

MEETING	PUBLIC BOARD MEETING 15 November 2017
Agenda item and Paper Number	5 CM/11/17/06
Agenda Title	2017/18 Q2 Corporate Performance report
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PURPOSE OF PAPER:
Actions required by the BOARD

- **Comment** on Q2 (including post period updates in respect of October and November) performance set out in the cover report and the attached annex in particular;
- The improvements of key indicators covering Public Awareness of CQC, Registration timeliness, our National Customer Service Centre, Safeguarding and, overall improvements to report writing timeliness
- The areas for improvement particularly inspections productivity, expenditure of the budget and delivery of some business plan milestones

1. Context and summary

- a. This paper and Annex summarises operational performance indicators for the first six months to 30th September (Q2) of 2017/18.
- b. **The key performance areas to note for Q2 are:**
 - Positive and significantly improved results of our Annual Awareness Survey and the National Stakeholder Sentiment Survey
 - Publication and highly positive coverage of our 9th Annual State of Care Report (post period update)
 - Registration improvement activity covering both the short term and longer term changes to how we deliver registration.
 - Undertaken over 9,000 inspections in six months across the sectors we regulate and published over 7,000 inspection reports.
 - Strong improvement trend in the time taken to publish inspection reports
 - Completed the first six months of our Defence Services Inspections
 - Year to date we have issued over 1,100 enforcement actions and noted an increase in the proportion of criminal and civil actions in Q2.
 - We are meeting most of our re-inspection commitments however; increased risk and more complex enforcement mean that our inspectors not always returning to lower risk locations in line with targets for timelines.
 - 76% (19) of our business plan milestones are completed (1) or on track (18), however 24% (6) are reported as having issues impacting delivery;

- We continue to underspend our revenue and capital budgets.

2. Managing our Resources (ANNEX 1 – SLIDE 2)

- a. The CQC revenue budget is underspent by £4.8m for the year to 30th September, but due to an under recovery on income of £0.9m this results in a net surplus of £3.9m.
- b. For the full year directorates are indicating a potential £10.3m underspend (previously £10.2m) on revenue expenditure which results in a net forecast surplus of £8.2m once the forecast under recovery on income is included. However, if our current run rate continued our end of year underspends would be £15.3m (£11.8m pay, £3.6m non-pay). Improvements are expected due to planned recruitment and increased inspection activity and it is important that we monitor these developments closely. Each Executive Director will review the assumptions underpinning the forecast year-end under spends to confirm or amend the anticipated position and the outcome of this review will be reported to the Board.
- c. The under recovery on income is forecast at £2.1m and is due the reclassification of a number of registered providers compared to original budget expectations.
- d. In 2017/18 a budget KPI was introduced to track variance to original budget with a target of 2%. No directorates have achieved this KPI on both pay and non-pay. Hospitals show the most significant variance with a 14% underspend on pay and a 38% underspend on non-pay. Ten cases totalling £2.0m have been approved to date to call upon CQC underspend. These have been incorporated in the year end forecast.
- e. Capital expenditure remains minimal at £1.8m for the year to 30 September. This was expected as our capital programme continues to be shaped by the work of the Chief Digital Officer, with further detail and timeline to be added in the coming months. The forecast expenditure for the year is between £5.2m and £7.5m of a budget of £10m.

Turnover, Sickness, Complaints, Call Handling and Health and Safety (ANNEX 1 – SLIDE 3&4)

- f. Turnover at 11.8% is the lowest level this financial year. Sickness stands at 3.8% overall compared with our benchmark of less than 5%. There is however significant variation between and within directorates.
- g. Year to date 99% of complaints were acknowledged and started within 3 working days. This is a significant improvement when compared to an average of 79% last year, 85% in Q4 and our target of 95% and demonstrates improvements that have been made to the service over the last year. Of 62 investigations undertaken 52 have been closed within the 30 day target, or 84% compared with the target of 85%.
- h. Three complaints have been investigated by the Parliamentary and Health Service Ombudsman year to date. Overall 1% (2, including one in October) of the total complaints received have been upheld or partially upheld compared with our business plan commitment of less than 3% (one was not upheld). One was an investigation about the CQC's decision to remove an ASC Care Agency from CQC's register. This was partially upheld because whilst the decision was correct the wrong regulation had been relied upon. Improvements have been made in light of the finding and staff guidance is being updated. In June there was an investigation into whether a factual accuracy process (ASC directorate) had been applied correctly and subsequent complaint handling was appropriate. This was not upheld. The third investigation concluded in October and relates to information shared with CQC in 2013, it was

partially upheld because not all information shared was considered during the inspection (ASC), and a letter of apology was issued to remedy the complaint.

