

Board Assurance Report



Happier | Healthier | Hopeful

Summary | Board Assurance Report



Achievements

Statutory and Mandatory Training compliance continues to remain above the target rate at 84.9%. 85% of staff had received an appraisal in the last 12 months at the end of Q2. The Trust also achieved its target of 80% of staff having an appraisal in the window. The operating position was £0.5m above plan at the end of quarter two.

Improvement

Following the single agenda item from August 2017 Quality & Safety Committee with a focus on the CQC action plan, the implementation of the safeguarding training action plan has resulted in significant improvement to compliance across the Trust with all levels of safeguarding training.

Agency usage remained relatively static since the last quarter, over the last 12 months 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.

Areas of Concern

Demonstrating kindness and compassion has dropped. A review of this has indicated that that patients are potentially misinterpreting the scoring as they have gone on to advise that they would recommend the ward to friends and family. These low scores are also at odds with the positive comments. This has been communicated to the ward managers and will continue to be monitored.

CAMHS routine access performance continues to be a challenge in all 3 areas of the Trust due to increased demand and staffing issues. Urgent work has continued to be prioritised due to the higher levels of risk involved, and following the implementation of recovery actions an improvement could be seen by the end of the quarter.

Performance against the national recovery trajectory has been mixed. In the south of the county performance has exceeded the trajectory. In the north community inpatients are delivering in line with the trajectory. Both north and south systems have been successful in securing regional winter funding for bids which include supporting MH A&E Liaison (south) and Hospital to Home and Sub Acute beds (north) designed to improve flow and deliver improvements in the delays experienced by patients.

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.

Following the migration to RIO significant gaps were identified in the dataset for this indicator. It should be noted that NHS Improvement has initiated consultation on key metrics within the SOF, which includes the removal of this metric. The proposal is currently out to consultation and if approved will come into force in Quarter 3 2017/18. Feedback from NHS Improvement is that we should maintain our efforts to achieve this target. A recovery plan has been formulated which requires the bulk upload of data to RIO, a cost is being sort from Servalec (RIO Supplier) for this work. This then needs to be assessed against the risk of the not achieving the indicator, as it is likely to be significant.

Indicator	Standard	Trust
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, transfer or discharge	>=95%	
6 Weeks referral to diagnostics	>=99%	
IAPT Recovery Rate	>=50%	
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	>=75%	
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	>=95%	
Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.	>=50%	

