

# Board Assurance Report

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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. In November the Trust received notification that it has been placed into 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.

### Improvement

Quarter 3 saw improvements in the Trusts overall appraisal and mandatory training positions, as well as a 10% improvement in First Steps (IAPT) 6 week referral indicator and the CAMHS urgent and routine access targets. The Trust has performed well against RTT, despite continued fragility within these Services. A&E 4 hour waits were also achieved. The Mental Health Care Group successfully migrated to their new electronic patient record in December, removing the duplication of electronic and paper based records. The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for the quarter.

### Areas of Concern

The Trust financial standing has decreased as our deficit has continued at levels we cannot sustain and we are nearing full depletion of cash balances. Data Quality issues have arisen within the quarter with errors identified within reporting against the 7 day follow up and Crisis Gatekeeping metrics. In addition performance against the Mental Health indicators has been impacted by the move to RIO, resulting in a deteriorating position at the end of the quarter. This is attributed to the imbedding new ways of working. Whilst delayed transfers of care in our community hospitals rose in the first two months of the quarter, there was a decrease in December returning to 33%, just below the levels experienced quarter 2 of 34%. The Trust continues to miss the referral to diagnostic standard for Paediatric Audiology and is in discussion with partners regarding the development of a sustainable pathway.

### 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. Due to the aforementioned data quality issue, the Trust is unable to make assessment of the quarter's performance. A validation exercise is currently underway, and the position will be refreshed at the end of January 2017. However, we have not achieved the paediatric audiology diagnostic or IAPT 6 week standards for the quarter.

Indicator	Standard	Achievement
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95%	Green
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	Green
Maximum 6-week wait for diagnostic procedures	99%	Red
Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment in line with best practice standards (UNIFY2 and MHSDS)	95%	Grey
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (UNIFY2 and MHSDS)	50%	Grey
Complete and valid submission of metrics in the monthly Mental Health Services data Set submissions to NHS digital: - Identifier metrics - Priority metrics	85%	Grey
Improving access to Psychological Therapies (IAPT)/talking therapies - Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	50%	Green
Improving access to Psychological Therapies (IAPT)/talking therapies - Waiting time to begin treatment (from IAPT minimum data set) - Within 6 weeks	75%	Red
Improving access to Psychological Therapies (IAPT)/talking therapies - Waiting time to begin treatment (from IAPT minimum data set) - Within 18 weeks	95%	Green

