Cumbria Partnership NHS
NHS Foundation Trust

NHS
North Cumbria University Hospitals
NHS Trust

Report to a Meeting of the Board

Date of Meeting:	24TH May 2018			
Agenda No:				
Title of Report:	Integrated Performance Report			
Author:	Tommy Davies Head of Performance and Contracting NCUH Natalie Karam Head of Performance and Information CPFT			
Executive Lead:	Helen Ray			
Responsible Sub-Committee: ***(if not appropriate delete this row)***				
Purpose* *This field is to detail what is expected of the meeting*	To approve		For assurance	
	For decision		For discussion	
	For information	X		
	Document is for reading and consideration and for discussion by exception only.			
Executive Summary:	This report is the integrated performance report for North Cumbria University Hospitals and Cumbria Partnership Foundation Trusts Joint Finance, Investment and Performance Committee and Joint Trust Board. The report has been formulated using NHS Improvement Single Oversight Framework (SOF) as the framework in common for both organisations. Additional metrics have been added to the 'supplementary' section to give further performance oversight to the Board. It will be subject to further iterations as the metrics and content are developed alongside the process by which it is produced and used. The STP (Sustainability and transformation Programme) scorecard summary from the System Transformation Delivery Report has been added to enable reporting on the 'Strategic Change' domain of the NHSI SOF. This will be developed further in future reports to include the wider implications of progress against the West North and East Cumbria transformation programme. There is also a new section in this report that includes updates and progress on executive director led external support programmes such as the Newton Europe DTOC work. This section will be further enhanced in future reports. **<u>Key highlights from the report:</u>** **Key NHSI SOF Operational Measures**			

The key measures with nationally agreed trajectories and/or national constitutional standards for the month of April 2018:

Combined for both Trusts:

- Type 1 A&E 4hr wait measures did not meet the constitutional standard or the agreed trajectory but is higher than the national benchmarking for all A&E types and type one only. The below trajectory total for both Trusts has been agreed with NHSI and split between the Trusts locally. For April 2018 neither NCUH nor CPFT are meeting the set trajectory.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CPFT Target	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%
NCUH Target	83.7%	89.6%	93.6%	95.0%	91.3%	91.5%	91.1%	90.3%	84.2%	80.6%	86.2%	94.2%
Total Target	86.1%	91.1%	94.5%	95.7%	92.5%	92.7%	92.4%	91.7%	86.6%	83.5%	88.2%	95.0%

- NHS Planning Guidance states the need for Trusts to reduce the overall waiting list on RTT pathways comparing March 2018 with March 2019. Below is a quote to this effect from NHSI and NHSE *"The planning guidance is explicit about the requirements being to maintain the waiting list at the 31 March 2018 levels in 2018/19 and that this is the basis on which plans should be set. Whilst, 92% remains a constitution standard, no explicit messages have been given nationally that plans for 18/19 have to deliver this."* This measure of actual pathways has been added to the report with a trajectory and is off target for Apr-18.
- RTT % treated within 18 weeks is lower than national benchmarking and did not meet the constitutional standard of 92% but did meet the trajectory.
- Below is the trajectory set for RTT % treated within 18 weeks and total open pathways as submitted NHSI.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Open pathways	21,707	21,677	21,647	21,617	21,587	21,557	21,527	21,527	21,527	21,527	21,527	21,497
% RTT	84.3%	84.4%	84.6%	84.7%	84.8%	84.9%	85.0%	85.0%	85.0%	85.0%	85.0%	85.1%

NCUH

- Cancer 62 day is meeting the trajectory and constitutional standard. NCUH is also higher than national benchmark for this standard.
- Cancer 62 day screening is below the target
- Diagnostics is not meeting constitutional standard for NCUH. It is higher than national benchmark for this standard.
- The three dementia targets are off target for March 2018.

CPFT

- The following operational measures for CPFT NHSI SOF measures are on target:
  - First episode of psychosis seen in two weeks
  - IAPT Recovery rate
  - IAPT referrals treated in less than eighteen weeks.
  - Data quality maturity index
  - IAPT Referrals treated in less than six weeks.
  - RTT

- Diagnostics 6 week waits

Finance

NCUH finance data was not available at time of writing the Integrated performance Report.

CIP

NCUH

- To date £2.8m of the £10.4m target has been identified.
- The month 1 target was £552k (£297k per in-year plan) and £128k has been delivered/transacted leaving a shortfall of £424k.

CPFT

- To date £4.5m of the £6.4m target has been identified.
- The month 1 target was £530k and £244k has been delivered leaving a shortfall of £285k.

CQUIN

NCUH

- The Health and Wellbeing survey didn't show the required improvement against the key questions that are measured in the CQUIN so it will partially fail the Q4 target.
- The 'e-referral' and 'aged 65+ discharge' CQUINs didn't deliver the required standards in Q4.
- The estimate for 2017/18 is that CQUIN achievement will be a total of 75%.

CPFT

- CPFT CQUIN was not available at the time of writing.

Internal Audit (audit one) update:

Two audits have been carried out by audit one and completed on 11th May 2018 for the following areas:

- Business Plans and Strategic and Operational Plans
- Performance Management and Reporting

The two audits were of NCUH officially, however, these two areas are inextricably linked now across NCUH and CPFT, and therefore the audits covered both Trusts essentially.

The result from both audits was the best possible outcome and as follows:

	*"Governance, risk management and control arrangements provide **substantial assurance** that the risks identified are managed effectively. Compliance with the control framework was found to be taking place."*
Equality Impact Assessment (EIA) or Equality, Quality Impact Assessment (EQIA)	*An EQI / EQIA should be completed for all papers proposing changes which may impact upon people and/or services. Refer to the EQI / EQIA Toolkit on the Trust's Intranet for guidance and the forms.* Is an EQI / EQIA *(delete as appropriate)* needed for the content of this paper? No If **yes** attach as appendix
Recommendation	*Recommendations for action or details of actions being taken should be in SMART format i.e. Specific, Measurable, Attainable, Realistic and Timely)* The ***Board/Committee/Group*** is requested to… • Discuss the performance both Trusts against the key indicators • Be assured of progress regarding performance including CQUIN delivery • Where necessary seek clarification that required actions are being taken.

Explanation of Purpose*		
	For information	

CPFT AND NCUH JOINT INTEGRATED PERFORMANCE REPORT May 2018

MOST RECENT INFORMATION AVAILABLE AS AT 14 May 2018

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JOINT INTEGRATED PERFORMANCE REPORT

1.0 Introduction

The primary purpose of the NHS is to improve the outcomes of health for all: to deliver care that is safer, more effective, and provides a better experience for patients. Cumbria Partnership Trust and North Cumbria University Hospitals NHS Trust are committed to delivering this vision and to driving the improvements in service quality, safety, and performance that are required locally in order to achieve this.

The purpose of the monthly Joint Integrated Performance Report is to identify and assess the Trust's performance against the NHS Improvement Single Oversight Framework. A small number of selected local indicators are included to supplement these key measures. This report will be subject to further iterations as the metrics and content are developed alongside the process by which it is produced and used.

