

Board Assurance Report



Happier | Healthier | Hopeful



Achievements

The Trust took part in a joint NHS Improvement Quarterly Performance Review with North Cumbria University Hospitals Trust. Feedback from the meeting was positive with no specific concerns around performance raised.

The operating position was £0.1m below plan at the end of quarter one. First Steps have maintained their position into quarter 1 and continue to review and update their recovery plan. Paediatric Audiology has also maintained their performance in all 3 months of the quarter despite concerns about sustainability.

The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories in quarter 1.

Improvement

The Trust met its target of 9 SIRIs in Q1 which continues the improving trend from Q3 and Q4, a decrease from the previous Quarter 4 (12). The remaining legacy SIRIs from 2016/2017 are being project managed to ensure that they are signed off and submitted to the CCG in line with expectations.

There has been an overall decline in agency usage and currently the Trust spend is below the NHSI ceiling; however there continues to be a reliance on agency workers particularly medical and nursing workers to cover for vacancies.

The Trust’s 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 the impact of increasing in demand and difficulties with medical cover at the Westmorland General PCAS predicted in quarter 4 is beginning to show a decline in performance at the unit. Locum cover is in place.

Areas of Concern

The efficiency programme has underachieved by £0.4m. This is mainly due to the shortfall between target and identified schemes although approximately 25% of this relates to underachievement against identified schemes, particularly in Mental Health.

Safeguarding training continues to fail to meet the minimum compliance of 85% for all courses despite positive action being taken. The Quality and safety committee have requested a single item meeting in August on the topic of mandatory training and a piece of work is being undertaken to understand the issues in relation to all training across the Trust. A recovery plan will form part of this.

The compliance rate for appraisal at the end of Q1 is below the 80% target. The new window launched on 1st April with 28.2% of staff recorded as having an appraisal at the end of June. Care Groups and Support Services have been asked to provide a trajectory for the completion of appraisals in the appraisal window which will be monitored via the Performance and Delivery Group.

There was a rise in DTOCs for mental health services at the end of the quarter; this is attributed to improved understanding and application of the delayed transfer definition. At the end of the quarter a national improvement trajectory was put in place by NHS England, the Trust is required to make a 5.45% improvement by the end of September. Actions to improve system wide barriers are being led by the A&E Delivery Boards in North and South Cumbria respectively.

Concerns relating to increased demand and staffing issues, particularly in South Cumbria are affecting performance against CAMHS routine access standards. Urgent referrals are in line with target however, routine waiters are increasing, current performance for June 65%. Additional staffing has been sourced from agency and a contract review of ‘my time’ (tier 2 providers) is being held in July.

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.

The MHSDS priority metric in mental health services is under performing, following clarification from NHS digital that the metric applies to memory in later life services. The Care Group are working with Business Intelligence to look at ways to address the data gap for this client group without putting undue burden on clinical capacity. It should be noted that NHS Improvement have initiated consultation on key metrics within the SOF, which includes the removal of this metric.

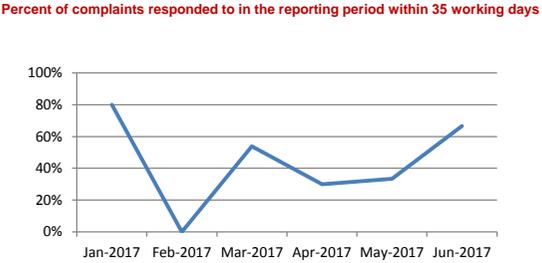
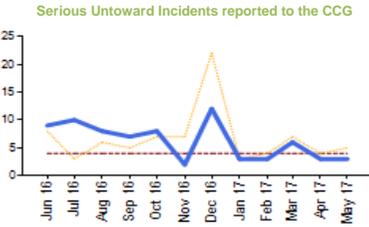
Indicator	Standard	Achievement
NHSi Segmentation	<=3	
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	> =95%	
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	>=92%	
Maximum 6-week wait for diagnostic procedures	>=99%	
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%	
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%	
Complete and valid submission of metrics in the monthly Mental Health Services data Set submissions to NHS digital: - Identifier metrics	>=95%	
Complete and valid submission of metrics in the monthly Mental Health Services data Set submissions to NHS digital: - Priority metrics	>=85%	*shadow until April 17
Improving access to Psychological Therapies (IAPT)/talking therapies - Proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	>=50%	
Improving access to Psychological Therapies (IAPT)/talking therapies - Waiting time to begin treatment (from IAPT minimum data set) within 6 weeks	>=75%	
Improving access to Psychological Therapies (IAPT)/talking therapies - Waiting time to begin treatment (from IAPT minimum data set) within 18 weeks	>=95%	