Trust Scorecard | Board Assurance Report

as at 31/9/2017



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: 61%;"><div style="width: 14%;"></div><div style="width: 47%;"></div><div style="width: 39%;"></div></div> 14 2 7	2	21	3	People	Well Led	NHSI Segmentation	1	<div style="width: 100%;"><div style="width: 1%;"></div></div> 1 0	0	0	8	
		Infection Prevention	12	<div style="width: 75%;"><div style="width: 24%;"></div><div style="width: 51%;"></div><div style="width: 25%;"></div></div> 2 1 9	1	50	3			Workforce	16	<div style="width: 44%;"><div style="width: 7%;"></div><div style="width: 37%;"></div><div style="width: 56%;"></div></div> 7 4 3	4	26	8	
		Safe Staffing	0	<div style="width: 0%;"><div style="width: 0%;"></div></div> 0	0	0	0			Staff Experience	3	<div style="width: 0%;"><div style="width: 0%;"></div></div> 3	0	16	8	
	Open Reporting	0	<div style="width: 0%;"><div style="width: 0%;"></div></div> 0	0	0	0	Open Reporting			0	<div style="width: 0%;"><div style="width: 0%;"></div></div> 0	0	0	8		
	Caring	Friends and Family	1	<div style="width: 100%;"><div style="width: 1%;"></div></div> 1 0	0	0	5		Services	Responsive	RTT	6	<div style="width: 100%;"><div style="width: 6%;"></div></div> 6 0	0	0	11
		Patient Experience	10	<div style="width: 20%;"><div style="width: 6%;"></div><div style="width: 14%;"></div><div style="width: 80%;"></div></div> 6 2 2	2	1	5				A & E	5	<div style="width: 60%;"><div style="width: 3%;"></div><div style="width: 27%;"></div><div style="width: 70%;"></div></div> 3 1 2	1	0	11
Patient Involvement		1	<div style="width: 0%;"><div style="width: 1%;"></div></div> 1	0	0	5	Patient Access	21			<div style="width: 29%;"><div style="width: 12%;"></div><div style="width: 17%;"></div><div style="width: 71%;"></div></div> 12 6 3	6	5	11		
Sustainability	3	<div style="width: 33%;"><div style="width: 1%;"></div><div style="width: 1%;"></div><div style="width: 31%;"></div></div> 1 2	2	0	6	Diagnostics	1	<div style="width: 100%;"><div style="width: 1%;"></div></div> 1 0			0	16	12			
Efficiency	Finance & Activity	Efficiency	2	<div style="width: 50%;"><div style="width: 1%;"></div><div style="width: 1%;"></div><div style="width: 48%;"></div></div> 1 1	1	0	6	Bed Management			6	<div style="width: 50%;"><div style="width: 2%;"></div><div style="width: 1%;"></div><div style="width: 47%;"></div></div> 2 3 2	3	0	12	
Controls		6	<div style="width: 67%;"><div style="width: 4%;"></div><div style="width: 2%;"></div><div style="width: 66%;"></div></div> 4 2	2	0	6	Complaints	2		<div style="width: 50%;"><div style="width: 2%;"></div><div style="width: 2%;"></div><div style="width: 50%;"></div></div> 2 2	2	0	12			
Value For Money		1	<div style="width: 0%;"><div style="width: 1%;"></div></div> 1	0	0	6	LD Access	1		<div style="width: 100%;"><div style="width: 1%;"></div></div> 1 0	0	0	12			
Data Quality		13	<div style="width: 54%;"><div style="width: 7%;"></div><div style="width: 6%;"></div><div style="width: 51%;"></div></div> 7 6	6	11	7	Effective	CQUIN		0	<div style="width: 54%;"><div style="width: 7%;"></div><div style="width: 8%;"></div><div style="width: 51%;"></div></div> 7 8	8	0	17		
Information and IT	0	<div style="width: 0%;"><div style="width: 0%;"></div></div> 0	0	2	0	Effectiveness		23		<div style="width: 48%;"><div style="width: 11%;"></div><div style="width: 9%;"></div><div style="width: 48%;"></div></div> 11 9 6	9	207	17			
Key:								Strategy				0			0	
Trust	Quality	<div style="width: 61%;"><div style="width: 23%;"></div><div style="width: 38%;"></div><div style="width: 61%;"></div></div> 23 5 19					People	<div style="width: 61%;"><div style="width: 9%;"></div><div style="width: 5%;"></div><div style="width: 61%;"></div></div> 9 5 8								
	Efficiency	<div style="width: 29%;"><div style="width: 12%;"></div><div style="width: 10%;"></div><div style="width: 29%;"></div></div> 12 10 1					Services	<div style="width: 43%;"><div style="width: 43%;"></div><div style="width: 29%;"></div><div style="width: 43%;"></div></div> 43 29 14								
Single Oversight Framework	Quality	<div style="width: 100%;"><div style="width: 3%;"></div></div> 3 0					People	<div style="width: 33%;"><div style="width: 1%;"></div><div style="width: 2%;"></div><div style="width: 33%;"></div></div> 1 2 2								
	Efficiency	<div style="width: 33%;"><div style="width: 3%;"></div><div style="width: 3%;"></div><div style="width: 33%;"></div></div> 3 3 3					Services	<div style="width: 25%;"><div style="width: 10%;"></div><div style="width: 1%;"></div><div style="width: 25%;"></div></div> 10 1 0								
Cumbria CCG	Quality	<div style="width: 75%;"><div style="width: 3%;"></div><div style="width: 3%;"></div><div style="width: 75%;"></div></div> 3 3					People	<div style="width: 33%;"><div style="width: 1%;"></div><div style="width: 2%;"></div><div style="width: 33%;"></div></div> 1 2 3								
	Efficiency	<div style="width: 17%;"><div style="width: 6%;"></div><div style="width: 1%;"></div><div style="width: 17%;"></div></div> 6 1 5					Services	<div style="width: 67%;"><div style="width: 32%;"></div><div style="width: 21%;"></div><div style="width: 67%;"></div></div> 32 21 5								
Cumbria County Council	Quality	<div style="width: 29%;"><div style="width: 2%;"></div><div style="width: 7%;"></div><div style="width: 29%;"></div></div> 2 7					People	0 0								
	Efficiency	0 0					Services	<div style="width: 17%;"><div style="width: 1%;"></div><div style="width: 4%;"></div><div style="width: 17%;"></div></div> 1 4 5								
NHSE Specialist Commissioning	Quality	<div style="width: 100%;"><div style="width: 3%;"></div></div> 3 0					People	0 0								
	Efficiency	0 0					Services	0 0								

