins @ £200). There were 5 patients breaching the 60 minute threshold, no patients breached the 12 hour threshold during June.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
1	2	5										8	0

RWT_EBS7b

The Ambulance handover delays have seen an increase in breach numbers in June with 5 handover breaches out of 3,893 conveyances during the month. Compared to the same month in 16/17, there has been a 66% increase in the number of breaches, and a 4.6% increase in the number of conveyances (Jun16/17 - 3 breaches out of 3,723, Jun17/18 - 5 breaches out of 3,893). The number of ambulance conveyances continue to increase with handover times hampered by the batching of ambulances at the Emgergency Department within A&E and the reliance on locum staff. Although the overall number of conveyances can be used to establish seasonal trends, the numbers can fluctuate on a daily basis as this is based on unpredictable instances (eg accidents, incidents, hot/inclement weather). Ambulance conveyance breaches continue to be discussed at the monthly CQRM and CRM meetings and as part of CCG Assurance Call Agenda with NHS England. Contractual sanctions are enforced based on the numbers of breaches each month, with fines for Month 3 estimated at £5,000 (based on 5 breaches >60mins @ £1000). There were 54 patients breaching the 30-60 minute threshold, no patients breached the 12 hour threshold during June.

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

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
91.30%	94.66%	96.29%										94.08%	95.00%

RWT_LQR1

The E-Discharge (excluding assessment units) indicator has seen an increase in performance to 96.29% and has achieved the 95% target for the first time since September 2016. Analysis of the year on year performance shows that the M2 performance relates to a lower number of records (16/17 denominator = 2826, 17/18 denominator = 2397 and a reduction of 429) and a performance above that of the same period in 2016/17 (94.59%). The Trust confirmed that the additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) and this is having a positive impact on performance. Initial indications for July are that performance has remained above target at 96.25%.

Electronic discharge summary to be fully completed and dispatched within 24 hours of discharge for all assessment units [e.g. PAU, SAU, AMU, AAA, GAU etc.]

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
81.94%	89.98%	85.50%										85.81%	92.50%

RWT_LQR2

The E-Discharge (for all assessment units) indicator has seen an increase in performance to 85.50% and has achieved the Q1 target of 85% target for the second continual month. Analysis of the year on year performance shows that the M2 performance relates to a higher number of records (16/17 denominator = 1527, 17/18 denominator = 1586 and an increase of 59) and a performance above that of the same period in 2016/17 (84.48%). The Trust confirmed that the additional training for staff and awareness campaigns continue to be held to improve performance. All ward managers are in receipt of performance data, including details of any failures (by patient) and this is having a positive impact on performance. Initial indications for July are that performance has remained above target at 90.36%.

Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework)
Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered

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

RWT_LQR4

There were no breaches reported for June, however due to the previous breach in May (SI ref: 13497 - Slip/Trip/Fall) this indicator has already failed the zero threshold for 2017/18. Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that July performance has seen 4 breaches for the Royal Wolverhampton NHS Trust.

Serious incident reporting - Share investigation report and action plan, all grades within timescales set out in NHS Serious Incident Framework.
60 working days of the incident being identified unless an independent investigation is required, in which case the deadline is 6 months from the date the investigation commenced.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Threshold
0	4	3										7	0

RWT_LQR6

The June performance for the sharing of investigation and action plan reports within 60 working days has failed to achieve the zero threshold with 3 breaches. The breaches relate to serious incidents as follows :

4 x Treatment delay meeting SI criteria (ref : 3856, 3250, 29941, 7143)

1 x Pending Review - category to be confirmed before incident can be closed (ref: 2461)

2 x Diagnostic Incident including delay meeting SI criteria (ref: 6775, 7707). Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards. Early indications are that July performance has one further breach for the Royal Wolverhampton NHS Trust.