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: 11px; height: 10px; background-color: #90EE90;"></div> <div style="width: 5px; height: 10px; background-color: #FF0000;"></div> <div style="width: 7px; height: 10px; border: 1px solid black;"></div>	5	21	3	People	Well Led	NHSI Segmentation	1	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	8
		Infection Prevention	12	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 9px; height: 10px; border: 1px solid black;"></div>	0	50	3			Workforce	16	<div style="width: 6px; height: 10px; background-color: #90EE90;"></div> <div style="width: 5px; height: 10px; background-color: #FF0000;"></div> <div style="width: 5px; height: 10px; border: 1px solid black;"></div>	5	26	8
		Safe Staffing	0	<div style="width: 0px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	0			Staff Experience	3	<div style="width: 3px; height: 10px; border: 1px solid black;"></div>	0	16	8
	Caring	Friends and Family	1	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	5			Open Reporting	0	<div style="width: 0px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	8
		Patient Experience	10	<div style="width: 7px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 2px; height: 10px; border: 1px solid black;"></div>	1	1	5		Responsive	RTT	6	<div style="width: 6px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	11
		Patient Involvement	1	<div style="width: 1px; height: 10px; border: 1px solid black;"></div>	0	0	5			A & E	5	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 1px; height: 10px; border: 1px solid black;"></div>	1	0	11
Efficiency	Finance & Activity	Sustainability	3	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 2px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	2	0	6	Patient Access		21	<div style="width: 10px; height: 10px; background-color: #90EE90;"></div> <div style="width: 7px; height: 10px; background-color: #FF0000;"></div> <div style="width: 4px; height: 10px; border: 1px solid black;"></div>	7	5	11	
		Efficiency	2	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	1	0	6	Diagnostics		1	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	16	12	
		Controls	6	<div style="width: 5px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	1	0	6	Bed Management		6	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 2px; height: 10px; border: 1px solid black;"></div>	1	0	12	
		Value For Money	1	<div style="width: 1px; height: 10px; border: 1px solid black;"></div>	0	0	6	Complaints		2	<div style="width: 2px; height: 10px; background-color: #FF0000;"></div> <div style="width: 2px; height: 10px; border: 1px solid black;"></div>	2	0	12	
	Information & IT	Data Quality	13	<div style="width: 8px; height: 10px; background-color: #90EE90;"></div> <div style="width: 4px; height: 10px; background-color: #FF0000;"></div> <div style="width: 1px; height: 10px; border: 1px solid black;"></div>	4	11	7	LD Access		1	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	0	12	
		Information and IT	0	<div style="width: 0px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>	0	2	0	Effective	CQUIN	0	<div style="width: 15px; height: 10px; border: 1px solid black;"></div>	0	0	17	
Key: On Track Off Track No Tolerance									Strategy	Effectiveness	23	<div style="width: 11px; height: 10px; background-color: #90EE90;"></div> <div style="width: 9px; height: 10px; background-color: #FF0000;"></div> <div style="width: 4px; height: 10px; border: 1px solid black;"></div>	9	207	17
											0	<div style="width: 0px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>		0	0
Trust	Quality	<div style="width: 22px; height: 10px; background-color: #90EE90;"></div> <div style="width: 6px; height: 10px; background-color: #FF0000;"></div> <div style="width: 19px; height: 10px; border: 1px solid black;"></div>						People	<div style="width: 9px; height: 10px; background-color: #90EE90;"></div> <div style="width: 5px; height: 10px; background-color: #FF0000;"></div> <div style="width: 8px; height: 10px; border: 1px solid black;"></div>						
	Efficiency	<div style="width: 13px; height: 10px; background-color: #90EE90;"></div> <div style="width: 8px; height: 10px; background-color: #FF0000;"></div> <div style="width: 2px; height: 10px; border: 1px solid black;"></div>						Services	<div style="width: 35px; height: 10px; background-color: #90EE90;"></div> <div style="width: 20px; height: 10px; background-color: #FF0000;"></div> <div style="width: 28px; height: 10px; border: 1px solid black;"></div>						
Single Oversight Framework	Quality	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>						People	<div style="width: 2px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 2px; height: 10px; border: 1px solid black;"></div>						
	Efficiency	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 3px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>						Services	<div style="width: 10px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>						
Cumbria CCG	Quality	<div style="width: 6px; height: 10px; background-color: #90EE90;"></div> <div style="width: 2px; height: 10px; background-color: #FF0000;"></div> <div style="width: 8px; height: 10px; border: 1px solid black;"></div>						People	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 2px; height: 10px; background-color: #FF0000;"></div> <div style="width: 3px; height: 10px; border: 1px solid black;"></div>						
	Efficiency	<div style="width: 7px; height: 10px; background-color: #90EE90;"></div> <div style="width: 1px; height: 10px; background-color: #FF0000;"></div> <div style="width: 1px; height: 10px; border: 1px solid black;"></div>						Services	<div style="width: 29px; height: 10px; background-color: #90EE90;"></div> <div style="width: 15px; height: 10px; background-color: #FF0000;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div>						
Cumbria County Council	Quality	<div style="width: 2px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 7px; height: 10px; border: 1px solid black;"></div>						People	0 0						
	Efficiency	0 0						Services	<div style="width: 1px; height: 10px; background-color: #90EE90;"></div> <div style="width: 4px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>						
NHSE Specialist Commissioning	Quality	<div style="width: 3px; height: 10px; background-color: #90EE90;"></div> <div style="width: 0px; height: 10px; background-color: #FF0000;"></div> <div style="width: 0px; height: 10px; border: 1px solid black;"></div>						People	0 0						
	Efficiency	0 0						Services	0 0						



