

Board Assurance Report



Happier | **Healthier** | Hopeful

Summary | Board Assurance Report



From the 1st October 2016, the Monitor Risk Assessment process was replaced by the NHS Improvement Single Oversight Framework (SOF). The SOF is designed to enable segmentation of the provider sector to identify where providers may benefit from, or require, improvement support across a range of areas.

The Trust has been placed in to Segment 2, which is defined as 'providers offered targeted support'.

The indicators within the Trusts balanced scorecard and operational performance reports have been re-profiled in line with these changes, specifically moving access standards from Quality to Services, and introducing the new financial metrics used by NHS Improvement.

Achievements

We have made significant progress in implementing the actions from our November 2015 Care Quality Commission Inspection. Re-inspections to our Learning Disability inpatient unit and in our Children's community services has led to revised ratings of good for both Services (previously rated inadequate).

At the end of quarter 4 the Trust was able to report a £0.4 million over achievement against its financial control total of £4.5 million. Whilst the financial environment remains extremely challenging, this is a significant improvement against the forecasted position.

The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for each quarter of the year, attaining (and in some areas over-performing) against all 4 agreed improvement trajectories.

Improvement

First Steps continue to implement their recovery actions and in quarter 4 achieved the 6 week referral indicator for the first time, a significant improvement against 15/16 performance. The extensive validation work carried out by the Mental Health group at the beginning of the year has ensured that performance against the gatekeeping and EIP standards have been maintained, following the migration to RIO in December. Despite concern about the sustainability of the Paediatric Audiology model, the Service has delivered the 99% standard in all 3 months of the quarter.

The Trust Services performed well against RTT, despite continued fragility within these Services. A&E 4 hour waits were also achieved. Level 1 Mandatory training compliance continues to improve and was 86% at the end of the quarter.

Areas of Concern

Delivering our recovery plan (efficiency, right sizing of services, temporary workforce, reduction of overheads, discretionary spend) and income security through reward/risk sharing with partners remains a key risk for the new financial year.

At the end of Quarter 4 there was 519 staff that were out of compliance with their level 1 Adult Safeguarding training giving an overall figure of 81.9%. The number of staff who are out of date with Level 2 Safeguarding training is 698 which is a slight increase from Quarter 4 but at 75.7% falls well below the required expectation of the Trust. The Quality and Nursing directorate are working to establish and implement a viable recovery plan.

Performance against SOF

The Trust is monitored against the following Operational performance metrics, failure to meet one or more of the standards in more than 2 consecutive months will trigger an assessment by NHS Improvement of a trusts support needs.

As the Mental Health Care Group continues to embed RIO as their electronic patient record, work is underway to ensure patient records capture the requirements in the priority metrics such as employment and accommodation status. The required standard of 85% by the end of 16/17 has not been met. Current performance is 53% of records updated.

Indicator	Standard	Achievement
NHSi Segmentation	<=3	
Admissions to inpatient services had access to crisis teams	>=95%	
MHSDS Demographics	>=95%	
* MHSDS Priority Metrics	>=85%	
Referral to treatment for incomplete pathways	<=18 wks for 92% of Patients	
A&E: Maximum waiting time of four hours in A&E from arrival to admission,	>=95%	
6 Weeks referral to diagnostics	>=99%	
IAPT Recovery Rate	>=50%	
Improving access to psychological therapies (IAPT): People with common	>=75%	
Improving access to psychological therapies (IAPT): People with common	>=95%	
Early intervention in Psychosis (EIP): People experiencing a first episode of	>=50%	