- i. Call handling performance was above plan for Q2 overall. The plans and resources put in place during Q1 are on course to achieve the targets for the remainder of the year.
- j. This is the first report to include data about health and safety incidents and those serious enough to be reported externally under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013 'RIDDOR'). Overall the number of incidents in the first 6 months of the year stands at 24 (1 of which was reported under RIDDOR), up 4 when compared to the same period last year. Accidents by type are detailed on annex 1 (slide 4). Incidents included violence/abuse to staff. All incidents are investigated and corrective actions put in place. Advice to staff on personal safety has recently been updated and the Health and Safety team are working with Inspection Directorates to carry out risk assessments related to inspection activity. This will result in a review of existing control measures to meet identified risks.
- k. Colleagues who have completed the training covering Workstation Safety stands at 59% and uptake of our 'Driving Safely' module increased to 77% in Q2 from 38% in Q1. Although we have no target for these modules we are aiming to have over 90% by the end of this year (taking into consideration sick, long term leave etc.) to achieve this staff will be reminded on the importance of completing these modules. This information is reported and reviewed at the quarterly Health, Safety and Wellbeing Committee.

3. Registration (ANNEX 1 – SLIDE 10)

- a. Between June and August 2017 we formally consulted on a proposed approach to registration. The response to this consultation was published on 20 October. In advance of this in Q2 we commenced a significant piece of work to deliver the strategic improvements needed to support the agreed changes to our Registration processes. These improvements centre on a digital approach to registration in a changing and innovating market. Alongside the longer term objectives the Registration team have identified a number of 'quick wins' and is also implementing a programme of continuous improvement to improve current performance throughout Q3 and Q4.
- b. Since the start of the year there has been 724 Unregistered Providers (URP) reported to the Registration Team. These are services that are potentially operating without having gone through a process to ensure they are safe to operate. These locations are investigated and swift action is taken where they are found to be unregistered and operating. The forecast for the full year is 1,448 URP investigations compared with 1,206 in 2016/17. A summary of activity by month is included on slide 10 and performance measures for this indicator will be reviewed and reported to the Board from 2018/19.
- c. Overall registration timeliness has improved significantly when compared with 2016/17 and is in the context of increasing volume and higher than average levels of illness in Registration (when compared with inspection directorate averages). Year to date 84% of all applications have been completed against our target of 90% within 50 days. The overall programme of improvement work will be critical to sustaining improvement in the context of increasing demand and complexity in registration.
- d. In September; 97% of registration applications were processed by our National Customer Service Centre (NCSC) within 5 days, an increase from 95% in August and 87% in July compared with a target of 90%. This follows sustained improvement from April when performance stood at 56%, and was expected given the impact from the Modernisation Programme.

4. Monitor, Inspect and Rate

Monitor: Safeguarding (ANNEX 1 – SLIDE 12) and Locations in Breach (ANNEX 1 – SLIDE 15)