Performance is reported using a scorecard approach; indicators grouped in to the NHSI SOF domains. Each indicator is assigned a Red, Amber and Green (RAG) rating based on actual and forecast performance against pre-defined thresholds (summary table below) and review on an exception basis where performance below the required standard is identified. If an indicator is rate as red in any given month or amber for two consecutive periods, a recovery plan may be requested from the Responsible Officer by the Trust Board for submission to the following meeting.

RAG	Performance Description
Green	**Achieved** – the required standard has been met for this indicator
Amber	**Not Achieved** – the required standard has not been met by a narrow margin and performance is within an agreed tolerance
Red	**Not Achieved** – the required standard has not been met and performance is not within an agreed tolerance

The latest activity data at the time of writing is used in producing this report and may be subject to change through validation.
It should be noted that due to close down of various data sets at different times the most recent available month is presented.

2.0 BALANCED SCORECARD AND EXCEPTION REPORTING

The following narrative and scorecards detail the Trust's performance against the key measures of performance mandated nationally as part of the NHSI Single Oversight Framework (SOF). Narratives regarding exceptions follow each section of the scorecard. Supplementary measures not in the NHSI follow SOF scorecards in this section.

Below is a table to highlight how the NHSI SOF links to the previous organisational performance scorecards for both NCUH and CPFT.

NHSI SOF (Joint Integrated Performance Report)	NCUH previous IPR (CQC)	CPFT previous IPR
Quality of Care	Caring & Effective & Safe	Quality
Finance and use of Resources	Finance	Efficiency
Operational performance	Responsive	Services
Strategic change		
Leadership and Improvement Capability	Well-led	People

Operational performance (Single Oversight Framework metrics)

Indicator	Period	Target	Actual month and volume		Year to Date		Latest mth national comparison		Trend points (% from target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
AE 4 hour waits (Type 1)	Apr-18	83.7%	**81.6%**	7,686	81.6%		82.3%			85.7%	82.7%	HR	**Yes**
AE 4 hour waits (CPFT North only)	Apr-18	99.2%	**98.4%**	1,101	98.4%		99.3%			98.6%	98.7%	HR	No
AE 4 hour waits (All)	Apr-18	86.1%	**84.7%**	8,787	84.7%		88.3%			87.7%	85.0%	HR	No
RTT Total incomplete pathways	Apr-18	21,707	**22,793**		22,793		N/ap			21,882	22,077	HR	No
RTT % incomplete <18 weeks (NCUH)	Apr-18	84.3%	**84.3%**	22,793	84.3%		87.2%			85.0%	84.2%	HR	No
RTT % incomplete <18 weeks (CPFT)	Apr-18	92.0%	**97.0%**	4,135	97.0%		87.2%			93.7%	90.8%	HR	**Yes**
RTT % incomplete <18 weeks (All)	Apr-18	92.0%	**84.7%**	26,928	84.7%		87.2%			85.4%	84.6%	HR	No
Diagnostics: % waiting <6 wks (NCUH)	Apr-18	99.0%	**98.6%**	6,023	98.6%		97.9%			99.3%	98.5%	HR	No
Diagnostics: % waiting <6 wks (CPFT)	Apr-18	99.0%	**100%**	179	100%		97.9%			100.0%	100.0%	HR	No
Diagnostics: % waiting <6 wks (All)	Apr-18	99.0%	**98.7%**	6,202	98.7%		97.9%			99.3%	98.6%	HR	No
Cancer: 62 day All cancers (NCUH)	Apr-18	85%	**86.6%**	66	86.6%		82.8%			88.8%	85.5%	HR	No
Cancer: 62 day Screening (NCUH)	Apr-18	90%	**81.8%**	7	81.8%					58.3%	80.0%	HR	No
Dementia: % case finding (NCUH)	Mar-18	90%	**59.8%**	582	67.66%					67.4%	63.2%	EK	No
Dementia: % case assessed (NCUH)	Mar-18	90%	**65.2%**	210	57.3%					59.9%	59.6%	EK	No
Dementia: % referred (NCUH)	Mar-18	90%	**6.7%**	15	23.68%					0.0%	12.5%	EK	No

NB: See appendix 1 for key to balance scorecards

Operational performance (Single Oversight Framework metrics)

Indicator	Period	Target	Actual month and volume		Year to Date		Latest mth national comparison		Trend points (% from target)	3rd last trend point	2nd last trend point	Director lead	Recovery Plan
1st episode of psychosis seen <2 weeks (CPFT)	Apr-18	50.0%	**62.5%**	8	62.5%		76.7%			81.8%	66.7%	HR	No
IAPT Recovery Rate (CPFT quarterly)	Mar-18	50.0%	**55.4%**	437	55.4%		50.7%			56.60%	53.8%	HR	No
IAPT referrals treated <6 weeks (CPFT)	Apr-18	75.0%	**77.3%**	564	77.3%		89.4%			66.8%	70.0%	HR	No
IAPT referrals treated <18 weeks (CPFT)	Apr-18	95%	**100%**	564	100%		98.7%			100.00%	100.00%	HR	No
Inappropriate OAP MH bed days	Mar-18	24	**20**							154	28	HR	No

NB: See appendix 1 for key to balance scorecards

Operational Performance Exceptions

A&E 4 hour waits (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute Divisions & North Community

Management lead: Stephanie Preston, Associate Chief Operating Officer

Reason why the measure is off target:

The reasons behind reduced emergency department performance are multi-factorial. The increased demand for inpatient beds (experienced at a local, regional and national level) has not been matched by the number discharges each day. This demand did not abate as early as in previous years nor did it follow the same pattern as our regional partners; the pressure therefore continued until the final week of April. A delay for inpatient beds has a cumulative effect on non-admitted as there is little space to assess new patients. There are also ongoing staffing gaps in both nursing and medical teams across both hospitals which significantly impacts on discharge profile and limits escalation potential.

Actions/mitigations in place to improve performance:

- Daily escalation meeting chaired by CEO / Executive MD
- Weekly operational group, chaired by GM Medicine/Chief Nurse concentrating on optimisation of non-medically fit patients
- Weekly operational group, chaired by GM ED and Patient Flow concentrating on reducing delays of medically fit patients
- Opening of escalation beds to maximise capacity – several wards have been escalated without additional staff since November.
- Continuous command and control with escalation of individual issues
- Local review of winter has taken place and planning has commenced for 18/19

Referral to treatment (total incomplete pathways (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Yvonne Fairbairn, Associate Chief Operating Officer

Reason why the measure is off target:

The RTT performance has deteriorated due to:

- the decision not to pay the anaesthetists to undertake additional lists
- Orthopaedic 'ring fence' removed at CIC for surge in emergency patients
- Elective lists converted to trauma lists to help patient flow
- Not operating on routine inpatients unless near to breaching 52 weeks
- Reduction in referrals to Orthopaedics due to the implementation of the MSK pathway

Actions/mitigations in place to improve performance:

- Recovery Plan developed
- Focus on 'non-admitted' patients continues
- Validation of the 'admitted' patients waiting list to ensure all patients still want the procedure
- Orthopaedic ring fence in place on both sites
- Day case patients undertaken wherever possible
- 'Man-marking' all patients over 40 weeks
- NHSI undertaking review in May 2018:
    - Orthopaedics
    - Ophthalmology

Diagnostics: % Waiting >6 Weeks (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Yvonne Fairbairn, Associate Chief Operating Officer

Reason why the measure is off target:

- The inability to recover following the disruption caused by the weather (snow) and the subsequent Easter holidays
- The retirement of an experienced consultant radiologist and the under estimation of the activity that he actually did within the radiology department

Actions/mitigations in place to improve performance:

- Additional sessions have been undertaken
- Additional radiographer support has been sourced from May 2018

62 Day screening referrals (NCUH)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Fraser Cant, Associate Chief Operating Officer

Reason why the measure is off target:

2 patients breached –

[1] Breast Screening patient initiated the delay with this specific pathway due to work commitments - she cancelled her initial assessment clinic, first seen was day 21.