* Shadow Format until April 2017



Trust Scorecard																
Outcome	Domain	Theme	No of KPI's	Scorecard	In Exception	In Development	Page	Outcome	Domain	Theme	No of KPI's	Scorecard	In Exception	In Development	Page	
Quality	Safe	Patient Safety	23	<div style="width: 12px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 12 <div style="width: 4px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 4 <div style="width: 7px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 7	4	21	3	People	Well Led	NHSI Segmentation	1	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 0	0	0	8	
		Infection Prevention	12	<div style="width: 3px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 3 <div style="width: 6px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 9	0	50	3			Workforce	16	<div style="width: 6px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 6 <div style="width: 5px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 5 <div style="width: 5px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 5	5	22	8	
		Safe Staffing	0	<div style="width: 0px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 0	0	0				Staff Experience	3	<div style="width: 3px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 3	0	16	8	
	Friends and Family	1	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 0	0	0	5	Open Reporting			0		0	0	8		
	Caring	Patient Experience	10	<div style="width: 6px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 6 <div style="width: 2px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 2 <div style="width: 2px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 2	2	0	5		Services	Responsive	RTT	6	<div style="width: 5px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 5 <div style="width: 1px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 0	1	0	11
		Patient Involvement	1	<div style="width: 1px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 1	0	0	5				A & E	5	<div style="width: 3px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 3 <div style="width: 1px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 1 <div style="width: 1px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 1	1	0	11
Sustainability		3	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 2px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 2 <div style="width: 0px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 0	2	0	6	Patient Access	21			<div style="width: 11px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 11 <div style="width: 7px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 7 <div style="width: 3px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 3	7	5	11		
Efficiency	2	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 1px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 0	1	0	6	Diagnostics	1	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 0			0	16	12			
Controls	6	<div style="width: 6px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 6	6	0	6	Bed Management	6	<div style="width: 3px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 3 <div style="width: 1px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 1 <div style="width: 2px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 2			1	0	12			
Value For Money	1	<div style="width: 1px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 1	0	0	6	Complaints	2	<div style="width: 0px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 0 <div style="width: 2px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 2 <div style="width: 2px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 2			2	0	12			
Efficiency	Finance & Activity	Data Quality	13	<div style="width: 8px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 8 <div style="width: 5px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 5 <div style="width: 0px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 0	5	11	7	LD Access		1	<div style="width: 1px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 1 <div style="width: 0px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 0	0	0	12		
		Information and IT	0	<div style="width: 0px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 0	0	0		Effective		7	<div style="width: 5px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 5 <div style="width: 2px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 2	2	0	17		
		Information & IT	0	<div style="width: 0px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 0	0	0		Effectiveness		23	<div style="width: 12px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 12 <div style="width: 7px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 7 <div style="width: 4px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 4	7	83	17		
	Strategy	0			0											
Key: On Track Off Track No Tolerance																
Trust	Quality	<div style="width: 22px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 22 <div style="width: 6px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 6 <div style="width: 19px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 19					People	<div style="width: 7px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 7 <div style="width: 7px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 7 <div style="width: 7px; height: 10px; background-color: #D3D3D3; display: inline-block;"></div> 7								
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NHSE Specialist Commissioning	Quality	<div style="width: 3px; height: 10px; background-color: #90EE90; display: inline-block;"></div> 3 <div style="width: 0px; height: 10px; background-color: #FF0000; display: inline-block;"></div> 0					People	0 0								
	Efficiency	0 0					Services	0 0								