- a. In each month of the first and second quarters the National Customer Service Centre (NCSC) triaged 100% of Safeguarding Alerts received within 1 day. Processing of Safeguarding Concerns stands at 90% for the year to date compared with a target of 95%. Although under plan for Concerns this reflects performance earlier this year which has since recovered and stabilised. The performance is expected to be in line with plans by the end of the year.
- b. Safeguarding Alerts responded to and requiring a referral to the Local Authority within 1 day by Inspectors was above plan in each of the three months this quarter. In August and September 98% of Alerts requiring this action were handled within the timeframes and 97% in July compared with a target of 95%.
- c. Safeguarding Alerts or Concerns where one of the four mandatory actions is required by an Inspector within 5 working days was slightly below plan in each of the three months this quarter. However it improved month on month; from 89% in July to 90% in August and 91% in September compared with a target of 95%.
- d. At the end of the second quarter there were 1,870 ASC locations in breach for more than four quarters, this increased from 1,722 in Q1. Of these 86% have an appropriate action in place either an inspection (planned or in progress) or enforcement (in progress, recently published or planned). A further 6% have inspections planned, but outside of the target timescales for re-inspections. The remaining 8% will be reviewed by each of the relevant Heads of Inspection and managers, some of these are known to be services that are deregistering (we are reviewing options to exclude these from the data going forward) and most now have updates with actions since the information was taken for the report. Note dormant services are excluded from the data.
- e. PMS locations in breach for over 4 quarters have declined to 228, down from 245 at the end of quarter one. Of those in breach for more than 4 quarters, 57% have an inspection or enforcement action in place. A further 7% have been identified as deregistering by the directorate and 19% have inspections planned but outside of the target timescales for re-inspections. The remaining 17% have been reviewed by the Heads of Inspection and all but eight now have updates with actions since the information was taken for the report. The remaining eight represent locations have now been made compliant following re-inspection but are showing as in breach due to a known technical issue with CRM (one of CQC's systems).

Monitor: Second Opinion Appointed Doctors (ANNEX 1 – SLIDE 15)

- f. Our second opinion appointed doctors (SOADs) service provides an additional safeguard for patients detained under the Mental Health Act (MHA), either in hospital or on a community treatment order. We plan to undertake 95% of these visits within the agreed timeframes for each of the three types of visits we complete; Medicines, Electroconvulsive Therapy (ECT) or Community Treatment Orders (CTO). Year to date performance stands at 84% across all types (Medicines visits accounted of 87% of all visits in Q2). Throughout Q2 new terms and conditions were implemented which enabled the team to recruit more SOADs to meet the demand of the service in a timely way. Recruitment has been on-going in Q2 and SOADs are slowly starting to join. The

overall number of SOADs that will be available will increase significantly over the next quarter and it is anticipated that this will support improvement in meeting the agreed timescales for visits.

5. Inspect (ANNEX 1 – SLIDE 13)

- a. Year to date, there have been 6,552 ASC inspections. Of these 85% have been within the published commitments compared with a target of 90%. ASC performance against the commitments has been impacted by: a) an increase in the risk in ASC portfolios, particularly at re-inspections of locations previously rated Good; b) capacity issues in some teams, which are experiencing persistent vacancies, peaks in sickness and difficulties in keeping pace with the necessary recruitment and; c) the use of more complex and time-consuming enforcement action to address the identified risks. These issues have led to a re-prioritisation of inspections to manage risk and have had a subsequent impact on overall productivity.
- b. ASC Heads of Inspection have drawn up plans to address this performance covering all areas. They will address most, but not all of the locations that are behind plan as ASC will continue to prioritise inspections based on risk. The plans focus on: a) using Bank Inspectors where available, recruiting more externally and offering additional training to current Bank colleagues to lead inspections; b) supporting colleagues across teams to undertake their inspections where, for example, there is higher enforcement, and providing support and training for difficult enforcement across the teams; and c) focusing recruitment efforts in areas with persistent vacancies.
- c. Year to date, there have been 881 Hospital 'units' of inspection undertaken (a unit is equivalent to a core service). In line with 'Next Phase' plan to increase inspection activity, there was an increase in activity in September when 182 units were undertaken. However, this represents 57% of the planned activity set at the start of the year and 76% of average monthly target productivity.
- d. Within the Independent healthcare sector, 35 of a planned 90 (39%) Refractive Eye locations have been inspected and received their first ratings. A further 116 of 317 (37%) Ambulance locations have been inspected in advance of the 31st December 2017 deadline. There is just one Dialysis location to be inspected (73 of 74 or 99% have been undertaken) to be rated this year.
- e. Year to date, there have been 2,132 PMS inspections undertaken. Performance against the frequency commitments stands at 96% within plan, compared with the target of 90%. Inspections at Dentist locations have been consistently ahead of plan this year and on track to complete the commitment to inspect 10% of the sector this year.
- f. Productivity for inspections is measured as 2 inspections per inspector in ASC and PMS (excluding those out of the business due to long term sickness for example) and an monthly average number of inspection 'units' in hospitals. This measure is linked to resources set at the beginning of the year and expected activity. Year to date it has been under plan in all three directorates (ranging between 71% and 102% in both ASC and PMS and 37% to 76% in Hospitals). Directorates report that vacancies, sickness, dealing with risk and related enforcement are the key drivers to reduced productivity. This is felt acutely in some teams and patches. The overall impact is that work (managing safeguarding or monitoring a colleague's portfolio for example) is reallocated to other colleagues which then reduces the time available to complete inspections, thereby reducing inspection productivity.