[2] Bowel Screening patient was delayed due the oncology appointment (21 days in total) which was probably due to having to await BRAF test results prior to the initial appointment.

Actions/mitigations in place to improve performance:

All patients managed weekly via the PTL in order to minimise delays to the pathway, however, unable to adjust for patient choice. All test turnaround times monitored to ensure we are working within acceptable delivery times.

Quality of care (Single Oversight Framework metrics)

Safe

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Never events - rolling 6 months (NCUH)	Apr-18	0	**2**				1	2	RH	No
Never events - rolling 6 months (CPFT)	Apr-18	0	**0**	0			0	0	EK	No
Never events - rolling 6 months (Combined)	Apr-18	0	**2**				1	2	RH	No
Patient Safety Alerts not completed (NCUH)	Apr-18	0	**0**	0			0	0	EK	No
Patient Safety Alerts not completed (CPFT)	Apr-18	0	**0**	0			0	0	EK	No
Patient Safety Alerts not completed (Combined)	Apr-18	0	**0**	0			0	0	EK	No
Emergency c-section rate (NCUH)	Mar-18	<= 16%	**16.8%**	13.5%			15.6%	16.9%	HR	No
VTE (NCUH - quarterly submissions)	Mar-18	95.0%	**97.0%**	97.7%			98.1%	97.4%	RH	No
C diff (end of year max 25) (NCUH)	Apr-18	1	**1**	1			1	2	EK	No
C diff rate (rolling 12 months) (NCUH)	Apr-18	<= 15.0	**12.6**	12.6			12.0	12.2	EK	No
MRSA rate (rolling 12 months) (NCUH)	Apr-18	0	**0**	0			0	0	EK	No
MSSA rate (rolling 12 months) (NCUH)	Apr-18	15	**15**	15			11.0	6.1	EK	No
E.coli (NCUH)	Apr-18	<= 3	**4**	**4**			3	1	EK	No
Patient safety incidents per 1000 bed days (NCUH)	Mar-18		**21.7**				31.0357	29.3177	EK	No
<16 yr old admissions to adult MH wards (CPFT)	Apr-18	0	**0**	0					EK	No

NB: See appendix 1 for key to balance scorecards

Quality of care (Single Oversight Framework metrics)

Effective

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Mortality: HSMR (NCUH)	Dec-17	110	**102**	102	100				RH	No
Mortality:SHMI (NCUH)	Sep-17	1	**0.97**	0.97	1				RH	No
CPA 7 day follow ups (CPFT)	Apr-18	95	**96.1**	91.5%					HR	No
% clients in settled accommodation (CPFT)	Jan-18		26%	26%	60.6%				HR	No
% clients in employment (CPFT)	Jan-18		6%	6%	8.4%				HR	No

NB: See appendix 1 for key to balance scorecards

Quality of care (Single Oversight Framework metrics)

Caring

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Complaints per OBD (NCUH)	Apr-18		1.8	1.8			1.6	1.0	EK	No
Complaints per WTE staff (CPFT)									EK	No
Complaints per WTE staff (Combined)									EK	No
FFT Staff % recommend care (NCUH)	Mar-18	70%	**69.7%**					73.10%	MS	No
FFT Staff % recommend care (CPFT)	Mar-18		**71.7%**				73.3	77.4	MS	No
FFT Staff % recommend care (Combined)									MS	No
Mixed-sex accommodation breaches (NCUH)	Apr-18	0	**0**	0			0	0	HR	No
FFT Inpatients % positive (NCUH)	Apr-18	95	**95.9**	95.9			96.0	95.7	EK	No
FFT A&E % positive (NCUH)	Apr-18	87.5	**84.1**	84.1			81.8	81.6	EK	No
FFT Maternity % positive (NCUH)	Apr-18	95	**81.9**	81.9			97.6	98.9	EK	No
FFT Mental Health % positive (CPFT)	Mar-18	95	**85.7**	90.88			90.0	100.0	EK	No
FFT Community % positive (CPFT)	Mar-18	95	**98.4**	99.54			100.0	100.0	EK	No

NB: See appendix 1 for key to balance scorecards

Quality of Care Exceptions

Emergency C Section Rate (NCUH)

Executive lead: Esther Kirby, Executive Director of Nursing

Management lead: Christina Cuncarr, Chief Matron Maternity Transformation/Normality

Reason why the measure is off target:

The emergency caesarean section rate in March 2018 is 16.8% of 210 births.
The rates are monitored monthly through our maternity governance process but emergency CS rates are often difficult to control as dependant on acuity, risk factors and co-morbidities of the mother.
We are also dealing with relatively small number of pregnancies/deliveries and therefore a small fluctuation in numbers can impact on the percentage
The 12 month rolling emergency section rate is below the 16% target at 13%
That said, the overall picture is one of an increasing emergency section rate and this has been highlighted through the governance process and a retrospective audit has been commissioned along with a prospective audit of GA sections

Actions/mitigations in place to improve performance:

- Monthly “Birth after CS sessions” with women who had previous CS- run by senior Midwife
- Clear pathways for women who have had a previous CS- referral to consultant clinics/ postnatal listening service – planning for future pregnancies
- Promotion of Midwifery led cares/ AMLU to reduce CS Rates.
- Working with our Local Maternity System and the region to promote Midwifery led cares/ Continuity of care models in line with National Maternity review recommendations (Better Births).
- A Dr. in the dept. is in the process of setting up an audit looking at the EM CS.
- Weekly Joint core risk Maternity governance meeting- maternity dashboard a standing agenda item to discuss exceptions on the Maternity dashboard.

- Robust Public Health strategy in place to promote health of our women throughout pregnancy – enhances better clinical outcomes
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E.coli (NCUH)

Executive lead: Esther Kirby, Executive Director of Nursing

Management lead: Christina Cuncarr, Chief Matron Maternity Transformation/Normality

Reason why the measure is off target:

A summary of the 4 cases is given below:

- 88 year old male on elderly care ward who develops biliary sepsis unavoidable
- 55 year old female on female surgical ward intra-abdominal source thought to be unavoidable
- 58 year old female surgical patient, intra-abdominal infection thought to be avoidable (surgical antibiotic prophylaxis sub-optimal)
- 36 year old female on medical ward case may have been avoidable, although urine infection was not avoidable initial antibiotic therapy should have covered the possibility of pyelonephritis

Actions/mitigations in place to improve performance:
In relation to the 2 avoidable cases:

- Surgical case has been fed back to surgical quality lead and Antimicrobial Management team will review surgical prophylaxis guideline
- Medical case will be fed back to medical team for discussion at their governance meeting and be reviewed by sepsis nurses

Friends & Family Test A&E % positive (NCUH)

Executive lead: Esther Kirby, Executive Director of Nursing

Management lead: Georgia Wright, Head of Nursing Patient Experience and Engagement

Reason why the measure is off target:

The recommendation rate of 84.1 is a slight improvement from the scores seen in the last few months and whilst it is not quite at the target it is almost at the England Average Recommendation rate that was seen in March (84.3). Staff within the Emergency Departments continue to work hard to deliver responsive high quality care but the care delivery can be affected by surges in demand, capacity issues in the Trust leading to long waits and overcrowding in the department. Comments on the patient feedback who have given low scores include long waits and delays in the department.