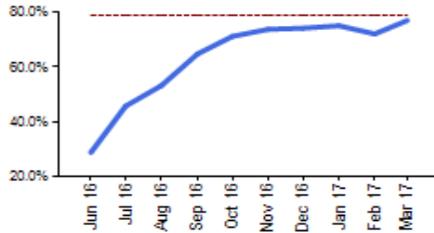
Key Indicators	Executive Summary
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>Seasonal Flu Vaccine Uptake</p> </div> <div style="width: 50%;"> <p>Serious Untoward Incidents reported to the CCG</p> </div> <div style="width: 50%;"> <p>Safeguarding Training as at Mar 16</p> </div> <div style="width: 50%;"> <p>Percent of complaints responded to in the reporting period within 35 working days</p> </div> </div>	<p>Safeguarding Children for non-child focussed staff Level 2 (e-learning) The number of staff who are out of date with Level 2 Safeguarding training is 698 which is a slight increase from Quarter 4 but at 75.7% falls well below the required expectation of the Trust. Again this needs to be progressed via care group governance structures to improve compliance with staff being encouraged via their management supervision to plan time to complete this essential training.</p> <p>Level 3 Safeguarding children for child focussed staff (face to face) Quarter 4 has seen minimal increase in compliance for the Level 3 Safeguarding Children training which at the end of March 2017 was 74.4%. As previously reported uptake of training continues to be poor despite communication from the Training Department urging those non-compliant staff to attend. Overall analysis shows that there are sufficient numbers of places being provided: failure to book and DNAs affect trajectories to map compliance and results in more sessions needing to be organised to gain overall compliance. Work continues with the Action Plan to attain the required compliance.</p> <p>Staff Seasonal Flu Vaccine Programme The county wide flu vaccination clinics resulted in more than 66.9% of front line staff receiving a flu vaccination which is recognised as being the best protection against the virus. The CQUIN target for 17/18 is 70% and an action plan has been developed to support the Trust in aiming to achieve its maximum payback.</p> <p>Complaints Work continues with the monitoring of patient experience via the Patient Experience Team using a range of sources. The complaints dashboard is an efficacious mechanism to highlight the current status of complaint handling. On the whole complaints meet the 35 day target but there are instances whereby this cannot be achieved due to the complexity of the complaint or staff availability to support the investigations. The delays in nominating Investigating Officers also impacts upon achievement of this target. This is reviewed on the complaints dashboard and a care group dashboard is under development to enable each care group to monitor their progress and position of each complaint. Services continue to share their positive feedback with the Patient Experience Team but this is not consistent throughout the Trust which does not allow a true picture of the number of compliments when patients go out of their way to thank teams. The Trust received a total of 3108 completed questionnaires which evidenced that patients who had received treatment and care found staff kind and compassionate with a total for Q4 of 97.98% across all services. In total 1845 Family and Friends and the overall scoring is 96.26% were extremely or likely to recommend the service that they had received treatment or care from.</p> <p>Manual Handling The Team continue to monitor training compliance on a monthly basis and this is coupled with a review of incidents relating to manual handling. At the end of March 2017 compliance for patient handlers was 63.6% (658 staff were out of date with this training) which fell well below the required target of 80%. There were 43 clinical services and/or wards who had achieved this. Push emails are sent out on a monthly basis to ward managers and Quality & Safety Leads for areas of low compliance highlighting their current percentages. This is also reported quarterly to the Fire, Health, Safety & Security Committee which meets quarterly. Key workers continue to attend for updates to ensure that they can update their colleagues in line with Trust policy. Manual handling compliance for objects exceeds the 80% compliance requirement. During Quarter 4 the bespoke sessions have continued to be offered to wards and clinical services who are struggling to release staff to complete this training. An additional training room has been created in Penrith Hospital to enable trainers in Eden to gain compliance in this vital training. Some further data cleansing is required to ensure that this data is a true reflection as some key workers have not sent their training returns to the Training Department for upload.</p>
<p>CQC The Trust continues to fully engage with CQC and recent inspections of Children's Services saw the ratings improve to good (previously inadequate) and the service line also has received a rating of good on all 5 domains. The overall action plan for the comprehensive inspection has now been signed off by Quality & Safety Committee. Any ongoing actions from subsequent inspections are monitored and monthly engagement meetings take place with the CQC.</p> <p>SIRIs The Trust met its target of 12 SIRIs in any quarter: this is a decrease from the previous Quarter 3 (22). The Trust is undertaking a whole system review of the SIRI process with an aim to improve the management of SIRIs in a centralised mechanism. Other work is 72 hour reports are completed to ensure that the most appropriate type of investigation takes place.</p> <p>Safeguarding Training All levels of safeguarding training have a minimum compliance of 85% and is monitored via the governance arrangements. Further work is taking place to ensure that monthly reviews of both levels of mandatory training occurs and that these are discussed at the committees where positive actions can be taken to improve compliance. Trajectories have been developed and will be monitored via the Performance Group to demonstrate improvement and identify any challenges which may prevent achievement of Trust targets.</p> <p>Safeguarding Adults - Levels 1 and 2 (e-learning) The revised content will available via Core Skills Framework with an expected date of June 2017. These will be national packages in e-learning format but will not support any additional amendments to reflect the learning from local safeguarding adult reviews. At the end of Quarter 4 there were 519 staff who were out of compliance with their level 1 Adult Safeguarding training giving an overall figure of 81.9%. This would need an additional 166 staff to complete the e-learning to reach the required 85%. This training is delivered via e-learning and there has been no reported downtime during office hours as any maintenance is during weekends or overnight and are communicated well in advance. The essential requirement to complete this course should be via care group governance arrangements.</p>	