Inspect - Defence Medical Services (DMS) Inspections Update

- g. Since April 2017, CQC has undertaken DMS inspections at primary care facilities comprising GPs and dentists. The rate of inspection is 8 for GPs and 6 for dentists per quarter - this target is being delivered. From October 2017 we will also inspect one regional rehabilitation unit and one mental health service in each quarter. The DMS inspections are resourced through a separate contract with the MoD.
- h. As at Friday 6 October 2017, nine GP reports and eight dentistry reports for DMS have been published on the CQC website. 82% of reports have been published within 50 days of inspection (GPs 66% and dentists 89%). A review of inspections completed in Quarter 1 found that caring is good in the services visited; this is consistent in all services inspected. Access to services provided by DMS is also very good. Areas for improvement have been identified with regard to governance (including clinical governance), staff capabilities and capacity.
- i. An operational review of the programme is scheduled for January 2018 and its findings together with the outcome of the Defence Spending Review will be reported to the Executive Team when completed. At this point, if funding continues ET will be asked to approve the programme's continued operation.

6. Rate (ANNEX 1 – SLIDE 14)

- a. Overall and across all sectors we regulate the trend of inspections resulting in improvement to the rating is positive.
- b. Seventy-three percent of locations previously rated Inadequate with a re-inspection published within the last 12 months improved (58% to Requires Improvement and 15% to Good). The remainder stayed Inadequate.
- c. For locations rated as Requires Improvement, in the last 12 months, 52% of all re-inspections of services previously rated Requires Improvement published an improved rating of Good (and 10 have been re-rated as Outstanding). Forty percent remained rated as Requires Improvement and 7% declined to Inadequate.
- d. Eighty percent of locations previously rated as Good with a re-inspection published in the last 12 months either maintained their Good rating (78%) or improved to Outstanding (2%). Twenty percent of Good locations deteriorated on re-inspection with 17% being rated as Requires Improvement and 3% rated Inadequate. This tranche of locations is of particular concern to the Chief Inspectors and additional work is being undertaken to understand the risk these locations pose to the overall direction of travel for ratings across the sectors we regulate.

7. Enforce (ANNEX 1 – SLIDE 17)

- a. In April 2015, we introduced a new Management Review process for reviewing and recording incidents and events which may constitute a breach in regulations and result in enforcement. We have been able to report on this process since the beginning of this financial year. As such, we are now able to report on enforcement from its issued date, rather than looking retrospectively at activity once it is published or completed.
- b. Year to date, we have issued 798 Warning Notices and 262 Civil Actions and decided to pursue 57 Criminal Actions, including Fixed Penalty Notices, Simple Cautions and Prosecutions. Notable actions included a prosecution against Southern Health NHS Foundation Trust – the Trust pleaded guilty to an offence of failing to provide safe care and treatment resulting in avoidable harm to one patient and putting others at serious risk of avoidable harm and was fined £125,000.

- c. In Q2 there has been a decline in the use of Warning Notices and a slight increase in the more complex and stronger Civil Actions, such as Urgent Cancellation of Registration and Variation of Registration.

8. Independent Voice

2017 Public Awareness Survey and Sentiment Tracking and National Stakeholder Sentiment Survey Results (ANNEX 1 SLIDES 18, 19, 20 & 22)

