

## 1. Sections in this Report

1.1 The Integrated Quality, Performance and Finance Report is a standardised set of dashboards with selected sections going to different groups, as described below:

Ref.	Section	Directors Report	Streamline version of IQPFR For Board	Quality and Performance Committee
1	Executive summary - mini dashboard	✓	✓	✓
	Performance against key national indicators (CCG view, Acute and Community Trusts)	✓	KPI's highlighted	KPI's highlighted
2	Performance against CCG Outcomes Framework		Quarterly	✓ (as of May 2015)
3	Dementia Report-	✓	✓	✓
3	Quality Dashboard /narrative	✓	✓	Quarterly stand-alone report then dashboard/narrative/ hot topic
4	Finance Overview	Finance on a page	Finance on a page	<i>Separate finance report and Finance on a page</i>
5	Joint Programme Performance-	✓	✓	✓
6	Clinical Digital Maturity Index (CDMI)			Half Yearly
7	Quality Premium		1 page summary of quarterly reports including exceptions (as of August 2015)	Quarterly
8	Workforce			Quarterly
9	FOI			Quarterly
6	Environmental - New			Quarterly (as of May 2015)
7	Health and Wellbeing- New			Quarterly (as of May 2015)
8	Better Care Fund- New			Quarterly (as of June 2015)
9	Safer Staffing - New			Quarterly (as of November 2015)

1.2 Based on comments received from HVCCG Board and Committee members the information provided to other groups will be revised and will evolve over time.

## 2. Executive Summary

### Introduction

The purpose of this report is to provide the Board with an update on performance across a number of domains, namely; contract performance, quality, finance and programme performance. An integrated approach to performance involves the coordination on all monthly data collections to produce a standard list of dashboards that are presented to the Quality and Performance Committee for a full discussion prior to submission to the Herts Valleys Clinical Commissioning Group Board.

### Key issues/ challenges and planned actions:

#### Cancer 62 days:

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
Cancer 62 days - 1st treatment following urgent GP referral	CCG	85%	83.9%	80.0%	78.6%	77.1%	↓	<p><b>WHHT:</b> At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared the cancer recovery plan. The aim is for performance compliance by the end of quarter 1 (June 2015) Additional resources and MRI slots have been put into place to assist with capacity and demand. Recovery trajectory is due end of quarter 1 -end of June 2015.</p> <p>A meeting has been arranged with WHHT new cancer manager and cancer clinical lead to meet HVCCG on the 21/5/15 to discuss and agree the inclusion of the performance recovery plans for urology, colorectal and lung within the revised cancer improvement plan. The aim is for the cancer action group to then monitor and review the recovery plans and provide a highlight report which will be included within the integrated, quality, performance and finance report.</p> <p>Weekly performance calls will be set up with WHHT and HVCCG to monitor performance</p> <p><b>RFL:</b> have a recovery action plan in place to address under performance and the aim is for compliance by the end of quarter 1. Contract manager has requested assurance that the Trust are on trajectory to achieve the target.</p> <p><b>L&amp;D:</b> CCG figure refers to 3 patients treated with 2 over target</p> <p><b>ENHT:</b>Low numbers CCG fig refers to 5 treated , 1 over target</p>
	WHHT		86.0%	79.3%	82.5%	79.3%	↑	
	RFL		85.1%	0.0%	75.0%	86.1%	↑	
	L&D		87.2%	100.0%	33.3%	89.4%	↓	
	ENHT		86.3%	100.0%	80.0%	81.6%	↓	
Cancer 62 days - 1st treatment following referral from Screening Service	CCG	90%	97.5%	55.6%	88.9%	92.1%	↑	<b>WHHT:</b> See comment above
	WHHT		95.8%	42.9%	75.0%	90.8%	↑	