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

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

RWT_LQR21

Performance for this indicator relates to compliance to all Safeguarding and Looked After Children (LAC) indicators provided via the Safeguarding Dashboard (provided within this report). Breaches include :

LQSG08 - Level 3 Training for Safeguarding Adults (80.00% against 85% target)

The Trust have confirmed the Level 3 performance has been affected by logistics with getting all staff trained and maintaining operational processes.

LQSG11 - Prevent Awareness level 1 & 2 (55.73% against 95% target).

All Staff Hand Hygiene Compliance

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
90.42%	92.48%	93.31%										92.07%	95.00%

RWT_LQR28

The Staff Hygiene Compliance indicator was a new indicator for 2017/18 with a target of 95%, however the performance has so far failed to achieve the target with June reporting 93.31%. The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms the implementation of a monthly non-compliance report (with named individual staff) for line managers and follow up emails to individual non-compliant staff from senior management. A recovery trajectory to meet the 95% target by September has been included as part of the exception reporting process. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust. Performance is being managed through discussion and challenge at CRM and CQRM.

Infection Prevention Training Level 2

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
94.21%	94.67%	94.82%										94.57%	95.00%

RWT_LQR29

The Trust have previously confirmed that the main issue for this indicator is around the logistics of enough scheduled sessions being held/available to enable all staff to be trained without having an operational impact. An exception report has been received which confirms the implementation of a monthly non-compliance report (with named individual staff) for line managers and follow up emails to individual non-compliant staff from senior management. A recovery trajectory breakdown has not been provided by the Trust as part of the exception reporting process however the Trust have indicated that they expect to achieve target by August 2017. The Commissioner has formally written to the Trust as the current exception reports narrative fails to provided the level of detail and assurance required and an example completed exception report at the expected standard has been shared with the Trust.

Black Country Partnership NHS Trust (BCP)

Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themsleves against clinical advice or who are AWOL)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
97.14%	100.00%	98.55%										98.56%	100.00%

BCPFT_LQGE01b

The June performance has been reported as failing to achieve the 100% target (98.55%). The Trust have provided an exception report to confirm performance and actions taken, and have confirmed that the breach relates to Sandwell CCG with 1 patient (out of 23 Sandwell patients). Sandwell CCG have issued a GC9 (General Conditions 9 Contract Management Process) for the June breach. The Trust are working with the ward area to improve performance which will be continually monitored through the supervision processes with Team Managers meetings held monthly to re-iterate that it is the responsibility of the receiving service to ensure that the crisis management plan is completed on receipt of each patient. It has been confirmed that there were 69 discharges during the reporting month at the Trust and that there were no Wolverhampton breaches during this period.

% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
96.69%	97.13%	89.19%										94.34%	95.00%

BCPFT_LQGE12a

The performance for this indicator failed to achieve the 95% for the first time in June with 89.19% in-month which relates to 16 breaches (out of 148) and relates to the Wolverhampton Psychiatric Liaison Service only where there are 2 registered nurses on duty throughout the 24 hour period, and where possible 1 support worker. The Mental Health Liaison Service aim to assess patients within 1 hour of referral, however to due increases in referral numbers (April = 121 referrals, May = 174 referrals and June 145 referrals) this has been a challenging target. Assessments take approximately 2 hours in total to undertake a face to face assessment and updates to patients Care Notes records, a Needs and Risk Assessment, Care Cluster and letter dictation to the patients GP (and other agencies). Each patient has a joint risk assessment and discussions with the Mental Health Liaison Service (MHLS) to identify if suitable for transfer to the Lavender Suite, the service have a Standard Operating Procedure (SOP) in place to support the observation and engagement of patients transferred to allow low risk patients the opportunity to be seen in a more suitable environment. There are currently staff vacancies within the service and attempts have been made to recruit to these posts but with no appointments made (due to interview Did Not Attend - DNA and substantive staff unable to be released for secondment/fixed term contract). The Bank and Roster department have been requested to source suitable trained staff to undertake first line assessments and to offer a 1 month contract (subject to review) and posts are to be re-advertised to recruit to secondment vacancies within the service. The Trust have confirmed the average response time for patients in June as 1 hour and 20 minutes. Performance of this indicator is discussed at the CQRM meeting with the Trust and will continue to be monitored for improvement. The Sandwell Commissioned service (Sandwell Oak Unit) has also seen increases in referrals however lower numbers than Wolverhampton (Apr x 101 referrals - 94.06%, May x 143 referrals - 97.20% and June x 108 referrals - 98.15%).

Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
100.00%	100.00%	80.00%										93.33%	100.00%

BCPFT_LQGE15

This indicator has failed to achieve the 100% target for all Serious Incidents reported onto the STEIS System within 2 workings days for the first time (80.00%) and relates to 1 breach (out of 5 incidents). The breach relates to incident reference 2014/124622 and failed to be reported with the timescale due to the unplanned absence of the Patient Safety Officer. The Patient Safety team have been reminded of reporting deadlines and a process has been established to ensure cover is available in periods of planned and unplanned absences. The breach has been confirmed as not allocated to Wolverhampton CCG as a responsible commissioner and therefore no further details of the incident are available. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

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.

Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
80.00%	50.00%	80.00%										70.00%	100.00%

BCPFT_LQGE17

The performance for this indicator has failed to achieve the 100% target for the third consecutive month (80%) and relates to a single breach (out of 5). The Trust have provided an exception report which confirms that the breach occurred following the non approval of the RCA by the Executive Team and the request for amendments to the Children, Young People and Families division. The amendments were delayed and a deadline extension was agreed with the responsible CCG however this was also breached. The Trust have provided an exception report which confirms that the breach occurred following the non approval of the RCA by the Executive Team and the request for amendments to the Children, Young People and Families division. The amendments were delayed and a deadline extension was agreed with the responsible CCG however this was also breached. Each breach is reviewed at the Contract Review and the Clinical Quality Review Meetings. Management of any serious incident is in line with the Serious Incident Framework (2015) which requires a Root Cause Analysis (RCA) and agreement of closure by the CCG once satisfied that the RCA investigation report and action plan meets required standards.

6. Contract and Procurement Report

The Committee received the latest overview of contracts and procurement activities. This included the actions to be undertaken to address the concerns related to the Urgent Care Centre. There were no significant changes to the procurement plan to note.

7. Redesign of QIPP Governance and Reporting

The Committee noted the revised governance structure for QIPP reporting which has been agreed by the Senior Management Team. This new structure will commence operating in September 2017 and will be reviewed in 6 months' time.

8. RISK and MITIGATION

Risks	Potential Risk Value Mth03	Full Risk Value £m	Probability of risk being realised %	Potential Risk Value £m	Proportion of Total %	Commentary
CCGs						
Acute SLAs	1.40	2.00	70.00%	1.40	52.30%	risk of in year overperformance
Community SLAs	0.00			0.00	0.00%	
Mental Health SLAs	0.00			0.00	0.00%	
Continuing Care SLAs	0.00			0.00	0.00%	
QIPP Under-Delivery	1.32	0.50	60.00%	0.30	11.21%	risk of QIPP slippage on non contracted QIPP
Performance Issues	0.00			0.00	0.00%	
Primary Care	0.00			0.00	0.00%	
Prescribing	0.56	0.70	80.00%	0.56	20.92%	risk of overspending
Running Costs	0.00			0.00	0.00%	
Other Risks	1.25	0.60	69.50%	0.42	15.58%	risk of overspend on BCF
TOTAL RISKS	**4.53**	**3.80**		**2.68**	**100.00%**	

- The table above below details the current risk assessment for the CCG; a gross risk of £3.8m and risk assessed to £2.68m. There has been a substantial reduction in overall risk following the inclusion of elements within the financial position e.g. BCF and Specialised Services.