People | Board Assurance Report

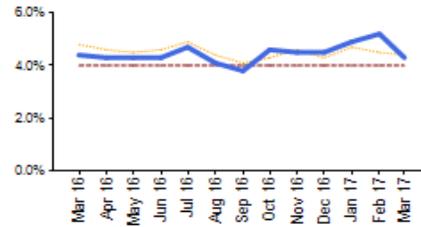


Key Indicators

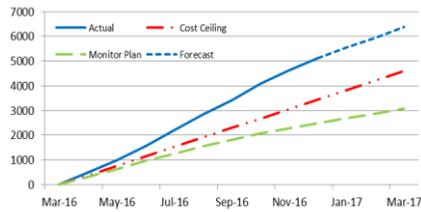
Appraisal Compliance (since February 2016)



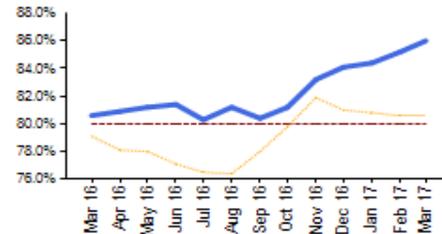
Sickness rate against total staff (WTE)



Agency Spend Ceiling



Tier 1 Mandatory training completed in the last 12 months



Above Tolerance Below Tolk

Executive Summary

Mandatory Training compliance for Tier 1 continues to improve gradually with 86% of mandatory training courses completed at the end of March 2017, the highest rate within the year.

The compliance rate for appraisal at the end of Q4 remains below the 80% target but is expected to rise in Q1 2017-18 with the re-introduction of the appraisal window.

Sickness and absence rates have fallen in line with seasonal trends (4.34% April 2017) and remains below the average for North West NHS Trusts.

The cost of temporary workforce remains above the cost ceiling although there has been an overall decline in agency use throughout the year. There is continued reliance on agency workers within the medical and nursing workforce due to long term vacancies, however there is continued effort to recruit to vacant posts.

Operational Risks and Issues for Services:

Risk to achieving control total and potential additional impact from market changes e.g. IR35 due to over reliance on agency and locum staff.

Impact of lack of certainty from system change on recruitment.