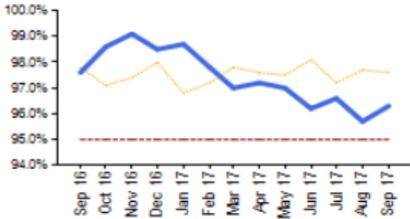
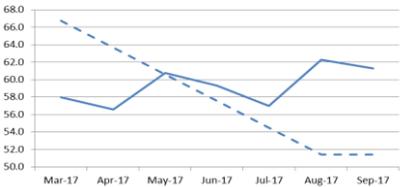
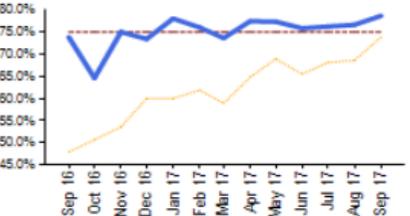
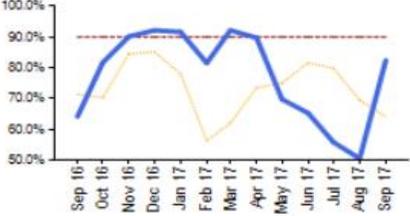


Key Indicators	Executive Summary								
<div data-bbox="190 311 604 534"> <p>Manual Handling People Training Compliance</p> </div> <div data-bbox="728 311 1120 534"> <p>Serious Untoward Incidents reported to the CCG</p> </div> <div data-bbox="190 566 604 837"> <p>Safeguarding Training as at September 17</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Adults - Level 1</td> <td>~88.0%</td> </tr> <tr> <td>Children for Child Focused Staff</td> <td>~75.0%</td> </tr> <tr> <td>Children for non Child Focused Staff</td> <td>~81.0%</td> </tr> </tbody> </table> </div> <div data-bbox="638 566 1153 837"> <p>Percent of complaints responded to in the reporting period within 35 working days</p> </div>	Category	Percentage	Adults - Level 1	~88.0%	Children for Child Focused Staff	~75.0%	Children for non Child Focused Staff	~81.0%	<p>Executive Summary</p> <p>Safeguarding Following the single agenda item from August 2017 Quality & Safety Committee with a focus on the CQC action plan, the implementation of the safeguarding training action plan has resulted in significant improvement to compliance across the Trust with all levels of safeguarding training. This positive action will continue with monthly monitoring taking place via the Trust's Performance and Monitoring committee. In addition the Performance dashboard now includes an improved focus on using live data for safeguarding activity. The Trust's annual safeguarding report has been prepared for submission to October 2017 Quality & Safety Committee.</p> <p>CQC The well led review took place 9th-12th October and the draft report is due end of November 2017/beginning of December 2017. CQC have completed most core inspections within the Trust as part of the well led review and no immediate or significant concerns about patient safety were raised during the inspections. The CQC have provided written feedback for each of the core service inspections undertaken and the care groups are addressing the areas for improvement/development identified.</p> <p>SIRIs Ulysses is now being used to monitor SIRIs and feeds into on the performance dashboard for all care groups. This has raised the profile within the Trust and the governance structures and improves the accuracy of the data. There were 7 SIRIs reported in Q2: one was in community physical health and the remainder in mental health. From the legacy SIRIs, 9 are within Mental Health care group: 4 are complete and awaiting quality assurance checking before being sent to CCG. The remaining 5 are listed for care group SIRI panel in October. The live system will support monitoring and progress of any new SIRIs.</p> <p>Complaints Demonstrating kindness and compassion has dropped. Analysis of Meridian evidences that the results for the mental health inpatient wards is 88.5% for Q2 based on 52 responses compared to 90% for based on 56 responses in Q2. There have been 234 completed questionnaires for community inpatient wards in the second quarter and the kindness and compassion score is 85.7% compared to 263 responses in the first quarter with a result of 95.5%. Review of this has indicated that that patients are potentially misinterpreting the scoring as they have gone on to advise that they would recommend the ward to friends and family. These low scores are also at odds with the positive comments as this is the first option on the iPad. This has been communicated to the ward managers and will continue to be monitored. The complaints dashboard for each of the care groups is being used and these have just been added to the updated Quality & Safety dashboard. As a result of this more staff will be made aware of the complaint dashboard and they can request access to this. In the past month there have been some delays in responding to complaints which relates to 3 joint complaints which CPFT are leading on. The delays are all due to the other organisation providing their response. In addition the North community health care group have been unhappy with a complaint response which has gone back to the investigating officer to for further work. The one page report has been used for the past 4 months and has been positively received. 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.</p>
Category	Percentage								
Adults - Level 1	~88.0%								
Children for Child Focused Staff	~75.0%								
Children for non Child Focused Staff	~81.0%								