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

Mitigations	Expected Mitigation Value Mth03	Full Mitigation Value £m	Probability of success of mitigating action %	Expected Mitigation Value £m	Proportion of Total %	Commentary
Uncommitted Funds (Excl 1% Headroom)						
Contingency Held	1.79			0.00	0.00%	
Contract Reserves	0.00			0.00	0.00%	
Investments Uncommitted	0.00			0.00	0.00%	
Uncommitted Funds Sub-Total	1.79	0.00		0.00	0.00%	
Actions to Implement						
Further QIPP Extensions	0.44	0.40	100.00%	0.40	14.93%	
Non-Recurrent Measures	1.80	0.40	100.00%	0.40	14.93%	primary care underspend
Delay/ Reduce Investment Plans	0.50	0.88	100.00%	0.88	32.84%	non recurrent delay to implementing Primary Care strategy
Other Mitigations	0.00	1.00	100.00%	1.00	37.31%	SOFP flexibilities
Mitigations relying on potential funding	0.00	0.00		0.00	0.00%	*Complete in section below - rows 51 - 53*
Actions to Implement Sub-Total	2.74	2.68		2.68	100.00%	
TOTAL MITIGATION	4.53	2.68		2.68	100.00%	

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

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

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.

9. RECOMMENDATIONS

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

Name: **Lesley Sawrey**
Job Title: **Deputy Chief Finance Officer**
Date: **29th August 2017**

Performance Indicators 17/18

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

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month A M J J A S O N D J F M	Yr End
RWT_EB4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test	RWT	99%	99.48%	G	99.14%	G	⇧		
RWT_EB5	Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	RWT	95%	93.44%	R	93.36%	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%	94.19%	G	92.84%	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%	95.02%	G	95.33%	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%	97.06%	G	95.87%	R	⇧		
RWT_EB9	Percentage of Service Users waiting no more than 31 days for subsequent treatment where that treatment is surgery	RWT	94%	94.34%	G	89.00%	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%	98.28%	G	99.43%	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%	71.56%	R	75.42%	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%	78.57%	R	85.97%	R	⇩		
RWT_EBS1	Mixed sex accommodation breach	RWT	0	0.00	G	0.00	G	⇨		
RWT_EBS2	All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice	RWT	0	0.00	G	0.00	G	⇨		
RWT_EAS4	Zero tolerance Methicillin-Resistant Staphylococcus Aureus	RWT	0	0.00	G	0.00	G	⇨		
RWT_EAS5	Minimise rates of Clostridium Difficile	RWT	Mths 1-11 = 3 Mth 12 = 2	2.00	G	11.00	R	⇧		
RWT_EBS4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	RWT	0	0	G	10	R	⇧		
RWT_EBS7a	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	RWT	0	54	R	156	R	⇧		
RWT_EBS7b	All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	RWT	0	5	R	8	R	⇩		
RWT_EBS5	Trolley waits in A&E not longer than 12 hours	RWT	0	0	G	0	G	⇨		
RWT_EBS6	No urgent operation should be cancelled for a second time	RWT	0	0	G	0	G	⇨		
RWTCB_S10C	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE, as defined in Contract Technical Guidance	RWT	95%	95.73%	G	95.58%	G	⇧		
RWTCB_S10B	Duty of candour (Note : Yes = Compliance, No = Breach)	RWT	Yes	Yes	G	-	-	#VALUE!		
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%	99.87%	G	99.86%	G	⇧		
RWTCB_S10E	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	RWT	95.00%	99.02%	G	99.10%	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%	96.29%	G	94.08%	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%	85.50%	G	85.81%	G	⇩		
RWT_LQR3	Delayed Transfers - % occupied bed days - to exclude social care delays	RWT	Q1 - 2.5% Q2 - 2.4% Q3 - 2.2% Q4 - 2.0%	1.12%	G	1.66%	G	⇧		
RWT_LQR4	Serious incident (SI) reporting – SIs to be reported no later than 2 working days after the date of incident occurrence (as per SI Framework) Exceptions will be considered with Chief Nurse discussions. Note: Date of occurrence is equal to the date, the incident was discovered	RWT	0	0.00	G	1.00	R	⇧		
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	⇨		

