

RAPID Triggers

	Financial Position	Operational Variances			CIP			Outcome	
RAPID Metric	Overall variance to plan	Operational pressures	Agency ceiling	Weighted activity variance *	CIP Variance Year to Date	CIP Forecast	Non Recurrent Plans	Based on Metrics	Decision
Trigger criteria	Adverse variance > 3% in month	Adverse variance excluding 22/23 CIP > 3% in month	Exceeding NHSE agency cap > 25% in month	Adverse variance > 3% to plan once rebased for actual activity	CIP Variance to Plan > 25% adverse	Risk adjusted forecast > 25% adverse to plan in year	Unidentified recurrent CIP > 50% of plan	One or more metrics triggered	Final CFO Judgement
Division									
Medicine	(11.8%)	(10.4%)	(88%)	(12.1%)	(61%)	(49%)	57%	Yes	Yes
Surgery	(3.1%)	(3.0%)	(60%)	(5.0%)	(25%)	(38%)	60%	Yes	No
Specialist	0.5%	0.7%	(16%)	(1.2%)	(49%)	(34%)	28%	Yes	No
Community	(0.8%)	1.0%	(170%)		(79%)	(47%)	11%	Yes	Yes
E&F	(2.5%)	(1.2%)	(65%)		(23%)	(32%)	(3%)	Yes	No

* The weighted activity trigger shows the variance after flexing the non pay budget for direct expenditure associated with activity, such as theatre consumables and prosthesis. This is done based on the over or under performance to the activity plan in month.

The RAPID metrics have been updated for quarter 2 to ensure they remain relevant and have the right focus:

- **Operational pressures:** A trigger has been added for operational pressures, which looks at the variance to plan excluding the impact of CIP for 2022/23. This shows whether a division has pressures other than CIP and the scale of underlying variance.
- **Agency ceiling:** A trigger has been added as a comparison to the agency ceiling introduced by NHSE. Whilst this will be managed at a system level, it can be calculated for WWL and at divisional level. There will be increased scrutiny on agency expenditure
- **CIP:** The CIP triggers have been amended to include the year to date actual delivery and the risk adjusted forecast in year. The risk adjusted forecast applies a percentage weighing to schemes depending on their RAG rating.

The RAPID triggers were hit by all divisions, with meetings to be arranged for Medicine and Community. Based on the recent action plan for Surgery, and with no new cost pressures, Surgery are not required to attend a RAPID meeting. E&F and Specialist will trigger a RAPID meeting next month if no improvement.