Trust Scorecard | Board Assurance Report

As at the end of Quarter 3



Outcome	Domain	Theme	No of KPI's	Scorecard	In Exception	Outcome	Domain	Theme	No of KPI's	Scorecard	In Exception		
Quality	Safe	Patient Safety	23	<div style="width: 11px; background-color: green;"></div> <div style="width: 5px; background-color: red;"></div> <div style="width: 7px; background-color: white;"></div>	5	People	Well Led	NHSI Segmentation	1	<div style="width: 1px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	0		
		Infection Prevention	12	<div style="width: 2px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 8px; background-color: white;"></div>	2			Workforce	16	<div style="width: 5px; background-color: green;"></div> <div style="width: 6px; background-color: red;"></div> <div style="width: 5px; background-color: white;"></div>	6		
		Safe Staffing	0	<div style="width: 0px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	0			Staff Experience	3	<div style="width: 2px; background-color: white;"></div>	0		
	Caring	Friends and Family	1	<div style="width: 1px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	0			Open Reporting	0	<div style="width: 0px; background-color: white;"></div>	0		
		Patient Experience	10	<div style="width: 6px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 2px; background-color: white;"></div>	2			Services	Responsive	RTT	6	<div style="width: 4px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	2
		Patient Involvement	2	<div style="width: 1px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 1px; background-color: white;"></div>	0					A & E	5	<div style="width: 5px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	0
Efficiency	Finance & Activity	Sustainability	3	<div style="width: 1px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	2	Patient Access	21			<div style="width: 8px; background-color: green;"></div> <div style="width: 10px; background-color: red;"></div> <div style="width: 3px; background-color: white;"></div>	10		
		Efficiency	2	<div style="width: 1px; background-color: green;"></div> <div style="width: 1px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	1	Diagnostics	1			<div style="width: 0px; background-color: green;"></div> <div style="width: 1px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	1		
		Controls	6	<div style="width: 1px; background-color: green;"></div> <div style="width: 5px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	5	Bed Management	6			<div style="width: 3px; background-color: green;"></div> <div style="width: 1px; background-color: red;"></div> <div style="width: 1px; background-color: white;"></div>	1		
		Value For Money	1	<div style="width: 1px; background-color: white;"></div>	0	Complaints	2			<div style="width: 0px; background-color: green;"></div> <div style="width: 1px; background-color: red;"></div> <div style="width: 1px; background-color: white;"></div>	1		
Information & IT	Data Quality	13	<div style="width: 8px; background-color: green;"></div> <div style="width: 5px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	5	LD Access	1	<div style="width: 1px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>			0			
	Information and IT	0	<div style="width: 0px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	0	Effective	CQUIN	7			<div style="width: 5px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>	2		
Key: <span style="background-color: green; padding: 2px;">On Track</span> <span style="background-color: red; padding: 2px;">Off Track</span> <span style="border: 1px solid black; padding: 2px;">No Tolerance</span>						Strategy	Effectiveness			23	<div style="width: 9px; background-color: green;"></div> <div style="width: 11px; background-color: red;"></div> <div style="width: 2px; background-color: white;"></div>	11	
											0	<div style="width: 0px; background-color: white;"></div>	
Trust	Quality	<div style="width: 21px; background-color: green;"></div> <div style="width: 9px; background-color: red;"></div> <div style="width: 18px; background-color: white;"></div>				People	<div style="width: 6px; background-color: green;"></div> <div style="width: 8px; background-color: red;"></div> <div style="width: 7px; background-color: white;"></div>						
	Efficiency	<div style="width: 11px; background-color: green;"></div> <div style="width: 11px; background-color: red;"></div> <div style="width: 1px; background-color: white;"></div>				Services	<div style="width: 35px; background-color: green;"></div> <div style="width: 28px; background-color: red;"></div> <div style="width: 7px; background-color: white;"></div>						
Single Oversight Framework	Quality	<div style="width: 3px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>				People	<div style="width: 1px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 2px; background-color: white;"></div>						
	Efficiency	<div style="width: 2px; background-color: green;"></div> <div style="width: 4px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>				Services	<div style="width: 5px; background-color: green;"></div> <div style="width: 6px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>						
Cumbria CCG	Quality	<div style="width: 3px; background-color: green;"></div> <div style="width: 5px; background-color: red;"></div> <div style="width: 8px; background-color: white;"></div>				People	<div style="width: 1px; background-color: green;"></div> <div style="width: 2px; background-color: red;"></div> <div style="width: 2px; background-color: white;"></div>						
	Efficiency	<div style="width: 7px; background-color: green;"></div> <div style="width: 1px; background-color: red;"></div> <div style="width: 1px; background-color: white;"></div>				Services	<div style="width: 31px; background-color: green;"></div> <div style="width: 19px; background-color: red;"></div> <div style="width: 3px; background-color: white;"></div>						
Cumbria County Council	Quality	<div style="width: 2px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 7px; background-color: white;"></div>				People	00						
	Efficiency	00				Services	<div style="width: 0px; background-color: green;"></div> <div style="width: 5px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>						
NHSE Specialist Commissioning	Quality	<div style="width: 3px; background-color: green;"></div> <div style="width: 0px; background-color: red;"></div> <div style="width: 0px; background-color: white;"></div>				People	00						
	Efficiency	00				Services	00						

# Quality | Board Assurance Report



## Executive Summary

### Staff Seasonal Flu Vaccine Programme

There has been an increase in the flu virus which is affecting our communities across Cumbria. Our Vaccination and Immunisation team have provided and supported flu vaccination clinics throughout the County to ensure that staff have opportunities to receive a flu vaccination which is recognised as being the best protection against the virus.