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month A M J J A S O N D J F M	Yr End
RWT_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	3.00	R	7.00	R	⇧		
RWT_LQR7	Number of cancelled operations - % of electives	RWT	0.80%	0.45%	G	0.34%	G	⇩		
RWT_LQR10	DToC – compliance with checklist	RWT	Q1 - 80% Q2 - 85% Q3 - 90% Q4 - 95%	85.71%	G	85.71%	G			
RWT_LQR11	% Completion of electronic CHC Checklist	RWT	Q1 - 86% Q2 - 90% Q3 - 94% Q4 - 98%	92.86%	G	94.37%	G	⇩		
RWT_LQR13	Maternity - Antenatal - % of women booked by 12 weeks and 6 days	RWT	90.00%	90.40%	G	91.00%	G	⇧		
RWT_LQR17	Best practice in Day Surgery - outpatient procedures - % of Day case procedures that are undertaken in an Outpatient setting	RWT	92.50%	99.38%	G	99.48%	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	-	-			
RWT_LQR28	All Staff Hand Hygiene Compliance	RWT	95.00%	93.31%	R	92.07%	R	⇧		
RWT_LQR29	Infection Prevention Training Level 2	RWT	95.00%	94.82%	R	94.57%	R	⇧		
BCPFT_EB3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*	BCP	92.00%	96.86%	G	96.82%	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	-	-			
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%	93.29%	G	92.86%	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%	99.71%	G	99.79%	G	⇩		
BCPFT_EBS1	Mixed sex accommodation breach	BCP	0	0	G	0	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%	94.51%	R	96.10%	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%	96.97%	G	96.97%	G			
BCPFT_LQGE01b	Percentage of inpatients with a Crisis Management plan on discharge from secondary care. (NB: exclusions apply to patients who discharge themsleves against clinical advice or who are AWOL)	BCP	100.00%	98.55%	R	98.56%	R	⇩		
BCPFT_LQGE02	Percentage of EIS caseload have crisis / relapse prevention care plan	BCP	80.00%	93.10%	G	93.10%	G			
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%	0.87	G	0.87	G			
BCPFT_LQGE09	Evidence of using HONOS: Proportion of patients with a HONOS score	BCP	95.00%	96.40%	G	96.22%	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%	3.16%	G	3.86%	G	⇧		
BCPFT_LQGE12a	% of Crisis assessments carried out within 4 hours (Wolverhampton Psychiatric Liaison Service Emergency)	BCP	95.00%	89.19%	R	94.34%	R	⇩		
BCPFT_LQGE13a	% of Urgent assessments carried out within 48 hours (Wolverhampton Psychiatric Liaison Service)	BCP	85.00%	89.19%	G	90.39%	G	⇩		
BCPFT_LQGE14b	% of Routine assessments carried out within 8 weeks (Wolverhampton Psychiatric Liaison Service Routine Referral)	BCP	85.00%	95.54%	G	97.47%	G	⇩		
BCPFT_LQGE15	Percentage of SUIs that are reported onto STEIS within 2 working days of notification of the incident	BCP	100.00%	80.00%	R	93.33%	R	⇩		
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	70.00%	R	⇧		

17/18 Reference	Description - Indicators with exception reporting highlighted for info	Provider	Target	Latest Month Performance	In Mth RAG	YTD Performance	YTD RAG	Variance between Mth	Trend (null submissions will be blank) per Month A M J J A S O N D J F M	Yr End
BCPFT_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%	56.74%	G	54.28%	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%	96.55%	G	96.62%	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%	1.45%	G	1.54%	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%	98.31%	G	97.76%	G	↑		
BCPFT_LQCA02	Percentage of caseload aged 17 years or younger – have care plan (CAMHs and EIS) - Audit of 10% of CAMHs caseload to be reported each quarter	BCP	80.00%	100.00%	G	100.00%	G			
BCPFT_LQCA03	Percentage of all referrals from paediatric ward/s for self-harm assessed within 12 working hours of referral	BCP	95.00%	100.00%	G	100.00%	G	→		
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	→		