Key Indicators	Executive Summary
<p>A&E Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge</p> <p>Referral to treatment for incomplete pathways</p> <p>Individuals who have had a delayed transfer-CS</p> <p>Patient Access: Period between referral and initial assessment (working days/hours): MH CAMHS routine</p> <p style="text-align: center;">Above Tolerance Below Tolerance No Tolerance Agreed</p>	<p>First Steps continue to implement their recovery actions and in quarter 4 achieved the 6 week referral indicator for the first time, a significant improvement against 15/16 performance. The extensive validation work carried out by the Mental Health group at the beginning of the year has ensured that performance against the gatekeeping and EIP standards have been maintained, following the migration to RIO in December. Despite concern about the sustainability of the Paediatric Audiology model, the Service has delivered the 99% standard in all 3 months of the quarter.</p> <p>The Trust Services performed well against RTT, despite continued fragility within these Services. A&E 4 hour waits were also achieved. However, it should be noted that recruitment difficulties coupled with an increase in demand at the Westmorland General PCAS may impact A&E performance in 17/18.</p> <p>The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for the quarter.</p> <p>The Mental Health Care Group continues to embed RIO as their electronic patient record, recovery has concentrated on the nationally reported indicators which have maintained their pre December position following validation. Focus is now concentrating on access standards, with a mixture of work to ensure timely access to data quality information and staff training. This is being addressed through the Care Groups newly established Performance and Clinical Systems groups.</p> <p>Work is underway to ensure patient records capture the requirements in the priority metrics such as employment and accommodation status. The required standard of 85% by the end of 16/17 has not been met. Current performance is 53% of records updated.</p> <p>In our Community Hospitals delayed transfers of care have remained significantly above target throughout the quarter. As a national outlier the Trust is part of system wide recovery plans supported by NHS Improvement and the national Emergency Care Improvement Programme. In quarter 1 of 17/18 Cockermonth hospital will pilot the use of RIO as a bed management system, designed to make the referral and patient flow process more efficient. The system will then be rolled out across all sites in quarter 2.</p> <p>Retention of Locum medical cover in CAMHS South Cumbria contributed to a dip in performance against their routine access indicator in the quarter. The Care Group have been able to secure alternative cover to address the risk.</p>

Efficiency | Board Assurance Report

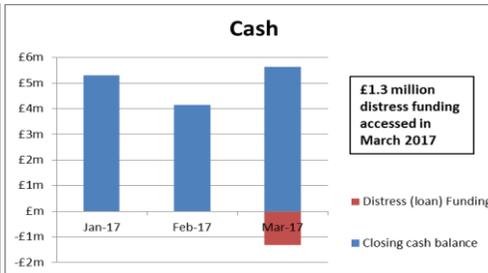


Key Indicators

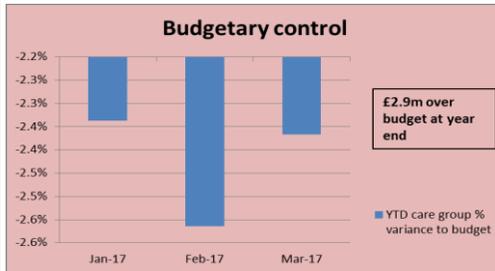
Efficiency Programme YTD Variance to plan



Cash Forecast months solvency



Budgetary Control YTD Care group variance to budget



Operating Surplus YTD Variance to Internal Plan



Above Tolerance Below Tolerance No Tolerance Agreed

Executive Summary

The Trust has overachieved by £1.1m against its operating plan but this figure includes a number of non-recurrent transactions - without these, the Trust's operational deficit would be significantly worse.

The care group overspend has reduced to 2.4% of budget due to beneficial non-recurrent transactions. Community Services are within budget, whereas Specialist and Children's Services are overspent, Mental Health is significantly overspent.

The efficiency programme has over achieved by £0.2m, however this is mainly due to a non-recurrent event in June 2016. Of the £6.0m achieved £3.2m is recurrent savings whilst £2.8 is non-recurrent.

The trust received £1.3m distress funding in March 2017 in order to fund operations, it is forecast that the trust will drawdon a further £0.5m in both May and June 2017.

Use of Resource Metric

Metrics

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Capital service cover	-2.2	-0.5	-0.6	-0.8	1.2	0.4	0.5	1.3
Liquidity (days)	-4.1	-4.9	-9.9	-14.6	-10.5	-14.6	-15.9	-15.6
I&E margin		-3.8%	-4.1%	-4.3%	-1.8%	-2.9%	-3.2%	-2.1%
I&E margin variance from plan		0.0%	-0.1%	0.0%	2.2%	0.5%	0.0%	0.5%
Agency Metric							34.8%	35.6%

Risk levels

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Capital service cover	4	4	4	4	4	4	4	3
Liquidity	2	2	3	4	3	4	4	4
I&E margin	4	4	4	4	4	4	4	4
I&E margin variance from Monitor plan		1	2	1	1	1	1	1
Agency Metric							3	3
Overall	3	3	3	3	3	3	3	3

* 15/16 Q1 was continuity of services risk rating. Changed to FSRR in Q2.