Key Indicators



Executive Summary

Safeguarding Adults - Levels 1 and 2 (e-learning)
 At the end of Quarter 1 there were 425 staff who were out of compliance with their level 1 Adult Safeguarding training giving an overall figure of 84.3%. Compliance has increased since Q4 but not at the expected rate.
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 596 which is an increase from Quarter 4 but at 78.2% does not meet the required expectation of the Trust.
Level 3 Safeguarding children for child focussed staff (face to face)
 Quarter 1 has seen a slight decrease in compliance for the Level 3 Safeguarding Children training which at the end of June 2017 was 71.6%.

Complaints
 The Patient Experience Team captures patient satisfaction from a range of areas using differing methodologies. Each of the 4 care groups has its own complaints dashboard which is used by them to view the current status of complaints and to monitor progress. There are some delays in the sign off process at different stages however this is being looked into. One page report has been developed to try and reduce the amount of time spent on the process and Teams can display this on noticeboards and has been positively received by teams.
 Services are actively encouraged to share their positive feedback with the Patient Experience Team and furthermore the Trust received a total of 2242 completed questionnaires which evidenced that patients who had received treatment and care found staff kind and compassionate with a total for Q1 of 94.14% across all services.
 In total 2082 Family and Friends surveys were received during Q1 with an overall scoring is 95.34% were extremely or likely to recommend the service that they had received treatment or care from.

Manual Handling
 The Manual Handling Team continues to improve the methods of working to support patient and staff safety and is introducing alternative ways of training including the provision of bespoke sessions to provide updates. At the end of June 2017 compliance for patient handlers had increased to 65.9% (599 staff were out of date with this training) and although this falls well below the required target of 80% is the highest compliance rate to date. Manual handling compliance for objects continues to exceed the target being 82.1%. 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. Further data cleansing will take place in preparation for the introduction of Core Skills Framework.

CQC
 The Trust is currently preparing for a "well led" visit from CQC in November (date to be confirmed) and unannounced inspections in some of our core services over the next 3-4 months. We have been focussing on providing the relevant information as requested by the CQC Inspection Team. Plans will also be drawn up to support the arrangement of focus groups. Onward communication will commence with staff along with supporting guidance as to the visit and the actions they should take if inspection team arrives in their place of work. We are also about to launch the "peer review process" from 1st August.