**Key issues/ challenges and planned actions:**

**18 week referral to treatment:**

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
<b>18 week Referral to Treatment Time (RTT) for completed patients (adjusted)</b>	CCG	90%	82.9%	77.8%	78.6%	78.4%	↑	<p><b>WHHT:</b> At the WHHT joint quality and contract review meeting on the 12/5/15. WHHT updated that they have made progress to reduce the backlog of 2,300 patients. WHHT confirmed, the trajectory is aimed for compliance by the end of quarter 1. The recovery action plan has been shared with the HVCCG and is in line with the performance assurance plan, negotiations have commenced to monitor and review the recovery action plan via the existing contract data group meetings (CDG). The aim is for an exception/highlight report to be presented to the WHHT joint quality and contract meeting and then reported within the integrated, quality and performance report (IQPFR) . Weekly performance calls continue to be in place with WHHT, Trust development authority (TDA) and HVCCG to monitor performance.</p>
	WHHT		76.1%	68.4%	67.7%	67.9%	↓	
	RFL			85.2%	89.3%	87.9%	↑	
	ENHT		94.4%	94.7%	75.7%	81.0%	↓	
<b>18 week RTT for completed non admitted patients</b>	CCG	95%	92.9%	87.7%	91.4%	89.9%	↑	<p>Additional weekly monitoring calls/meeting with HVCCG contract manager and WHHT RTT data lead will commence wk 25/5/15 to cover forward trajectory planning, patient lists management and assessment of outsourcing opportunities.</p> <p><b>RFL :</b> Current expectation is now that RFL will return to National reporting onto UNIFY by June 2015 . Delays have been caused by the increased complexity of the (standard query language ) SQL script , which has highlighted numerous additional patients who require validation before reporting can commence. Trust have demonstrated Capacity/demand module which feeds patients lists HVCCG and CCG are assured that the Trust are managing capacity/demand and are working to ensure that when corrected, 18 week issues will not revert to the position as was at the BCF site. Contract manager will monitor and review</p>
	WHHT		90.7%	83.9%	89.1%	87.4%	↑	
	BUCKS		94.6%	97.0%	92.9%	94.2%	↓	
	ENHT		95.6%	93.9%	94.4%	94.3%	↑	
<b>18 week RTT Incomplete pathway</b>	CCG	92%	88.4%	90.9%	91.8%	87.5%	↑	<p><b>ENHT:</b> are reviewing the RTT backlog . Trajectories are currently not being achieved and therefore ENHT are exploring outsourcing capacity for specific areas. HVCCG are working closely with ENCCG to review the situation and the recovery action plan is a standard item on the agenda at the contract review meeting. Compliance is estimated by September 2015.</p>
	WHHT		86.0%	88.4%	89.6%	89.2%	↑	
	RFL			90.3%	89.3%	89.6%	↓	
	ENHT		88.4%	91.8%	94.5%	93.6%	↑	
<b>Number of patients waiting more than 52 weeks on incomplete pathways</b>	CCG	0	28	2	2		↔	<p>Figure relates to a snapshot at the end of each month and could include the same patient multiple times</p> <p><b>WHHT:</b> Both HVCCG patients have treatment seen dates</p>
	WHHT		0	3	2		↓	

Key issues/ challenges and planned actions:

Diagnostics:

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
Diagnostic tests - % of patients waiting 6 wks or less	CCG	99%	94.8%	97.9%	98.1%	97.9%	↑	WHHT: At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared an update on the diagnostics plan. The aim is for the diagnostic recovery plan to be monitored and reviewed by the contract data group (CDG) with WHHT and HVCCG, negotiations are underway to finalise this approach.
	WHHT		92.7%	98.6%	98.7%	97.9%	↑	
	RFL		98.9%	95.6%	96.0%	97.1%	↑	RFL: Back log in diagnostic testing has grown as a result of 2 key indicators 1) increased demand which is above average 2) decrease in the accredited independent sector providers able to support the trust with diagnostic testing on a regular basis. The trust are working to identify additional Independent providers with the necessary accreditation to support diagnostic testing. Endoscopy is the specific problem area for BCF - increasing referrals, capacity shortfall across all sites, problem with equipment (endoscopy washers being obsolete and different sites using different scopes). It will take a number of months to sort out and a paper is due shortly that will be shared with commissioners. Contract manager to monitor.
	L&D		99.4%	98.7%	97.3%	98.6%	↓	L&D: Contract manager to monitor and review as part of the contract review meeting.

Accident and Emergency:

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
A&E total time in Department - less than 4 hours	CCG	95%	94.8%	87.3%	89.2%	91.8%	↑	WHHT: At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared their recovery action plan and provided an update on the following actions ; restructure of the medicines directorate, additional resources at the A&E reception with hospital ambulance liaison officer (HALO) stream nurses. Plans to restructure A&E level has gone to WHHT panel for approval. Ambulance resource to support patient discharge has been put into place and vacancies for discharge co-ordinator roles will be advertised. System resilience group (SRG) update: 1) There is limited confidence in the system currently that the A&E recovery plan is likely to be achieved, in large part down to staffing issues both internally in the Trust and more widely across the system 2) Recovery of the A&E position will also be impacted by external partners achieving improvements, and Herts community trust (HCT), intergrated discharge team (IDT), Herts county council (HCC) have all been asked to provide trajectories against key measures/metrics that will support this – HVCCG are working on consolidating this with the relevant leads. Weekly performance calls are in place with CCG: 8443/1036 patients Trust: 1618/13192 patients <b>NB: WHHT A&amp;E recovery plan is an appendix to the IQPFR</b>
	WHHT trustwide		95.7%	87.1%	87.7%	91.2%	↑	
	BUCKS trustwide		95.0%	91.7%	91.5%	92.9%	↓	BUCKS: Contract manager and quality team has received an update from the Trust on plans to achieve A&E 4 hour target . HVCCG have presented queries back to the Trust as CCG not fully reassured and have shared these concerns with the lead commissioner.
	ENHT trustwide		95.7%	91.8%	94.9%	92.3%	↑	ENHT: HVCCG contract manager will attend the next contract review meeting to address non-compliance to performance standards.