- a. A key feature of CQC's public engagement activity aims to raise awareness, trust and confidence amongst the public of CQC's role and purpose and to work in partnership with organisations that represent people who use services.
- b. Within the Q2 annex we present key findings from two pieces of independently conducted research that help us understand our performance in this area and overall perceptions of CQC amongst the public and voluntary organisations that represent them. The two pieces of research¹ are:
- Quantitative survey of a nationally representative sample of the population of England to measure public awareness, understanding and perceptions of CQC;
 - Qualitative semi structured interviews with 20 national voluntary and community sector organisations that are key stakeholders for CQC, providing insight into the quality and effectiveness of engagement with voluntary and community sector partners as well as perceptions of the CQC and its work over time.
- c. Awareness amongst the public of CQC, the standards of care people can expect, our need to hear people's experiences of care, and use of our inspection reports and ratings has risen since 2016. Increased public awareness is part of a steady rise since 2012 when our work in this area began. These increases are marked amongst the groups we have targeted through awareness raising campaigns using digital marketing e.g. Family carers – 73% awareness, an 11% increase from 2016 (62%).
- d. The Public Engagement team will attend a future ET and Board meeting to discuss the insights in more detail, including what we they tell us about our future approach to public engagement in CQC.
- e. The survey results have been reviewed and welcomed by each of the inspection directorate senior leadership teams and will be shared with their teams. A general observation by Heads of Inspection was that there has been an increase in queries, concerns and requests from members of the public who are relatives of people using care services which demonstrates both the positive impact of our work but also highlights the increase in demand on our workforce.

9. Inspection Reports (ANNEX 1 – SLIDE 21)

- a. Our Business Plan commitment is to publish 90% of inspection reports within 50 working days (65 for Hospitals reports with 3 or more core services). ASC are close to this target standing at 86%; PMS have improved significantly in the last 6 months and reaching 81%; and Hospitals remain behind plan at 30% for smaller locations and 36% for larger inspections.

¹ This is the fifth year running that the Public Engagement team have commissioned a quantitative Public Awareness and Sentiment Tracking survey. We last undertook voluntary and community sector stakeholder perception research in 2015.

- b. Although there was a marginal decline in performance during September, over the past 12 months there has been a strong improvement trend across comparable inspection reports for ASC, Independent Hospitals and Mental Health locations and PMS locations. The volume of Trust inspections is too low (11) to draw meaningful trends. There are, however, examples of good reports being produced within or close to the target of 65 working days. South West Yorkshire, a Mental Health Trust was published in 53 days for example, significantly under the target of 65 days.
- c. The improvement in performance follows a thorough analysis of the factors impacting upon timely report production in May followed by work led by the inspection directorates and the business improvement team. This is a long term project but improvements seen to date are expected to be sustained.
- d. Performance for inspections undertaken and published in the first six months of the year stands at 93% in ASC (4,605 of 4,978), 95% in PMS (1510 of 1586) and 52% (109 of 208) in Hospitals for services with fewer than three core services. Although positive this only includes those published and inspected in the first 6 months of the year - not included in this is 600 awaiting publication and already overdue.
- e. The Annual Awareness Survey asked members of the public if they agreed with statements about CQC. Of people who had seen a CQC report 83% felt reassured that the services were regulated by CQC, 77% felt the CQC was driving improvements in health and social services, and 69% were confident CQC effectively monitor, inspect and regulate services.

10. Business Planning Milestones (ANNEX 1 – SLIDE 5-9)

- a. 25 milestones are being tracked for 2017/18. One milestone (4%) highlighted below, has been reported as closed and eighteen milestones (72%) have either a green or amber/green rating. There are six (24%) milestones with an amber rating and key issues for these are highlighted below. There are no amber/red or red rated milestones to report.

Amber

- b. **Roll out minimum data set for ASC & PMS (M5):** An amber status for this milestone reflects the delivery of the Provider Information Collection (PIC) (Milestone M9) (see next paragraph for details). Testing is underway however.
- c. **Develop online Provider Information Collection (PIC) (M9):** This project is rated amber and delayed because the Provider Information Collection work required approval from the Government Digital Service assessment, this proved difficult to schedule in line with our plans and difficult to pass. Improvements were made at each stage and in November the project passed the initial Government Digital Service assessment of the Adult Social Care Provider Information Collection (PIC). Next phases of the work are now being undertaken, but later than planned. Testing of ASC Provider Information Returns is underway and the project will transition to Private and Public Beta testing, which will include receiving and using live Provider Information Request (PIR) data in our Intelligence dashboards.
- d. A further constraint to this project has been access to specific roles and skillsets and this has impacted on delivery. The Digital Team are working with partners to progress this whilst ensuring CQC staff are trained in 'Agile' delivery.
- e. **Introduction of use of resources (UoR) assessments for NHS trusts (M6):** NHSI has completed initial testing of the approach however there are issues to be agreed with NHSI including resourcing, and conducting assessments in line with CQC's inspection schedule. The consultation document setting out the approach to combining

ratings was due to publish in October, however this was delayed to agree a way forward on how the assessments are conducted together. As a result publication took place on the 8th November.