During 15/16 the uptake for CPFT frontline healthcare workers was 42%. As at the 15th January 2017 the compliance for the same group of staff was 60.61% with an increase of 20.61% since 6th November 2016 with the IPC Team continuing to provide mobile flu clinics.

### SIRIs

The Trust has a target of 12 SIRIs per quarter: during Q3 there were 22 SIRIs declared which is a decrease from the previous quarter (25): Community 5, Mental Health 11, Specialist 1, Children and Families 4, Support Services 1.

There has been considerable learning from incidents this quarter with identified themes and issues needing whole system review to support change and bring about improvements to services. This, in turn, will impact upon patient safety as can be evidenced from multi-disciplinary reviews held with mental health, specialist and community physical health care groups around an unexpected death which supported excellent cross care group working. The profile of Lessons Learnt continues to rise with the successful appointment in December to the vacant position and clinical teams continue to share their learning. The CCG and CLIC chaired a meeting to discuss cross organisational investigating and learning from SIRIs and a pragmatic and positive way forward has been agreed with a series of workshops to look at current and future mapping.

### Patient Experience

Patient Experience Team continues to monitor the feedback from a range of sources including Patient Advice

& Liaison, complaints, compliments and patient questionnaires. There have been considerable improvements in the approaches taken to processing, monitoring and recording of complaints to bring about an improved patient and carer experience.

Quarter 3 continues with the positive upward trend in the overall score for kindness and compassion across the Trust being 97.85%. Furthermore the Friends & Family Test question responses evidences that patients or parents that have accessed our services from the following care groups would be extremely or likely to recommend the services:

- Community Care Group 97.23% based upon 975 responses
- Mental Health Care Group 94.44% based upon 540 responses.
- Children's Care Group 98.35% based upon 121 parent responses
- Specialist Care Group 99.39% based upon 165 responses

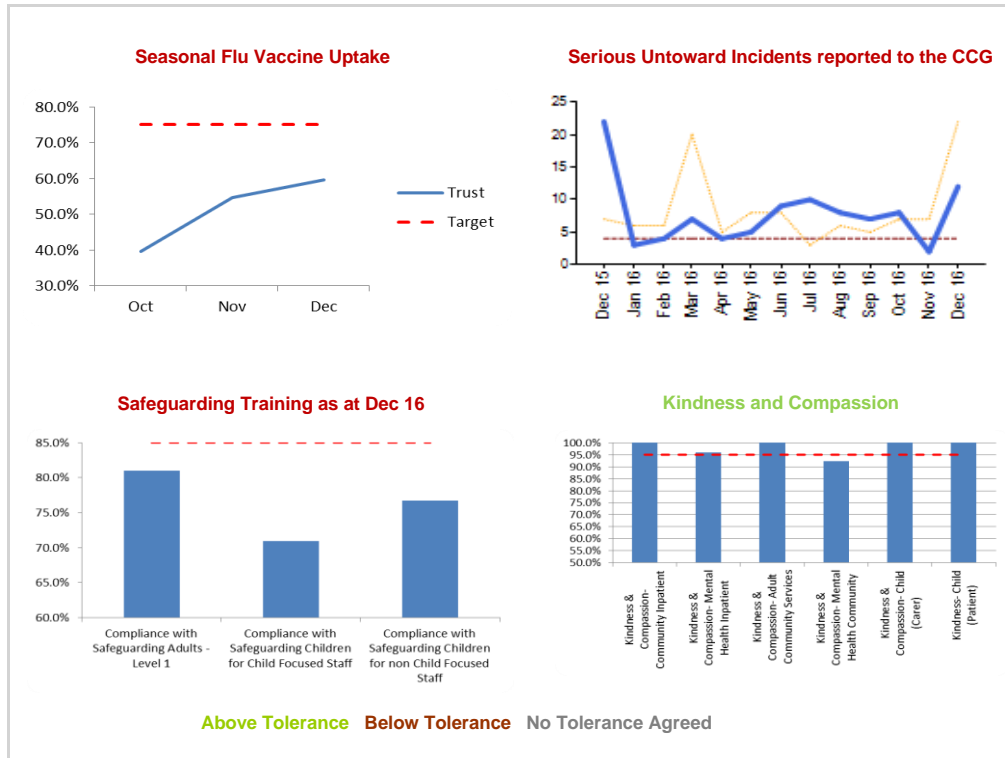
Business Plan	6	10	12	22
Sep 16		TBC	TBC	