Actions/mitigations in place to improve performance:

Ongoing work in the Trust to deliver SAFER care – ensure senior reviews happening, all patients have an expected discharge date and criteria for discharge, flow of patients will commence at the earliest opportunity, review by MDT of patents with extended length pf stay, discharges happen early in the day, timely investigations and results, discharge lounges are used – in order to create capacity in the system so that patients can be effectively manages in the emergency department and on to the appropriate area if the patient needs to be admitted.

Recruitment efforts continue to address the staffing issues that have also impacted on the patient experience.

Organisational Health (Single Oversight Framework metrics)

Indicator	Period	Target	Actual	Year to Date	Latest national comparison	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Staff sickness (NCUH)	Apr-18	4%	**3.90%**				4.21%	4.68%	MS	No
Staff sickness (CPFT)	Apr-18	4%	**4.60%**				5.30%	4.70%	MS	No
Staff turnover (NCUH)	Apr-18	0.9%	**0.8%**	0.8%			0.70%	0.73%	MS	No
Staff turnover (CPFT)	Apr-18	0.9%	**0.7%**	0.7%			0.51%	0.91%	MS	No
Proportion of temporary staff (NCUH)	Apr-18		**7.4%**						MS	No
Proportion of temporary staff (CPFT)	Apr-18		**4.0%**				4.56%	5.28%	MS	No

NB: See appendix 1 for key to balance scorecards

Organisational Health Exceptions

Staff Sickness (CPFT)

Executive lead: Michael Smillie, Executive Director of Finance, Estates, Workforce and Organisational Development

Management lead: Suzanne Hamilton, Deputy Director of Workforce

Reason why the measure is off target:

The sickness absence % has reduced over the last 3 months although remains above the 4% target. Both long and short term absence are above their respective targets with stress, anxiety and depression continuing as the top reason for absence.

Actions/mitigations in place to improve performance

A number of initiatives are offered to staff as part of our approach to supporting staff well being – personal resilience and mindfulness based intervention training are well accessed. Changes to the occupational health contract for CPFT to align with NCUH has provided CPFT with additional access to employee assist programme. HRBP's actively work to support and manage sickness of staff with line managers , managers are actively encouraged to use the HSE Stress Risk Assessment Toolkit to assess and develop team and individual action plans on reducing work place stress.. We continue to work on developing the right culture to support staff engagement.

Strategic change (Single Oversight Framework metrics)

Using available data for March 2017

	Hospital Performance					Patient Focused Change							Transformation				
	Emergency	Elective	Safety			General practice		Mental health		Cancer			Prevention			Leadership	Finance
	A&E waiting time performance[1]	Referral to Treatment waiting time performance[2]	Providers in special measures[3]	Healthcare associated infections - MRSA[4]	Healthcare associated infections - c. difficile[5]	Extended access[6]	Patient satisfaction with opening times[7]	Improving Access to Psychological Therapies recovery rate[8]	Early Intervention in Psychosis 2-week waits[9]	% of cancers diagnosed at stage 1 or 2[10]	62-day waits[11]	Cancer patient experience score[12]	Emergency admissions rate[13]	Emergency bed days rate[14]	Delayed Transfers of Care rate[15]	System-wide leadership[16]	CCG/Trust performance vs. financial control total[17]
	Mar-17	Mar-17	May-17	2016/17	2016/17	Mar-17	Jul-17	Q4 2016/17	2016/17	2015	Q4 2016/17	2015	2016/17	2016/17	2016/17	Jun-17	2016/17
Figure	85.3%	91.0%	No	0.0	14.0	2.4%	78.6%	54.2%	91.2%	51.0%	78.9%	8.5	97	459	15,106	1 - Advanced	-0.2%
Rank of 44 STPs	35	24	N/Av	1	30	N/Av	N/Av	9	2	32	32	N/ap	26	18	44	N/ap	N/ap

2017/18 updated figures (where available)

	Emergency	Elective	Safety			General practice		Mental health		Cancer			Prevention			Leadership	Finance
Month	A&E waiting time performance[1]	Referral to Treatment waiting time performance[2]	Providers in special measures[3]	Healthcare associated infections - MRSA[4]	Healthcare associated infections - c. difficile[5]	Extended access[6]	Patient satisfaction with opening times[7]	Improving Access to Psychological Therapies recovery rate[8]	Early Intervention in Psychosis 2-week waits[9]	% of cancers diagnosed at stage 1 or 2[10]	62-day waits[11]	Cancer patient experience score[12]	Emergency admissions rate[13]	Emergency bed days rate[14]	Delayed Transfers of Care rate[15]	System-wide leadership[16]	CCG/Trust performance vs. financial control total[17]
Apr-17	91.64%	91.90%		0	12.9			49.12%	55.56%		85.5%		102	497	886		
May-17	91.62%	92.32%		0	5.8			51.54%	42.86%		86.6%		102	495	993		
Jun-17	93.62%	92.77%		0	12.2			57.67%	87.50%		74.2%		103	494	891		
Jul-17	94.41%	92.25%		0	9.3			55.19%	50.00%		82.4%		103	493	983		
Aug-17	92.59%	91.50%		0	12.5			54.76%	100.00%		85.7%		103	492	992		
Sep-17	91.93%	90.15%		0	15.0			56.46%	87.50%		83.7%		104	491	942		
Oct-17	91.97%	89.71%		0	16.0			55.52%	80.00%		84.3%		104	490	924		
Nov-17	91.17%	87.24%		0	16.7			55.17%	90.91%		88.6%		105	489	763		
Dec-17	86.09%	87.15%		0	14.8			52.33%	50.00%		91.1%		105	488	656		
Jan-18	83.03%	86.59%		0	13.8			54.80%	87.50%		86.3%		106	489	835		
Feb-18	87.74%	85.46%		0	13.2			54.77%	80.00%		88.5%		107	489	711		
Mar-18	85.10%	84.44%		0	13.1			51.75%	66.67%		87.7%		107	476	761		
Rank of 44 STPs**	17	42	N/Av	1	28	N/Ap	N/Ap	17	37	N/Av	1	N/Av	N/Av	N/Av	N/Av	N/Ap	N/Ap
Trend	↓	↓	N/Av	↔	↔	N/Ap	N/Ap	↓	↓	N/Av	↓	N/Av	↔	↑	↓	N/Ap	N/Ap

Overall Progress	Category 2 - advanced

RANK KEY: 0 to 9 | 10 to 18 | 19 to 27 | 28-35 | 36-44

Key for the strategic change STP scorecard summary:

** rank of most recent local data against national STP data from Mar-17

* indicates shadow Accountable Care System (ACS), or contains an ACS, or is a devolved system

Notes

1. Percentage of patients admitted, transferred or discharged from A&E within 4 hours
2. Patients waiting 18 weeks or less from referral to hospital treatment
3. NHS providers in special measures within the STP boundaries
4. Cases of MRSA per 100,000 acute trust bed days
5. Cases of c-difficile per 100,000 acute trust bed days
6. Percentage of general practices meeting minimum access requirements
7. Number of respondents satisfied with their GP practice opening times
8. Percentage of IAPT patients recovering following at least two treatment contacts
9. People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
10. Percentage of cancers diagnosed at early stage
11. People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
12. Average cancer patient experience, case-mix adjusted
13. Total emergency spells per 1,000 population, age-sex standardised
14. Emergency bed days per 1,000 population, age-sex standardised
15. Delayed transfers of care (delayed days) for all reasons per 100,000 population
16. System leadership status
17. CCG/Trust combined surplus or deficit vs. total resource available (control total)

Supplementary Measures

Safe

Indicator	Period		Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
NHS Safety Thermometer: % harm free care (NCUH)	Apr-18		90%	**91.1%**			91.5%	90.8%	EK	No
NHS Safety Thermometer: new harm (%) (NCUH)	Apr-18	<=	3.5%	**3.8%**			3.7%	3.0%	EK	No
% Serious Harm Incidents (NCUH)	Apr-18	<=	0.40%	**1.10%**			1.1%	0.8%	EK	No
Serious Incident rate (rolling 6 months) (NCUH)	Apr-18			**0.39**			0.41	0.41	EK	No

NB: See appendix 1 for key to balance scorecards

Supplementary Measures

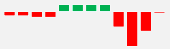
Effective

Indicator	Period	Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Emergency readmissions: 30 days (NCUH)	Feb-18	<= 9.4%	**9.6%**	9.0%		10.5%	8.8%	RH	No
Average daily transfers (10pm-7am) (NCUH)	Apr-18	<= 5	**6.0**	6.0		5.5	5.0	HR	No
Average daily medical outliers (NCUH)	Apr-18	<= 15	**26.2**	22.2		29.9	27.3	HR	No
Average daily escalation beds (NCUH)	Apr-18	0	**17.7**	17.7		26.9	21.2	HR	No
Discharges on or before initial EDD (NCUH)	Apr-18	45.0%	**33.6%**	20.6%		29.2%	26.0%	HR	No
Discharges before noon (NCUH)	Apr-18	33.0%	**20.6%**	0.0%		20.3%	21.9%	HR	No
Discharges before noon (CPFT CS)	Apr-18	33.0%	**42.4%**			42.6%	26.6%	HR	
Bed Occupancy - MH (excl Ward Leave) (CPFT)	Apr-18	>= 75.0%	**88.7%**			81%	85%	HR	No
Bed Occupancy - Specialist (excl Ward Leave) (CPFT)	Apr-18	>= 75%	**87.2%**			95%	93%	HR	No
Bed Occupancy - CS (excl Ward Leave) (CPFT)	Apr-18	>= 75%	**85.5%**			78%	85%	HR	No
Average Length of Stay - Community Services (CPFT)	Apr-18	n/a	**24.0**			16.7	19.0	HR	No
Care Programme Approach - 12 month review (CPFT)	Apr-18	95.0%	**97.0%**			95.7%	96.3%	HR	No

NB: See appendix 1 for key to balance scorecards

Supplementary Measures

Responsive

Indicator	Period		Target		Actual		Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
AE 12 hour Trolley Waits (NCUH)	Apr-18		0	●	**0**	●	0		0	0	HR	No
Ambulance handovers > 30 mins: % (NCUH)	Apr-18	<=	9.8%	●	**14.9%**	●	14.9%		14.3%	19.3%	HR	No
Ambulance handovers > 60 mins: % (NCUH)	Apr-18	<=	2.7%	●	**4.0%**	●	4.0%		0.6%	0.0%	HR	No
Cancer: 2 week All (NCUH)	Apr-18		93.0%	●	**94.1%**	●	94.1%		95.6%	92.7%	HR	No
Cancer: 2 week Breast symptomatic (NCUH)	Apr-18		93.0%	●	**73.4%**	●	73.4%		94.9%	81.2%	HR	No
Cancer: 31 day All (NCUH)	Apr-18		96.0%	●	**96.9%**	●	96.9%		97.8%	98.1%	HR	No
Cancer: 31 day Surgery (NCUH)	Mar-18		94.0%	●	**92.9%**	●	97.6%		61.5%	75.0%	HR	No
Cancer: 31 day Chemotherapy (NCUH)	Mar-18		98.0%	●	**94.7%**	●	92.0%		100.0%	94.1%	HR	No
Cancer: 31 day Radiotherapy (NCUH)	Mar-18		94%	●	**95.9%**	●	92.0%		96.6%	98.0%	HR	No
Cancer: 62 day Con. Upgrade (NCUH)	Apr-18		90.0%	●	**75.0%**	●	98.0%		50.0%	100.0%	HR	No
Cancelled operations: 28 day Breach Patients (NCUH)	Apr-18		0	●	**6**	●	6		6	8	HR	No
Urgent operations cancelled for a 2nd time (NCUH)	Apr-18		0	●	**0**	●	0		0	0	HR	No
Cancelled Clinics (less than 5 weeks notice) (NCUH)	Apr-18		60	●	**70**	●	70		61	56	HR	No

Supplementary Measures

Responsive

Indicator	Period		Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
DTOC: average daily number (NCUH)	Apr-18		22	**14.2**	14.2		34	54	HR	No
DTOC: average daily number (CPFT trustwide)	Apr-18		22	**51.6**	51.6		61	65	HR	No
DTOC: average daily number (CPFT CS)	Apr-18		12.1	**37.3**	37.0		45	49	HR	No
DTOC: average daily number (CPFT MH)	Apr-18		4.7	**14.2**	14.0		16	16	HR	No
DTOC: average daily number (Combined)	Apr-18		44	**65.8**	51.6		95.1	119.1	HR	No
Children Looked After: IHAs within 28 days (CPFT)	Mar-18	>=	85%	**50.0%**	50.0%		86.7%	61.1%	HR	No
CAMHS: Routine Referrals seen in 35 days (CPFT)	Apr-18		90%	**63.9%**	63.9%		66.0%	70.1%	HR	No
CAMHS: Urgent Referrals seen in 48 hours (CPFT)	Apr-18		90%	**100.0%**	100.0%		100.0%	100.0%	HR	No

NB: See appendix 1 for key to balance scorecards

Supplementary Measures (Responsive) Exceptions

DTOC (Combined)

Executive lead: Helen Ray, Executive Managing Director of Operations and Lead for Acute & North Community Services

Management lead: Stephanie Preston, Associate Chief Operating Officer, NCUH
Tim Evans Deputy Director of Operations CPFT

Reason why the measure is off target:

Whilst there is improvement on the March positon, CPFT delays remain high, with a particular increase in Mental Health delays. Awaiting Care Packages and Completion of Assessments are the largest delay reasons.