SIRIs
 The Trust met its target of 9 SIRIs in Q1 which continues its downward trend from Q3 and Q4 a decrease from the previous Quarter 4 (12). The Trust has introduced a revised method of working around SIRIs in line with the national framework and has incorporated all serious incidents into Ulysses which is now tracked centrally. The 72 hour reporting mechanism has been reviewed and the Quality & Safety Managers within the Care Groups carry out regular thematic reviews of serious incidents. These revised processes will continue to be embedded during Q2. The remaining legacy SIRIs from 2016/2017 are being project managed to ensure that they are signed off and submitted to the CCG in line with expectations.

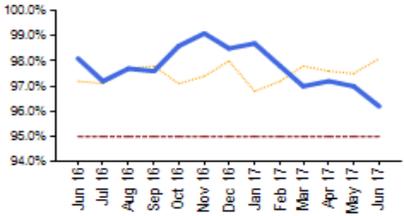
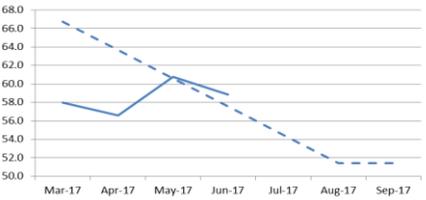
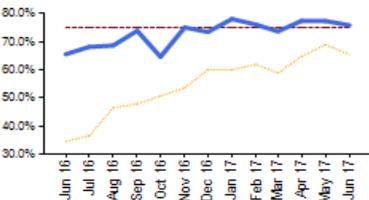
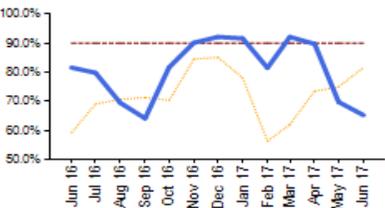
Safeguarding Training
 Safeguarding training continues to fail to meet the minimum compliance of 85% for all courses despite positive action being taken. Trajectories were developed but are dependent upon staff being released to attend and the trainers being available to deliver the sessions and this will be further compounded by the summer holiday period where attendance at training typically drops off. However, in relation to the Trust CQC action plan outstanding actions, quality and safety committee have requested a single item meeting in August on this and a piece of work is being undertaken to understand the issues in relation to all training across the Trust. A recovery plan will form part of this. There has been an unexpected delay to the release of the Core Skills Framework safeguarding training which will further impact upon compliance. Despite engagement with Skills for Health no definitive date has been given but to expect its release during July or August.



Key Indicators	Executive Summary
<div data-bbox="181 323 629 587"> <p>Appraisal Compliance (Window)</p> </div> <div data-bbox="667 323 1115 587"> <p>Sickness rate against total staff (WTE)</p> </div> <div data-bbox="181 614 629 901"> <p>Agency Spend Ceiling</p> </div> <div data-bbox="667 614 1115 901"> <p>Tier 1 Mandatory training completed in the last 12 months</p> </div>	<p>Executive Summary</p> <p>Statutory and Mandatory Training compliance continues to remain above the target rate at 85.8% at the end of Q1</p> <p>The compliance rate for appraisal at the end of Q1 is below the 80% target. The new window launched on 1st April with 28.2% of staff recorded as having an appraisal at the end of June. Care Groups and Support Services have been asked to provide a trajectory for the completion of appraisals in the appraisal window which will be monitored via the Performance Group.</p> <p>Sickness and absence rates have increased and remain above the 4% target. The Trust figure was marginally above the North West NHS average with the most common cause of absence continuing to be anxiety/stress/depression/other psychiatric illnesses, which is generally showing an increased average for North West NHS Trusts</p> <p>There has been an overall decline in agency usage and currently the Trust spend is below the NHSI ceiling; however there continues to be a reliance on agency workers particularly medical and nursing workers to cover for vacancies</p> <p>Operational Risks and Issues for Services: Risk to achieving control total and although the potential impact from the introduction of IR35 has not been experienced, reliance on agency and locum staff continues Impact of lack of certainty from system change on sickness absence and recruitment Impact on operational areas specifically to ensure that statutory and mandatory training and appraisal compliance rates are achieved ahead of the planned CQC inspection</p>