Achieved In Progress Some Delays / Issues Slippage / Not Commenced  
Not Applicable

### Safeguarding Training

The Safeguarding Team continue to provide a blended approach of both e-learning and face-to-face sessions for safeguarding training. Work is underway to identify the themes as to why compliance has continued to fall for Levels 1 and 2. Level 3 remains static with no discernible improvements. Plans are being developed with Training, Safeguarding and the Care groups to improve compliance with all levels of safeguarding by end of Quarter 4.

# Quality | Board Assurance Report



**Board Assurance Framework**

	Residual Risk Rating		Assurance Strength	
	Q2	Q3	Q2	Q3
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.	A	A	A	A

Significant Assurance (Green) Limited Assurance (Orange) No Assurance (Red)

**Operational Risks and Issues for Quality**

The impact assessment is now being used by the Trust and panel have been put in place to review the decisions being made.

The mortality review group have agreed terms of reference and we are engaging with Mazars for their support via the North East and Cumbria Network.

# People | Board Assurance Report



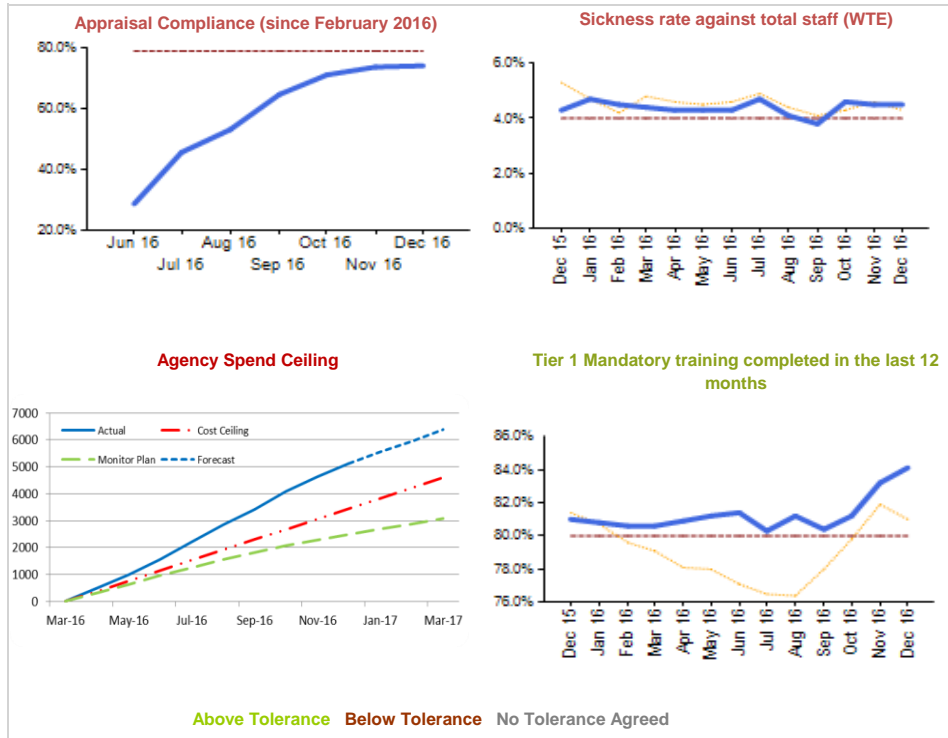
## Executive Summary

Mandatory Training compliance for Tier 1 consistently remains above 80% target and compliance for both tier 1 and tier 2 is steadily increasing  
 The compliance rate for appraisal has increased in Q3 but remains below the 80% target. The rate has dropped since September following closure of the appraisal window  
 Sickness and absence rates have increased since Q2 in line with seasonal trend; but remain below regional rates (4.6% Dec).  
 Forecast relating to temporary workforce usage remains above the cost ceiling. Additional measures have been put in place to mitigate this. Recording and reporting comply with NHSI requirements.