Actions/mitigations in place to improve performance

- Plans to introduce a daily discharge review to the Community Hospitals similar to the process introduced at CIC, which is having noticeable improved focus in resolving complex discharges.
- From the 14th May the CCC introduced a new contract aimed at making more residential placements available to EMI patients, we will monitor the impact of this on delays.
- Work continuing to key pieces of work to drive process improvements including reducing DST waits, STRATA referral and EDD improvement, Hospital to Home Scheme, Review of Decision Points into ASC, Daily discharge review forums in place. These initiatives are being managed and monitored via the joint weekly operational group.

Supplementary Measures

Well led

Indicator	Period	Target	Actual	Year to Date	Trend points (% from target)	3rd last trend point	2nd last trend point	Director responsible	Recovery Plan
Mandatory Training - Core Skills (NCUH)	Mar-18	90%	**87.0%**					MS	No
Mandatory Training - Core Skills (CPFT)	Apr-18	90%	**85.9%**			86.5%	86.6%	MS	No
Appraisal - AfC and senior managers – ward based (NCUH)	Mar-18	90%	**94.3%**					MS	No
Appraisal - AfC non ward based (NCUH)	Mar-18	90%	**97.6%**					MS	No
Appraisal - Medical & dental appraisals (NCUH)	Apr-18	90%	**99.3%**					MS	No
Appraisal Compliance - rolling 12 months (CPFT)	Apr-18	90%	**75.6%**			82%	81%	MS	No
Appraisal Compliance - rolling 12 months (combined)								MS	No

NB: See appendix 1 for key to balance scorecards

3. External support programmes

Newton Europe – Delayed Transfers of Care

Objective

Reduce delayed transfers of care across the system and improve patient flow

Programme progress summary

OUT FLOW: Metric: DTOC	In Place / On Track?	Comments
• What measure are we aiming to impact? **DTOC measured in average delayed days per day, including NCUH, North CPFT & North MH**		
• Where is performance now? **This week: 64.3 (NCUH: 28.1, North CPFT: 29.9, North MH: 6.3)**		Performance better than planned trajectory
• What is our target? **End of May: 72 (set through Newton-supported programme), End of September: 38.8 (BCF target)**		
• Is there a plan to make required changes, with clear actions, owners and timelines? **Plans being managed by Out-Flow group, due to be shared at future Ops Group**		
• How will we monitor progress? **Dashboards created which are regularly reviewed through governance structure**		In process of handover to CPFT business intelligence team

Progress so far / what has changed?

Accurate & Timely Information

- DTOC performance information has been revised
- New dashboard introduced, which is currently being handed over to BAU

Short Interval Control

- Daily Discharge Review implemented in CIC which is driving positive improvements in DTOC position
- Early conversations in progress about equivalent structure for WCH and CPFT

Service Improvement

- Governance structure established – i.e. Out-Flow group (chaired by Sheena Fish)
- Group are managing existing schemes to improve DTOC position, including:
  - Hospital to Home
  - DSTs
  - Kingston Court
  - Residential placement processes
- Group will continue to identify areas of improvement, e.g.
  - Discharge Planning Meetings

Mindset & Behaviours

- Changed ways of working across Discharge Team in CIC which encourage a focus on discharge
- Governance structure to continue positive discussions about future change

4. FINANCE

Finance and use of Resources (Single Oversight Framework metrics)

NCUH

The NCUH finance data was not available at time of writing the Integrated performance Report.

CPFT

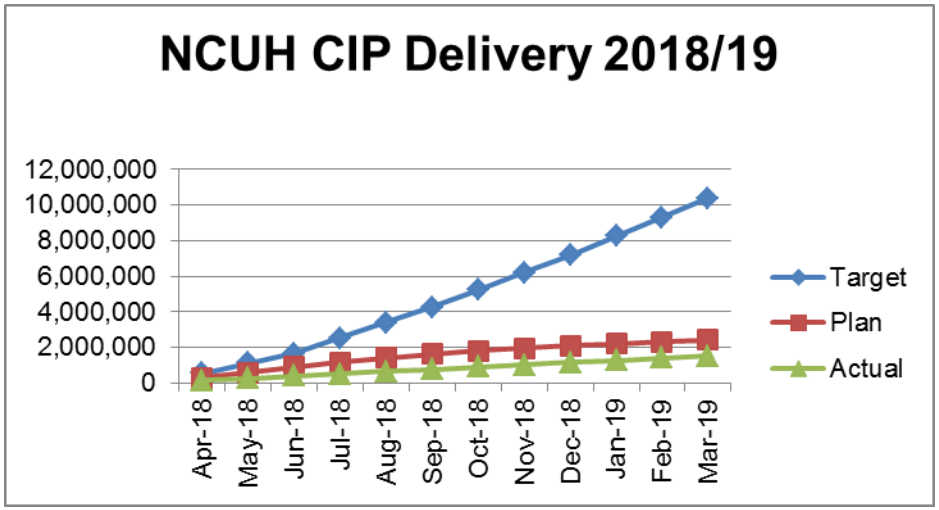
NHSI Risk Rating KPI's (UOR)	YTD actual		YTD Plan	
Indicator	**Detail**	**Rating**	**Detail**	**Rating**
Capital service cover	1.2	3	1.3	3
Liquidity (days)	(10.7)	3	(9.9)	3
I&E margin (%)	(1.7)	4	(1.7)	4
Variance from Control Total	0.0	1	0.0	1
Agency Metric %	3.6	3	0.0	1
Use of Resources Rating		4		3

5. CIP

North Cumbria University Hospitals NHS Trust

			In year plan												
	Target	Identified Opportunity	In-year Plan	Rec	Non Rec	G1	G2	G3	G4	G5	Ytd Target	Ytd Actual	Variance to Target	In-year Actual	Forecast
Emergency Care	876,869	8,743	8,743	8,743	0	0	0	0	0	8,743	46,540	724	(45,816)	8,743	8,743
Medicine	3,068,582	587,761	587,761	587,761	0	0	220,429	0	2,750	364,582	162,866	24,161	(138,705)	290,218	290,218
Surgery	4,293,342	1,815,161	1,574,167	1,574,167	0	89,000	600,900	0	121,290	1,003,971	227,870	83,656	(144,214)	1,003,971	1,138,719
Estates	1,259,943	43,155	43,155	43,155	0	0	0	0	0	43,155	66,872	3,588	(63,284)	43,155	43,155
Corporate	901,584	358,381	195,381	195,381	0	153,000	0	0	10,000	195,381	47,852	16,279	(31,573)	195,381	195,381
Trustwide	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**10,400,320**	**2,813,201**	**2,409,207**	**2,409,207**	**0**	**242,000**	**821,329**	**0**	**134,040**	**1,615,832**	**552,000**	**128,408**	**(423,592)**	**1,541,468**	**1,676,216**

- To date £2.8m of the £10.4m target has been identified.
- The £2.4m in-year plan consists entirely of recurrent schemes; £1.6m is at Gateway 5.
- The month 1 target was £552k (£297k per in-year plan) and £128k has been delivered/transacted leaving a shortfall of £424k.
- There is a £8m gap between target and plan but there are schemes in the pipeline totalling a possible £1.4m.
- The top ten schemes by value total £1.54m and seven of these are at Gateway 5 as they are the 18/19 effect of schemes started last year.