Key Indicators	Executive Summary
<div data-bbox="286 327 533 351" data-label="Caption"> <p>Appraisal Compliance (Window)</p> </div> <div data-bbox="741 327 1032 351" data-label="Caption"> <p>Sickness rate against total staff (WTE)</p> </div> <div data-bbox="327 619 495 643" data-label="Caption"> <p>Agency Spend Ceiling</p> </div> <div data-bbox="674 619 1104 643" data-label="Caption"> <p>Tier 1 Mandatory training completed in the last 12 months</p> </div> <div data-bbox="427 914 869 935" data-label="Text"> <p>Above Tolerance Below Tolerance No Tolerance Agreed</p> </div>	<div data-bbox="1126 240 1357 268" data-label="Section-Header"> <h2>Executive Summary</h2> </div> <div data-bbox="1126 300 2074 399" data-label="Text"> <p>Statutory and Mandatory Training compliance continues to remain above the target rate at 84.9%. There has been a gap with the availability of the Diversity awareness e-learning package for Q2 which has impacted on our ability to increase compliance from the previous quarter. Plans are in place with IT to address this imminently.</p> </div> <div data-bbox="1126 422 2074 470" data-label="Text"> <p>85% of staff had received an appraisal in the last 12 months at the end of Q2. The Trust also achieved its target of 80% of staff having an appraisal in the window.</p> </div> <div data-bbox="1126 494 2074 593" data-label="Text"> <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> </div> <div data-bbox="1126 617 2074 716" data-label="Text"> <p>Agency usage – remained relatively static since the last quarter, over the last 12 months 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> </div> <div data-bbox="1126 740 1529 764" data-label="Section-Header"> <h3>Operational Risks and Issues for Services:</h3> </div> <div data-bbox="1126 764 2074 863" data-label="List-Group"> <ul style="list-style-type: none"> 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 rates are achieved </div>