**Business Plan** 23

Sep 16	
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Achieved In Progress Some Delays / Issues Slippage / Not Commenced  
 Not Applicable



## Board Assurance Framework

	Residual Risk Rating		Assurance Strength	
	Q2	Q3	Q2	Q3
Unable to sustain the cultural change needed to improve the quality of care for all patients and service users	B	B	B	B
Unable to deliver and sustain senior leadership workforce capability and capacity improvements to deliver modernised and transformed services	F	F	F	F

Significant Assurance Limited Assurance No Assurance

## Operational Risks and Issues for People

Agency spend remains above the NHSI ceiling. An internal audit is underway to ascertain compliance with policy and procedure  
 Lack of certainty in relation to system change has the potential to impact on recruitment, particularly in community hospitals.

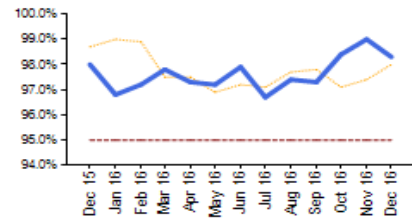
# Services | Board Assurance Report



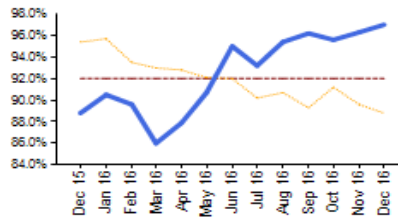
## Executive Summary

The Trust has performed well against RTT, despite continued fragility within these services. A&E 4 hour wait was also achieved. The remaining metrics apply to Mental Health Services. Data quality issues arose at the end of the quarter. The Mental Health Care Group migrated to their new electronic patient record in December. The December performance data has revealed a deteriorating position against their indicators which has been attributed to the new ways of working. The Care Group are working with Business Intelligence and Data Quality to address identified gaps and provide further training to staff. The December position will be refreshed at the end of January following completion of this work. Additionally errors were identified in the production of data for 7 day Follow Up and Crisis Gatekeeping indicators unrelated to the RIO migration, a full validation process is underway, and following completion corrective action will be taken. The Community Care Group experienced a further deterioration of the Delayed Transfer of Care position throughout the quarter across the county. Implementation of plans to improve flow are in place, and analysis shows that length of effective care has decreased in comparison to 15/16. Whilst the volume of delays has risen, the length of the delays has reduced demonstrating improved working relations with health and social care partners. We have been visited at a system level by the national DTOC review team head by the Director of Integration at NHSI. There resulted 3 key actions focused on the level of commissioned wider community provision together with strengthening the provision and plan to provide reablement. There were no specific health actions but progress against plan is to be overseen by the A and E Delivery Board. As a key member of the Care Community in Cumbria we were mandated to participate in the Perfect Week reset in both north and south Cumbria. The resultant improvement actions will be led through the A and E Delivery Boards. The Director of Operations is our representative and lead.

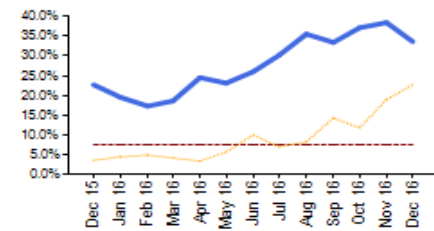
**A&E Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge**



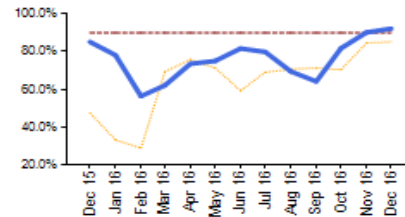
**Referral to treatment for incomplete pathways**