Above Tolerance Below Tolerance No Tolerance Agreed



Key Indicators	Executive Summary
<p data-bbox="181 320 622 360">A&E Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge</p>  <p data-bbox="181 651 622 691">Average Number of Delayed Transfers of Care per Day Trajectory</p> <p data-bbox="353 715 450 735">Trust Total</p>  <p data-bbox="645 320 1086 376">Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral</p>  <p data-bbox="656 651 1059 691">Patient Access: Period between referral and initial assessment (working days/hours): MH CAMHS routine</p>  <p data-bbox="416 1010 842 1029">Above Tolerance Below Tolerance No Tolerance Agreed</p>	<p data-bbox="1093 288 1986 408">First Steps have maintained their position into quarter 1 and continue to review and update their recovery plan. At the beginning of the quarter crisis gatekeeping reported performance was impacted by data quality issues related to the use of RIO as the patient record, these issues have been addressed and the standard was achieved for the rest of the period. Paediatric Audiology have also maintained their performance in all 3 months of the quarter despite concerns about sustainability.</p> <p data-bbox="1093 432 1986 568">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 the impact of increasing in demand and difficulties with medical cover at the Westmorland General PCAS predicted in quarter 4 is beginning to show a decline in performance at the unit. Locum cover is in place. The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for the quarter.</p> <p data-bbox="1093 592 1986 687">The MHSDS priority metric in mental health services is under performing, following clarification from NHS digital that the metric applies to memory in later life services. The Care Group are working with Business Intelligence to look at ways to address the data gap for this client group without putting undue burden on clinical capacity.</p> <p data-bbox="1093 711 1986 871">There was a rise in DTOCs for mental health services at the end of the quarter, this is attributed to improved understanding and application of the delayed transfer definition. The Care Group are assured that reporting is now reflective of the situation experienced by patients. Community inpatients have continued to experience high levels of DTOCs across the quarter. At the end of the quarter a national improvement trajectory was put in place by NHS England, the Trust is required to make a 5.45% improvement by the end of September. Actions to improve system wide barriers are being led by the A&E Delivery Boards in North and South Cumbria respectively.</p> <p data-bbox="1093 895 1986 991">Concerns relating to increased demand and staffing issues, particularly in South Cumbria are affecting performance against CAMHS routine access standards. Urgent referrals are in line with target however, routine waiters are increasing, current performance for June 65%. Additional staffing has been sourced from agency and a contract review of 'my time' (tier 2 providers) is being held in July.</p>

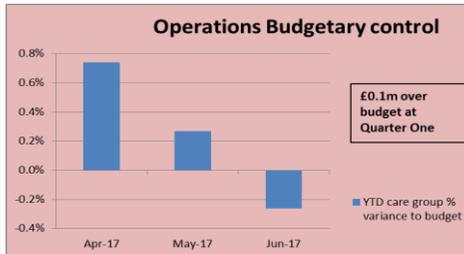


Key Indicators

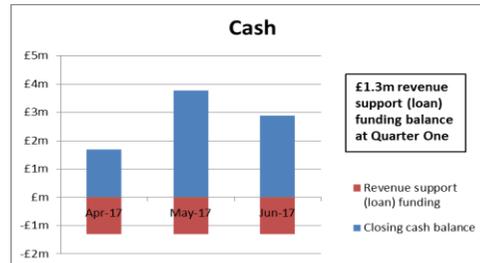
Efficiency Programme YTD Variance to plan



Budgetary Control YTD Care group variance to budget



Cash/Loan Balance



Operating Surplus YTD Variance to Internal Plan



Above Tolerance Below Tolerance No Tolerance Agreed

Executive Summary

The operating position was £0.1m below plan at the end of quarter one. However the monthly budget will reduce as the year progresses requiring month on month reductions in actual spend to achieve the full-year budget.

Operations are £83k overspent against budget at quarter 1, the main overspending care group is mental health and this is due to the premium costs of locum staff who are partially covering vacancies and safe staffing levels on inpatient units for high acuity patients. Community care group continues to have a high number of vacancies and hence underspend particularly in nursing which is partially offsetting overspends in the other care groups.

The efficiency programme has underachieved by £0.4m. This is mainly due to the shortfall between target and identified schemes although approximately 25% of this relates to underachievement against identified schemes, particularly in Mental Health. Of the £0.5m achieved £0.4m is recurrent savings whilst £0.1 is non-recurrent.

The trust received £1.3m revenue support (loan) funding in March 2017. The Trust has not required any additional cash support in quarter one.