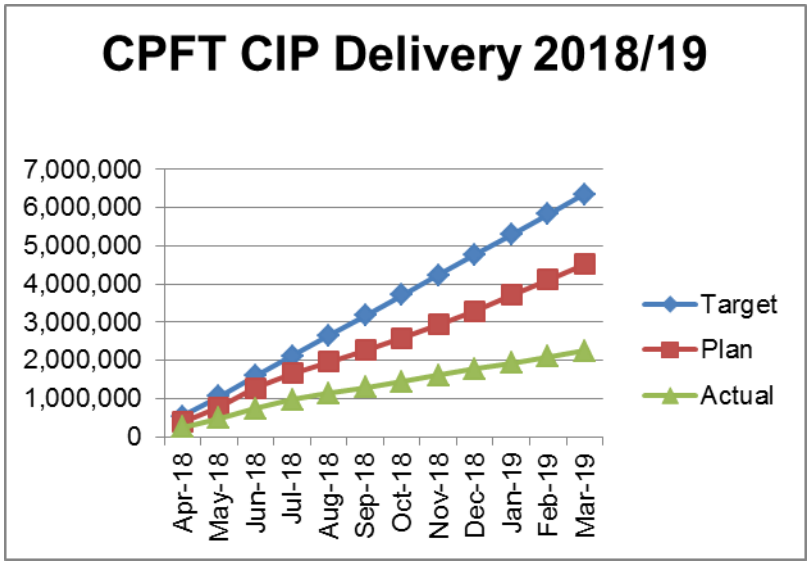
NCUH CIP Plan v Target

Division / Area	Target	Phased Plan	Gap
Corporate	901,584	195,381	(706,203)
Estates & Facilities	1,259,943	43,155	(1,216,788)
Emergency Care	876,869	8,743	(868,126)
Medicine	3,068,582	599,465	(2,469,117)
Surgery & Critical Care	4,293,342	1,574,167	(2,719,175)
Trustwide	0	0	0
Grand Total	**10,400,320**	**2,420,911**	**(7,979,409)**

Cumbria Partnership NHS Foundation Trust

			In year plan													
	Target	Identified Opportunity	In-year Plan	Rec	Non Rec	G1	G2	G3	G4	G5	Ytd Target	YtD Actual	Variance to Target	In-year Actual	Forecast
Childrens & Families Care Group	566,000	390,000	390,000	268,000	122,000	0	390,000	0	0	0	47,167	0	(47,167)	0	0
Community Care Group	1,262,241	786,888	786,888	786,888	122,000	13,639	773,249	0	0	0	105,187	0	(105,187)	0	0
Mental Health Care Group	1,014,304	443,388	443,388	443,388	0	0	443,388	0	0	0	84,525	0	(84,525)	0	0
Specialist Services Care Group	558,966	412,310	412,310	282,451	129,859	0	394,951	0	0	17,359	46,581	1,447	(45,134)	17,364	17,364
Operations Management	49,064	26,200	26,200	0	26,200	0	0	0	0	26,200	4,089	2,183	(1,906)	26,196	26,196
Director of Quality & Nursing	396,506	352,565	352,565	23,911	328,654	0	23,911	0	0	328,654	33,042	27,388	(5,654)	328,656	328,656
Director of Workforce & OD	424,126	354,466	354,466	135,420	219,046	0	135,420	0	0	219,046	35,344	18,254	(17,090)	219,048	219,048
Director of Finance, Strategy & Support Services	1,596,298	1,254,369	1,238,743	508,698	730,045	0	105,078	0	0	1,149,291	133,025	151,422	18,397	1,138,336	1,138,336
Medical Director	109,299	72,249	72,249	0	72,249	0	0	0	0	72,249	9,108	6,021	(3,087)	72,252	72,252
Corporate	377,887	448,185	448,185	75,683	372,502	0	0	0	0	448,185	31,491	37,348	5,857	448,176	448,176
Total	**6,354,691**	**4,540,620**	**4,524,994**	**2,524,439**	**2,122,555**	**13,639**	**2,265,997**	**0**	**0**	**2,260,984**	**529,558**	**244,063**	**(285,495)**	**2,250,028**	**2,250,028**

- To date £4.5m of the £6.4m target has been identified.
- The £4.5m in-year plan consists £2.5m of recurrent schemes and £2.1m non-recurrent, £2.2m of which are at Gateway 5. The non-recurrent corporate services 'buy back' by Morecambe Bay for the services transferred amounts to £1.7m of the CIP. This gives us time to plan to reduce costs in those areas once the agreement ends.
- The month 1 target was £530k and £244k has been delivered leaving a shortfall of £285k.
- There is an £1.8m gap between target and plan but there are schemes totalling a possible £400k in the pipeline.
- The top ten schemes by value total £2.08m.



CIP Plan v Target

Division / Area	Target	Phased Plan	Gap
Childrens & Families Care Group	566,000	390,000	(176,000)
Community Care Group	1,262,241	786,888	(475,353)
Mental Health Care Group	1,014,304	443,388	(570,916)
Specialist Services Care Group	558,966	412,310	(146,656)
Operations Management	49,064	26,200	(22,864)
Director of Quality & Nursing	396,506	352,565	(43,941)
Director of Workforce & OD	424,126	354,466	(69,660)
Director of Finance, Strategy & Support Services	1,596,298	1,238,743	(357,555)
Medical Director	109,299	72,249	(37,050)
Corporate	377,887	448,185	70,298
Grand Total	**6,354,691**	**4,524,994**	**(1,829,697)**

RISKS

CIP delivery is monitored on a monthly basis via the three delivery groups. The first joint Trust meetings are being held this week.

In addition to the 4% CIP targets set for both Trusts there is also a further £3m to be achieved in agency reduction, £12m in system transformation and £5.7m in STP cost reductions. We need to monitor, track and account separately for the agency savings as they will materialise in the bottom line along with the 'system transformation. This report does not detail the progress on the STP cost reductions yet but it will be included next time for completeness.

We are only one month into 2018/19 and, even though the figures are not fully complete, there is a significant shortfall against plans (overall NCUH is £169k short and CPFT £138k) so there is clearly a huge risk to delivery. We need to start work analysing

the opportunities highlighted in the corporate benchmarking report and need to further benchmark using other available tools like the Model Hospital in order to target workplans. The long list of pipeline schemes needs to be worked up into PIDs.