**Individuals who have had a delayed transfer-CS**



**Patient Access: Period between referral and initial assessment (working days/hours): MH CAMHS routine**



Above Tolerance Below Tolerance No Tolerance Agreed

## Business Plan

Business Plan	1	2	3	4	5	7	8	9	11
Sep 16	Achieved	Some Delays / Issues	Achieved	Achieved	Some Delays / Issues	Some Delays / Issues	Achieved	Slippage / Not Commenced	TBC
Sep 16	TBC	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved

Achieved In Progress Some Delays / Issues Slippage / Not Commenced Not Applicable

## Board Assurance Framework

	Residual Risk Rating		Assurance Strength	
	Q2	Q3	Q2	Q3
Failure to effectively demonstrate system and organisational improvement, transformation and sustainability	D	I	D	I
Failure to influence the shape of future care models because CPFT's strengths and system leadership are not fully realised	E	J	E	J

Significant Assurance Limited Assurance No Assurance

## Operational Risks and Issues for Services

CQUIN LOS scheme, an amended proposal has been made to the CCG, awaiting response.

The Referral to diagnostic standard for Paediatric Audiology continues to present a risk to the Trust. The Care Group is in discussion with partners regarding the development of a sustainable pathway.

Business Plan Priorities - Future provision of the Neurology service, discussions are continuing with the CCG and NHS England.

# Efficiency | Board Assurance Report



## Executive Summary

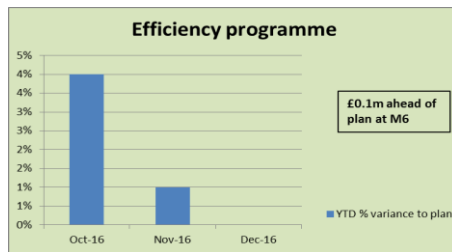
The Trust's financial standing has decreased as our deficit has continued at levels we cannot sustain and we are nearing full depletion of cash balances. Whilst the Trust's efficiency programme has delivered above the initially planned 2% level and is likely to achieve over 3% by the end of the year, cost pressures in non-pay and continued high levels of pay costs above those assumed in our forecast when coupled with reduced income from CQUIN place the Trust significantly below planned performance at the end of Q3. Following successful conclusion of SLA negotiations the Trust has had access to non-recurrent accounting provisions in Q2 and Q3 that have enabled us to report performance in line with plan - securing STF income of approx £1.5m so far this year. However, the underlying monthly deficit run rate of £800k and lack of these non-recurrent means in Q4 mean that we are now formally forecasting a deficit of £6m against a plan of £4.5. We are required to access short term loan funding to maintain working capital from March onwards. Risks to our end of year forecast include; Further CQUIN deterioration, loss of invoiced income (specialist drugs from NHS E), non-recovery of shared IT project costs (CCG), delivery of residual efficiency programme items (£0.5m) and containment of cost pressures. We are proactively managing these issues carefully to ensure delivery in line with or better than the re-forecast.

## Business Plan

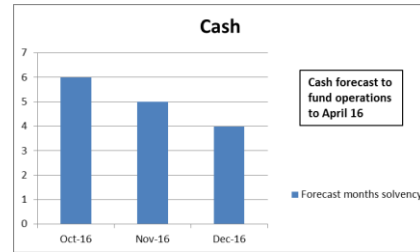
	20	21
Sep 16		

Achieved In Progress Some Delays / Issues Slippage / Not Commenced  
Not Applicable

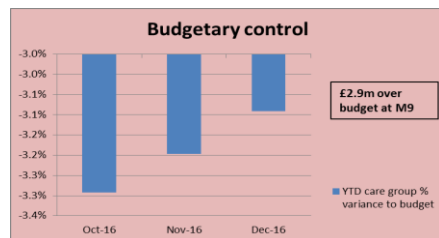
### Efficiency Programme YTD Variance to plan