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="331 711 427 730">Trust Total</p>  <p data-bbox="416 1265 846 1281">Above Tolerance Below Tolerance No Tolerance Agreed</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="658 651 1055 691">Patient Access: Period between referral and initial assessment (working days/hours): MH CAMHS routine</p> 	<p data-bbox="1093 296 1310 316">CAMHS Routine Access</p> <p data-bbox="1093 320 2000 456">Performance continues to be a challenge in all 3 areas of the Trust due to increased demand and staffing issues. Urgent work has continued to be prioritised due to the higher levels of risk involved. The reorganisation of ADHD & Crisis work have also caused some disruption to normal operations as the Service implement the new pathways, however the positive impact of ADHD is starting to be seen in the East and West, and South should follow from October. The Crisis work has shown a positive impact from September. The Service is currently sourcing 2 locums for 8 weeks to address backlog in routine referrals.</p> <p data-bbox="1093 483 1579 502">IAPT 75% of people treated within 6 weeks of referrals</p> <p data-bbox="1093 507 2000 576">Overall Trust performance has maintained this standard throughout the quarter. Vacancies, sickness and maternity leave is having an impact on performance in the north of the county, with it dipping below 75% during the quarter. The Service continues to divert resources to manage capacity and demand.</p> <p data-bbox="1093 603 1243 622">A&E 4 Hour Wait</p> <p data-bbox="1093 627 2000 762">The Trust continues to exceed the 4 hour wait target. At Kendal PCAS long term sickness and a peak in demand in August has seen a further deterioration of the 4 hour wait performance to 93.6%. Locum recruitment is underway with a view to having clinicians in post from October which will improve performance. Longer term there is a need to consider the role of PCAS in the system of urgent care in the Morecambe Bay area and further explore taking an integrated approach to service provision in A+E and community settings to secure stable future performance.</p> <p data-bbox="1093 790 2000 858">From September performance figures in the north of the county were combined with North Cumbria University Hospitals Trust in a joint national submission. This replicates arrangements already in place in the south of the county and better reflects the system approach to managing waiting times.</p> <p data-bbox="1093 885 1310 904">Delayed Transfer of Care</p> <p data-bbox="1093 909 2000 1118">Performance against the national recovery trajectory has been mixed. In the south of the county performance has exceeded the trajectory in July and August, an increase in MH delays in September has seen a rise at the end of the quarter. In the north community inpatients are delivering in line with the trajectory. Whilst Mental Health delays in the north have appeared to increase this is attributed to improved understanding and application of the delayed transfer definition compared to quarter 4 of 17/18. The Care Group is assured that reporting is reflective of the situation experienced by patients. Both north and south systems have been successful in securing regional winter funding for bids which include supporting MH A&E Liaison (south) and Hospital to Home and Sub Acute beds (north) designed to improve flow and deliver improvements in the delays experienced by patients.</p> <p data-bbox="1093 1145 1556 1165">Children Looked After – Initial Health Assessments.</p> <p data-bbox="1093 1169 2000 1257">A drop in performance for Looked After Children initial assessments is being monitored by commissioners. A root course analysis and recovery plan has been undertaken and implemented. However, difficulties in Local Authority notification are compounding the problem. This has been escalated via CHIB. Weekly monitoring is in place.</p>



Key Indicators

Executive Summary

Efficiency Programme YTD Variance to plan



Cash/Loan Balance



Budgetary Control YTD Care group variance to budget



Operating Surplus YTD Variance to Internal Plan



The operating position was £0.5m above plan at the end of quarter two. 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 £0.5m underspent against budget at quarter Two, 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 £0.25m of schemes that remains unidentified. Of the identified schemes Community Services has the largest shortfall against target of £0.36m.

The trust received £0.45m of additional revenue support in September, current forecasts indicates additional cash funding will be required in November and December.

Above Tolerance Below Tolerance No Tolerance Agreed

Business Plan | Board Assurance Report



Progress Summary

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	South Only	North Only	S					TBC	TBC	TBC	TBC	TBC	TBC
3				N	N	N	N	South Only	North Only	N										
4				S	S	S	S	South Only	North Only	S										

Support Services

Qtr	C1	C2	C3	C4	C1	C2	C3	E1	E2	E3	E4	E5	E6	E7	F1	F2	F3	F4	F5	Q1	Q2	Q3	Q4	Q5	W1	W2	W3	W4	W5	W6	W7
1																															
2															Tbc																
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

Risks and Issues from Highlight Reports (milestones assessed as red / amber in Q2)

Ref	Priority Description	Q2 RAG Status	Q3 RAG Status	Escalated Risks / Issues
CH1	Creation of Integrated Teams aligned to Better Care Together and STPs	Amber	Amber	See highlight report
CH3	Implementation of CAMHS transformation investment for urgent care and eating disorders	Amber	Green	See highlight report
CS2	Formal alignment to ICCs	Amber	Amber	See highlight report
CS6	Community Hospital Implementation Plan	Amber	Grey	See highlight report
CS7	Delivery of Financial Plan	Red	Red	See highlight report
EH4	Consolidation of EMIS Web Community databases	Red	Grey	Outcome of bid for funding has not been resolved and therefore the infrastructure is not in a position to be configured. Work is ongoing to see what can be done with the current infrastructure to support improved ways of working.
EH5	Continuing delivery of the projects within the Strata Programme – eReferrals & resource matching	Red	Grey	<p>Outcome of capital bid not resolved. Still awaiting response from NHS Digital. Internal design being explored. Potential for this to work but still requires funding for interface although cost could, potential be cut by approx. 1/3</p> <p>Issues encountered between EMIS and Strata. These are currently being worked through between both EMIS and Strata. CPFT cannot move forward without this interface being proven.</p> <p>RiO to Strata has completed testing in the training environment and is in a position to move to live testing before full rollout. Not expected to be in place before end of December.</p>
QN3	Further develop patient and community participation ensuring that the number of families involved with investigations is increased thereby assessing patient experience and use it to improve patient experience.	Amber	Grey	Limited work due to other priorities however Mortality Review Group have developed a Learning from Deaths policy which includes patient/carer input. The policy was ratified and due to be published beginning October 2017.