* Q3 16/17 FSRR changed to UOR

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Qtr	Priority																						
	Community					Specialist				Mental Health				Children's				Support Services					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Blue	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Blue	Green
2	Green	Green	Green	Green	Green	Green	Yellow	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Yellow	Green
3	Green	Yellow	Green	Green	Yellow	Green	Yellow	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Blue	Blue
4	Green	Green	Green	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Green	Yellow
RAG Rating:					Achieved	In progress	Some Delays/ issues			Slippage/Not commenced				Not applicable			Not yet defined		Report Not yet due				

Ref	Priority Description	Q3 RAG Status	Q4 RAG Status	Notable Comments / Escalated Risks / Issues
9	Secure the future arrangements for Neurology services	Red	Red	A . Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes
18	Improve access times across paediatrics, audiology SLT	Green	Yellow	
19	Oversee and support system wide engagement and comms activity across strategic transformation programmes and within CPFT in line with our participation strategy	Green	Yellow	
20	Deliver estates solutions for services to support transformation	Grey	Yellow	
21	Roll-out of EPR into Childrens and Families and Mental Health care Group	Yellow	Yellow	A . Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes

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Strategic risks	Lead Executive Director	Residual Risk Score (Apr 17)	Assurance strength (to be confirmed by Board of Directors on 27 April 2017)
A. Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes	Clare Parker, Interim Director of Quality & Nursing	12	Significant Assurance
B. Unable to sustain the cultural change needed to improve the quality of care for all patients and service users	Claire Molloy, Chief Executive	16	Significant Assurance
C. High quality and sustainable care is compromised by inability to implement improvement strategies for hard and soft infrastructure (facilities, estate, applications, IT)	Michael Smillie, Director of Strategy & Support Services	12	Significant Assurance
F. Unable to deliver and sustain leadership workforce capability and capacity improvements to deliver modernised and transformed services	Lynn Marsland, Director of Workforce & Organisational Development	16	Limited Assurance
H. Inability to balance financial sustainability with maintaining high quality, safe services	Michael Smillie, Director of Strategy & Support Services	20	Limited Assurance
I. Failure to effectively demonstrate system and organisational improvement, transformation and sustainability	John Howarth, Director of Service Improvement	20	Limited Assurance
J. Failure to influence the shape of future care models because CPFT's strengths and system leadership are not fully realised	Claire Molloy, Chief Executive	16	Limited Assurance



Progress Update					Executive Summary
Goal reference (National CQUIN)	Indicator name	Provider type relevant for	Financial Value of Indicator	Q4 Progress	For 2016/17 the amount of Cumbria Clinical Commissioning Group CQUIN income available was £3.28m. The negotiated settlement for 2016/17 was £2.78 which represents 85% of the available total. The value of NHS England CQUIN available was £50k and this was all achieved subject to confirmation of the quarter 4 Diabetic Eye Screening scheme.
A	Contribution to the ongoing strategic planning work	MH & Community	£525,000	Green	
B	Demographic and non-demographic service pressures	MH & Community	£700,000	Green	
C	CQC Inspection Implementation Plan Progress	MH & Community	£525,000	Green	
Di	Community Hospital Countywide Length of Stay reduction	Community	£710,000	Red	
Dii	Acute Trust Length of Stay reduction	MH & Community	£705,000	Red	
Diii	South Non Emergency Admission reduction to UHMB	MH & Community	£335,000	Green	
E	Increase uptake of diabetic eye screening for young people aged 18 – 45 years.	Specialist Services		Green	