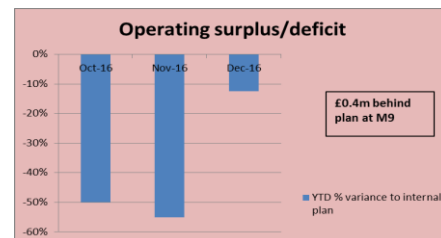
### Cash Forecast months solvency



### Budgetary Control YTD Care group variance to budget



### Operating Surplus YTD Variance to Internal Plan



Above Tolerance Below Tolerance No Tolerance Agreed

## Board Assurance Framework

	Residual Risk Rating		Assurance Strength	
	Q2	Q3	Q2	Q3
High quality and sustainable care is compromised by inability to implement improvement strategies for hard and soft infrastructure (facilities, estate, applications, IT)	C	C	C	C
Inability to balance financial sustainability with maintaining high quality, safe services	H	H	H	H

Significant Assurance Limited Assurance No Assurance

## 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
Capital service cover	-2.2	-0.5	-0.6	-0.8	1.2	0.4	0.5
Liquidity (days)	-4.1	-4.9	-9.9	-14.6	-10.5	-14.6	-15.9
I&E margin		-3.8%	-4.1%	-4.3%	-1.8%	-2.9%	-3.2%
I&E margin variance from plan		0.0%	-0.1%	0.0%	2.2%	0.5%	0.0%
Agency Metric							34.8%

### Risk levels

	4	4	4	4	4	4	4
Capital service cover	4	4	4	4	4	4	4
Liquidity	2	2	3	4	3	4	4
I&E margin		4	4	4	4	4	4
I&E margin variance from Monitor plan		1	2	1	1	1	1
Agency Metric							3
Overall	3	3	3	3	3	3	3

\* Q1 was continuity of services risk rating. Changed to FSRR in Q2.

\* Q3 16/17 FSRR changed to UOR





## Business Plan Objectives

No	Description
1	Develop and agree place based population health plans to deliver more care outside hospital aligned with success regime and better care together programmes through Integrated Care Communities (ICCs)
2	Involve communities in service development through community engagement plans
3	Develop workforce models for the ICCs
4	Agree service development plan and approach to community hospital / unit bed consolidation in the North of the County (exc Millom)
5	Optimise system resilience and patient flow
6	Lead the local transformational care agenda across Cumbria for the Learning Disabilities pathways with the aim of avoiding unnecessary admissions and/or reducing the time spent as an inpatient admission
7	By March 2017, develop a digital strategy for all of the services in the Care Group; this will include use of telehealth, Apps and social media and learning from exemplar sites, in line with the Digital roadmap
8	Sustain referral to Treatment performance across all aspects of the Consultant-led service offer for patients by July 2016
9	Secure the future arrangements for Neurology services in line with national intentions for the commissioning of specialised services
10	Develop a more efficient system of investigation and lessons learnt positively impacting on improvements in the quality of care of our patients
11	Develop a preferred option to deliver fit for purpose inpatient services
12	Improve response to Emergency mental Health with Cumbria Police and NHS Cumbria CCG
13	Addressing the workforce issues that are driving the overspend and returning to budgetary balance
14	Improve the Quality, Safety and Safeguarding system within the care group. Focussing on improving support for staff and embedding lessons learned
15	To develop integrated models of care to place based population health alongside Better Care Together/Success Regime
16	To contribute to the whole system approach with a focus on crisis management and Primary Mental Health and early Intervention Service
17	Remodel and retain the provision of the 0-19 universal services and immunisations within the available financial envelope
18	Improve access times across paediatrics, audiology SLT
19	Oversee and support system wide engagement and comms activity across strategic transformation programmes and within CPFT in line with our participation strategy
20	Deliver estates solutions for services to support transformation
21	Roll-out of EPR into Childrens and Families and Mental Health care Group
22	Make real improvements in quality (experience, safety and outcomes) from our improved quality governance approach
23	Support our staff through a focus on workforce and recruitment, leadership, team work, continuous improvement and continuous professional development improvement outlined in People & OD Plan

Legend
Quality
People
Services
Efficiency