Performance Group to decide whether the identified issues and risks can be mitigated or resolved by members of this Group or whether they require escalation to TMB for further attention.



Strategic risks	Risk Rating (July 17)	Proposed Risk Rating (Oct 17)	Assurance Level (July17)	Proposed assurance level (Oct 17)
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	3L x 4I = 12	3L x 4I = 12	Significant Assurance	Significant Assurance
B. Unable to sustain the cultural change needed to improve the quality of care for all patients and service users	4L x 4I = 16	4L x 4I = 16	Significant Assurance	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)	3L x 4I = 12	3L x 4I = 12	Significant Assurance	Significant Assurance
F. Unable to deliver and sustain leadership workforce capability and capacity improvements to deliver modernised and transformed services	4L x 4I = 16	4L x 4I = 16	Limited Assurance	Limited Assurance
H. Inability to balance financial sustainability with maintaining high quality, safe services	4L x 4I = 16	4L x 4I = 16	Limited Assurance	Limited Assurance
I. Failure to effectively demonstrate system and organisational improvement, transformation and sustainability	4L x 5I = 20	3L x 5I = 15	Limited Assurance	Limited Assurance
J. Failure to influence the shape of future care models because CPFT's strengths and system leadership are not fully realised	4L x 5I = 20	3L x 5I = 15	Limited Assurance	Limited Assurance



Goal reference (National CQUIN)	Indicator name	Provider type relevant for	Financial Value of Indicator	Q2 Progress-Finance RAG Rating	Project Update
1a	Improvement of health and wellbeing of NHS staff	Workforce & OD, Estates	£119,468		Limited chance of achieving the minimum 3% point improvement on staff survey result. Organisational and system wide changes may impact significantly on health, wellbeing and stress. There are workforce plans in place to mitigate these risks.
1b	Healthy food for NHS staff, visitors and patients	Workforce & OD, Estates	£119,468		
1c	Improving the uptake of flu vaccinations for frontline clinical staff	Workforce & OD, Estates	£119,468		Historic performance suggests unlikely to achieve the required uptake for full CQUIN achievement, plan in place to increase the flu uptake to 70% (66.9% 16/17) of front line staff . Imms and Vacs Co-ordinator post appointed to with interim support from the Clinical Governance Team.
3a	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses	Mental Health	£286,722		Inability to monitor performance against target due to unavailability of reporting solution. Business Intelligence are currently developing a reporting solution.
3b	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians	Mental Health	£71,681		CCG are supporting our efforts to secure GP cooperation. The CCG are unable to receive patient data to facilitate this analysis, GP's would need to provide this information.
4	Improving services for people with mental health needs who present to A&E	Childrens Services	£178,545		Discussions with NCUH has progressed, with processes being developed however this is yet to be established with UHMB.
5	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Childrens Services	£179,858		Progress is behind schedule due to staff capacity, engagement plans have been developed. Meeting scheduled for October to bring the CQUIN indicator back on track.
8b	Supporting Proactive and Safe Discharge – Community Providers	Community Services	£178,545		This CQUIN has a heavy acute bias, which requires effective system wide cooperation. The CCG has indicated that penalties will not be charged if evidence of engagement can be provided.
9a	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	Community & Mental Health Services	£17,920		
9b	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	Community & Mental Health Services	£71,681		
9c	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	Community & Mental Health Services	£89,601		
9d	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	Community & Mental Health Services	£89,601		Delays in receiving information from Public Health England relating pathway development
9e	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	Community & Mental Health Services	£89,601		Delays in receiving information from Public Health England relating pathway development
10	Improving the assessment of wounds	Community Services	£178,545		
11	Personalised care and support planning	Mentaq Health Community and Specialist Services	£178,545		Initial work on this CQUIN focused on insulin dependent diabetic patients however this cohort was seen as unsuitable due to the level of improvement required for Year 2 of the CQUIN. Focus has now transferred to Respiratory and COPD as a cohort. Involvement from Mental Health and Specialist Care Group are yet to be confirmed.