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	17/18 Q1
Capital service cover	-2.2	-0.5	-0.6	-0.8	1.2	0.4	0.5	1.3	0.2
Liquidity (days)	-4.1	-4.9	-9.9	-14.6	-10.5	-14.6	-15.9	-15.6	-15.4
I&E margin		-3.8%	-4.1%	-4.3%	-1.8%	-2.9%	-3.2%	-2.1%	-3.4%
I&E margin variance from plan		0.0%	-0.1%	0.0%	2.2%	0.5%	0.0%	0.5%	0.3%
Agency Metric							34.8%	35.6%	8.80%

Risk levels

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

Care Groups

Qtr	CH1	CH2	CH3	CS1	CS2	CS3	CS4	CS5	CS6	CS7	MH1	MH2	MH3	MH4	SP1	SP2	SP3	SP4	SP5	SP6
1				N	N	N	N	South Only	North Only	N										
2				S	S	S	S			S										
3																				
4																				

Support Services

Qtr	C1	C2	C3	C4	CG1	CG2	CG3	EH1	EH2	EH3	EH4	EH5	EH6	EH7	EF1	EF2	EF3	EF4	EF5	EF6	EF7	F1	F2	F3	F4	F5	QN1	QN2	QN3	QN4	QN5	WF1	WF2	WF3	WF4	WF5	WF6	WF7	
1																																							
2																																							
3																																							
4																																							

Board Reporting				High Level Operational Reporting			
RAG Rating:	Achieved	In progress	Some Delays/ issues	Slippage/Not commenced	Not applicable	Not yet defined	

- CH – Children and Families
- CS – Community Services (N – North S- South)
- MH – Mental Health
- SP – Specialist
- CO – Communications
- CG – Corporate Governance
- EH – eHealth
- EF – Estates and Facilities
- F – Finance
- QN – Quality and Nursing
- WF – Workforce

Ref	Priority Description	Q1 RAG Status	Q2 RAG Status	Escalated Risks / Issues
CS2 North	Formal Alignment to ICCs			See Highlight Report
CS4 North	Communication and Engagement			See Highlight Report
CS6 North	Community Hospital Implementation Plan			Lack of any plans or communication on expansion or changes in other units accordance with SR recommendations
CS7 North	Delivery of Financial Plan			See Highlight Report
MH1	Overspend and Budgetary Balance			Recruitment challenges in Mental Health
MH2	Rightsizing and Future Proofing			Activities for In patient Bed Modelling not determined for Q2 Risk – ALIS/HTT and Liaison bid is not successful or partially successful
MH3	Partnership Working			Issue – S12 Provision Model only agreed for North Cumbria Issue – MACAS Assessment Suite staffing Risk – Not enough s12 doctors trained and approved or made available through partner organisations
MH4	Delivering 5 year Mental Health Strategy			May not be able to increase IAPT rates without increased stakeholder engagement
SP1	Implement Objectives of the Care Group Digital Strategy			See Highlight Report
SP5	Formalise the future state of a sustainable Neurology service for Cumbria			There is a risk that the tertiary centres may not engage
SP6	Aligning Specialist Services with the transformation schemes			See Highlight Report
EH4	Consolidation of EMIS Web community databases			Feedback in relation to capital bid has not yet been received
EF7	Deliver estates solutions for services to support transformation			ICC and Community Hospitals requirements and programmes are unclear The required funding for Millom development is yet to be secured from NHS England ETTF rules around capital funding seem at odds with intended transformational agenda and currently will not support an investment in non GMS space ETTF – funding promised to support development of PID's is being withheld by CHP and is preventing progress

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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