- f. **Introduce new assessment framework and approach in our inspection directorates (GPs, urgent care) (M11):** In October we published the response to our consultation for ASC and PMS. Also in October we launched our Inspector Handbooks and in November we commenced the use of the new assessment frameworks. The next phase (digital) of this work will be later than originally planned (leading to the amber rating). Currently the Digital Team is working on delivery of Provider Information Collection (PIC) and other Annual Ratings Review (ARR) components of this work. This was planned for October but is now due in April 2018.
- g. **Deliver Information Management & Technology Improvements (M20):** As noted above work is on-going to secure the right skills to undertake much of the new Digital priorities. Although progress is being made it is slower than anticipated in our initial plans. In the meantime the team is focused on agreeing the specific requirements for current and future commercial arrangements to ensure the necessary approvals are timely and in line with revised plans.
- h. **Evaluate Impact and Effectiveness of our Operating Model (M21):** This work is rated as amber due to delays in the approval process as further clarification was sought. The Executive team have now reviewed and approved the programme of evaluation work that will underpin the assessment of our strategy. This work has already commenced and has fed into this Q2 performance report via the public awareness survey. Evaluation work will support next phase in PMS and Hospitals.

Completed

- i. **Improve governance: embed new complaints process; use information from complaints & rating reviews to improve (M23):** The new complaints procedure was launched in November 2016 and has bedded down successfully. All feedback from complaints is passed on to the business area, whether upheld or not. Any recommendations remain open until full implementation – when the customer is also notified. There will be on going monitoring of the procedure.

11. Internal Audit (ANNEX 1 – SLIDE 6)

- a. Sixty seven internal audit actions are open at the end of Q2, which are drawn from a total of 24 action plans which are live in CQC. Key points have been summarised below:

Actions on Track or Overdue

- b. The 24 action plans that are live originally contained 264 actions and of these 197 (75%) have been completed, 24 (9%) are on track and 43 (16%) are overdue.

Completed Actions

- c. During Q2 47 actions have been confirmed as completed, 66% of them being high or medium priority.
- d. This means three action plans have been able to be closed in Q2:
- VFM Expenses to Staff & Casual Workers (published in 2015/16)
 - Evidencing Regulatory Decisions on Acute Inspections (published in 2016/17) and;
 - Homeworker Arrangements (published in 2016/17)

2015/16 Audit Actions

- e. The Audit and Corporate Governance Committee receive a detailed report on these internal audit actions, the last review was in September. There remain six actions open for 2015/16 relating to three action plans (**Experts by Experience, Cash & Treasury Management and Cyber Security**) these are monitored by the Audit and Corporate Governance Committee.

12. Strategic Risks (ANNEX 1 – SLIDE 7 - 9)

- a. The Performance Annex gives an update on the management of risks relating to – our impact, delivering out Strategy; Digital and technology; our people and other risks.
- b. A total of five risks have a medium residual risk rating of which two relate to ‘*Our Impact and Quality*’. The remaining risks in the register are low rated as mitigating actions are on track and are effective in managing the identified risk. The Audit and Corporate Governance Committee reviewed the strategic risk register in September and discussed the following.
- Risk R3 – noting that a considerable amount of work had gone into building relationships in order to plan for potential adult social care provider failure.
 - Risk R11 – noting leadership development, talent management and quality improvement activities were considered key to shaping CQC’s culture. The staff survey and pulse checks will inform this risk going forward.
 - Risk R9 – noting the activity underway and in particular, asked that work take place on our future risk tolerance in relation to digital risks.
 - Risk R13 has been increased to medium a rating due to the launch of the 2018/19 directorate business planning process. A picture of directorate needs will begin to develop following review of draft plans (available December 2017).
- c. We highlight the addition of the overall confidence column which reflects a collective level of confidence that mitigating action owners have around the effectiveness of the action and its ability to address the risk in question.

13. Conclusion and next steps

- a. The Board is asked to note the performance and Finance issues highlighted in the report and Annex.

12. Appendices

Annex 1 – Q2 Performance and Finance Annex

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Date 8th November 2017