6. CQUIN

NCUH CQUIN

Below are some brief updates on progress against the NCUH CQUIN progress

CQUIN – Predicted 2017/18 achievement of schemes

Clinical Commissioning Group

	2017/18 CQUIN Schemes	17/18 (available)	17/18 (predicted achievement)
Improving Staff Health and Wellbeing	Improvement of health and wellbeing of NHS staff - 5% improvement in 2 out of 3 relevant survey questions	£127,000	£63,500
	Healthy food for NHS staff, visitors and patients – healthy options in retail food outlets in hospital	£127,000	£127,000
	Flu vaccinations for frontline clinical staff at 70%	£127,000	£127,000
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)	90% of patients screened for SEPSIS in inpatients and emergency	£96,000	£38,400
	Sepsis Treatment - 90% of patient screened positive for SEPSIS patients treated within 1 hour in inpatients and emergency.	£96,000	£38,400
	Antibiotic review empiric review for SEPSIS improvement to 90%	£96,000	£96,000
	Antibiotic treatment reduction in usage overall	£95,000	£95,000
Improving services for people with mental health needs who present to A&E	Reduction in A&E attendances for a selected cohort of frequent attenders with mental health needs	£383,000	£383,000
Hospital Consultants offering Advice and Guidance service to GPs	Advice and Guidance delivered in specialties covering 75% of referrals	£383,000	£383,000
E-Referrals	All outpatient appointments managed through E Referral system by March 2018, slot polling appointment slot issues reduce to 4%	£383,000	£95,750
Supporting proactive and safe discharge	Improvements to % of inpatients in longer than 72 hours, aged 65+ and discharged to usual place of residence between 3 and 7 days compared to total 3 days and over.	£383,000	£191,500
CCG Total CQUIN		**£2,296,000**	**£1,638,550**

Specialist Commissioning

	2017/18 CQUIN Schemes	Year 2 £ (available)	
Chemotherapy Dose banding.		£51,755	£51,755
Optimising Palliative Chemotherapy.		£77,663	£77,663
Medicines Optimisation.		£77,663	£77,663
Local- Improving Chemotherapy Pathways.		£51,755	£51,755
Dental dashboard and network engagement		£79,647	£79,647
Specialist Commissioning Total		**£338,483**	**£338,483**
TOTAL CQUIN		**£2,634,483**	**£1,977,033**

Total % achievement prediction: 75% (£1.98m of £2.63m available)

NCUH CQUIN Summary

The Health and Wellbeing survey didn't show the required improvement against the key questions that are measured in the CQUIN so it will partially fail the Q4 target.

The 'e-referral' and 'aged 65+ discharge' CQUINs didn't deliver the required standards in Q4. These have been escalated and recovery plans are in place to improve performance.

The estimate for 2017/18 is that CQUIN achievement will be a total of 75%.

NCUH CQUIN 2018/19 schemes

Clinical Commissioning Group

	2018/19 CQUIN Schemes	Year 2 £ (available)
Improving Staff Health and Wellbeing	Improvement of health and wellbeing of NHS staff - 5% improvement in 2 out of 3 relevant survey questions	£127,000
	Healthy food for NHS staff, visitors and patients – healthy options in retail food outlets in hospital	£127,000
	Flu vaccinations for frontline clinical staff at 70%	£127,000
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)	90% of patients screened for SEPSIS in inpatients and emergency	£96,000
	Sepsis Treatment - 90% of patient screened positive for SEPSIS patients treated within 1 hour in inpatients and emergency.	£96,000
	Antibiotic review empiric review for SEPSIS improvement to 90%	£96,000
	Antibiotic treatment reduction in usage overall	£95,000
Improving services for people with mental health needs who present to A&E	Reduction in A&E attendances for a selected cohort of frequent attenders with mental health needs	£383,000
Hospital Consultants offering Advice and Guidance service to GPs	Advice and Guidance delivered in specialties covering 75% of referrals	£383,000
Preventing ill health by risky behaviours – alcohol and tobacco	Alcohol and Tobacco Screening, advice and referral for all inpatients	£383,000
Supporting proactive and safe discharge	Improvements to % of inpatients in longer than 72 hours, aged 65+ and discharged to usual place of residence between 3 and 7 days compared to total 3 days and over.	£383,000
CCG Total CQUIN		**£2,296,000**

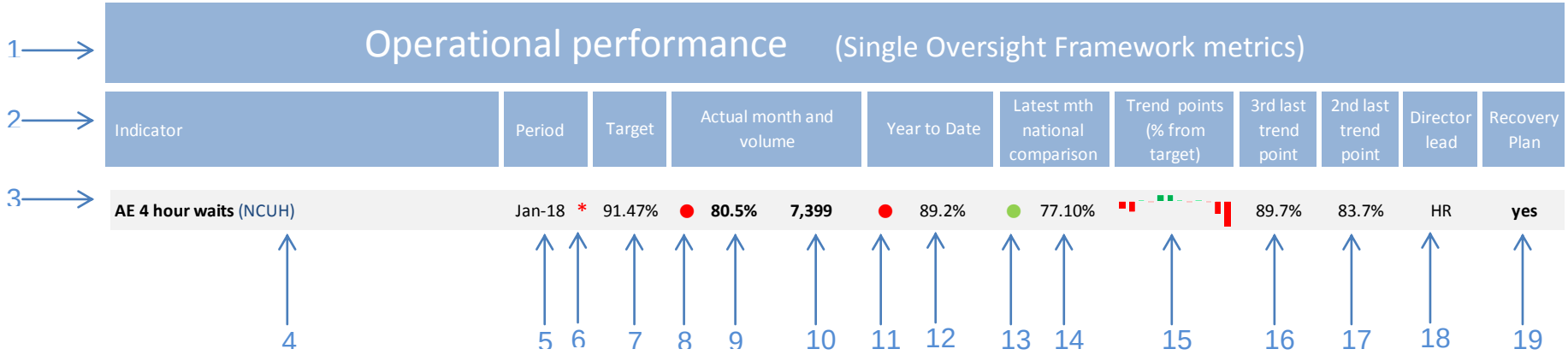
Specialist Commissioning

	2017/18 CQUIN Schemes	Year 2 £ (available)
Chemotherapy Dose banding.		£47,955
Optimising Palliative Chemotherapy.		£71,961
Medicines Optimisation.		£71,961
Local- Improving Chemotherapy Pathways.		£47,955
Dental dashboard and network engagement		£80,366
Specialist Commissioning Total CQUIN		**£320,198**
TOTAL CQUIN		**£2,616,198**

CPFT CQUIN

CPFT CQUIN was not available at the time of writing.

7. APPENDIX 1 – Key for the balance scorecards



1 Dashboard banner: indicates which dashboard is being presented
2 Column headers
3 Individual indicators
4 NHS Trust that the data relates to. For 'combined' is a combination of both trusts data for the measure. CPFT data is County/Trust wide unless otherwise stated.
5 Period: the month (or occasionally other period) of the data being presented in the "Actual" column
6 Period: Red asterisk denotes provisional data (e.g. the data has been collated but the UNIFY return has not yet been submitted – or local Cancer data)
7 Target: the target (for the reporting period). Where there is recovery trajectory, the monthly trajectory point will be used as the target
Where the target is an upper limit, this is indicated by the "<=" symbol
8 Actual: RAG rating for the reporting period
9 Actual: the actual performance in the reporting period
10 Volume of the measure (Denominator)
11 Year to date: RAG rating for performance current year to date
12 Year to date: The actual performance current year to date
13 The RAG rating for the latest national comparison (not always the same month as the actual)
14 Actual performance of the latest national data (not always the same month as the actual)
15 Trend chart – Compares the performance against the target for up to the last 12 months were available and indicates red on the graph for months were performance is off target and green on the graph for months were the performance is above target.
16 This actual performance indicates the actual from two months previous to the current available month actual and the third to last trend on the graph.
17 This actual performance indicates the actual from the previous month to the current available month actual and the second to last trend on the graph.
18 Director responsible: The initials of the Director responsible for the indicator
19 Recovery Plan: whether a recovery (improvement) plan has been initiated for this indicator