Goal reference (National CQUIN)	Indicator name	Provider type relevant for	Financial Value of Indicator	Q1 Progress	Project Update
1	Improvement of health and wellbeing of NHS staff	Workforce & OD, Estates	£368,784		Positive action by introduction of Wellbeing Advocates within Trust for 1a. Question ability to make 5% point increase given that the Trust will be going through restructuring at the time of staff survey. Considerable work has taken place around the health food offerings for NHS Staff, visitors and patients. Patient meals Plans are in place for removal of foods which would compromise the attainment of this indicator and will be achieved by the timescale. Robust action plan around Flu Vaccinations for Front Line Clinical Staff. Weekly teleconference calls with relevant CPFT Stakeholders. All are committed to attaining the 70% target.
3	Improving Physical Healthcare to reduce premature mortality in people with serious mental illness (PSMI)	Mental Health	£368,785		3a: 100% of the identified staff have completed the relevant training. Application team finished building the new Physical Health form for RiO which has been tested and refined. Business Intelligence (BI) commenced producing reporting solution to support and monitor data collection. BI to finish producing reporting solution to support and monitor data collection. Going forward the new form in RiO will be launched with specific user guidance. 3b: Form design for D/C summaries from inpatient wards designed and signed off by Acute and Urgent Care Network CD. There was a last minute request from pharmacy regarding an addition about valproate prescribing which has now been incorporated. Have started the process of obtaining information about QOF patients from PRIMUS team. Future development includes engagement with primary care to ensure that GPs have seen the layout. Associate Medical Director asked to undertake this. Once the QOF information is clarified CPFT can review it against CPA clients. Submit discharge form to be built into RiO
4	Improving services for people with mental health needs who present to A&E	Childrens Services	£183,717		Cohorts for North and South now completed and agreed. Ongoing weekly teleconferences with clinical leads to support ongoing work required. CMHART clinical leads have been attending the monthly A&E liaison meetings to discuss cohorts. Clinical leads providing more targeted clinical supervision for the care co-ordinators of these clients. Weekly reports now coming in from North acute trust for attendances but still waiting on South acute trust to supply the same. Letters have been sent to South cohort of clients advising them of their involvement and these will also be sent to North cohort once edited. Decision made that whenever anyone in the cohort presents at A&E they will automatically be referred to liaison whether or not they are presenting with a MH issue
5	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Childrens Services	£185,068		Progress against quarter 1 milestones is slightly behind schedule due to staff capacity to drive the project due to a SIRI. However recovery is anticipated during quarter 2 and a robust engagement plan has been developed with details of actions. Future plans include development of survey monkey completion for all child & adult mental health clinicians and GPs. Meeting with Informatics regarding availability of data for young people turning 18yrs (2016/2017 year and 2017/2018 year) in order to begin caseload audit element & also data around adult re-referred to CMHT previously open to CAMHS. Meeting of Senior managers proposed 16.08.17 to review progress/look at data/confirm workshop agenda. Clinician workshop proposed 20.09.17. Exploring various options for engaging CYP in Participation agenda within CAMHS, with initial focus on transition survey.
8b	Supporting Proactive and Safe Discharge – Community Providers	Community Services	£183,717		This CQUIN has a heavy acute bias especially in respect of the key data (discharges from acute for non-elective patients) but the need for effective system wide cooperation is recognised. Regular meetings are now taking place in both North and South of the County with the relevant Trusts (NCUHT and UHMBT). Initiatives are being worked up to target underachieving areas and improve linkages between acute and community. A meeting with CCG on 10 July allowed for questions over baselines and concerns over the % split of achievement payments between the providers.
9	Preventing ill health by risky behaviours - alcohol and tobacco	Community & Mental Health Services	£368,785		Action Plan developed to progress this indicator. Staff from all inpatient areas (MH, LD & Community Hospitals) identified to complete training. Training packages being rolled out with evaluation forms. Recording of training to be forwarded to NBN for collation. Audit to start from Q2 in agreement with CCG. Applications Team have made necessary changes to electronic patient records to allow areas who are still using paper based records to use RiO Bed Management which will support collection of data. NBN Meeting with CCG on 23rd August and subsequent meeting with Public Health Specialist on 12th September to continue with progress made to date. The risks associated with this indicator have been greatly reduced as a result of collaborative working. Monthly phone calls between Business Managers and Head of performance to take place to ensure that plans and actions are being managed.
10	Improving the assessment of wounds	Community Services	£183,717		Data Collection Template Live and Audit Team aligned to CQUIN Plan.
11	Personalised care and support planning	Mentaql Health Community and Specialist Services	£183,717		A meeting with CCG took place on 10 July. At this forum it was agreed that Community Care Group could concentrate on a cohort around insulin dependent Diabetic LTC patients. The CCG expect to see evidence of this personalised care planning from Mental Health (Care Programme Approach), Specialist (Learning Difficulties) and Community Care providers. An EMIS template has been produced by PRIMIS for GPs called the Anticipatory Care Plan which has been modified to capture the data required for this CQUIN. This also ties in with work to allow successful EPR sharing between EMIS GP and EMIS Community. A trial is to begin in August at Milnthorpe.