**Key issues/ challenges and planned actions:**

**Delayed transfer of care:**

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
Delayed transfers of care (% bed days lost) <i>n/a at CCG level</i>	WHHT trustwide	3.5%	3.8%	7.2%	4.6%		↓	WHHT: Working towards compliance, situation is improving due to collaborative working with the community providers.
	L&D trustwide		5.1%	4.3%	4.2%		↓	L&D: Contract manager has requested a copy of the recovery action plan and this will be discussed at the May contract review meeting. Raw data not available for year to date (YTD) calculation. Trust has remained red for the previous 6 months.

**Key issues/ challenges and planned actions:**

**Ambulance:**

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
Ambulance Category A - Red 1 response < 8 mins	CCG	75%	76.5%	80.7%	76.1%	71.6%	↓	Ambulance standards are consistently not being achieved due to increase level of demands across Beds, Herts and Luton and turnaround issues at some Trusts had a significant impact on achieving these targets.
	EEAST		73.6%	77.7%	73.8%	71.0%	↓	
Ambulance Category A - Red 2 response < 8 mins	CCG	75%	74.8%	71.0%	70.5%	66.1%	↓	<b>Update from East of England Ambulance Services March Report :</b> Actions taken to improve performance Actions which have been undertaken in the last month to improve performance are as follows; Hospital Ambulance Liaison Officer (HALO's) still remain in place at the majority of the acutes, and will continue trust wide until 1st week in May Completed roll out of regional placement of 1000 community automated external defibrillator (AEDs). Budget setting for 15/16 incorporates additional suggested rota lines Silver and gold cell support continues and will do so until May Daily 0830 conference calls to look at placement of resourcing and barriers affecting immediate performance Additional trolleys still available to use to support A&E units at times of increased demand.
	EEAST		69.4%	66.4%	67.6%	62.8%	↑	
Ambulance Category A < 19 mins	CCG	95%	96.7%	97.0%	95.9%	95.0%	↓	HVCCG contract manager will attend the next Ambulance contract meeting on the 28/5/15
	EEAST		92.9%	93.2%	93.9%	91.2%	↑	

**Key issues/ challenges and planned actions:**

**Stroke:**

Indicator	Trust	Threshold	2013/14	Feb-15	Mar-15	YTD	Trend	Comments
Admitted directly to stroke unit < 4 hours arrival to hospital	CCG	90%	65.5%	40.0%	35.0%	59.5%	↓	<p><b>WHHT:</b> At the WHHT joint quality and contract review meeting on the 12/5/15 , WHHT shared the stroke action plan, however the update will be provided at the next meeting. HVCCG to follow up the outstanding performance KPI`s within the recovery plan at the next stroke leadership meeting in May. The aim is for the stroke leadership group to monitor and review the stroke action plan and a highlight report will be presented at the WHHT joint quality and contract review meeting and incorporated within the IQPFR</p> <p><b>L&amp;D:</b> There has not been a contract review meeting in April , therefore an update on the root cause analysis stroke breaches will be discussed at this meeting . Feedback will then be built into the Trust action plan that will be monitored by the stroke review group.</p> <p>Contract manager has requested a copy of the recovery action plan.</p>
	WHHT		66.1%	41.2%	34.3%	59.1%	↓	
	L&D		56.0%	66.7%	40.0%	55.3%	↓	
	ENHT		62.5%	20.0%	No Data	73.9%	↑	
Stroke patients spending > 90% on stroke unit	CCG	80%	80.4%	65.4%	67.4%	75.1%	↑	
	WHHT		80.6%	58.8%	63.2%	73.5%	↑	
Receive thrombolysis following an acute stroke	CCG	12%	23.7%	14.8%	5.6%	20.9%	↓	
	WHHT		24.3%	16.7%	6.3%	20.3%	↓	
	L&D		23.1%	25.0%	0.0%	33.3%	↓	
Patients with low risk TIA treated within 7 days onset	CCG	65%	58.8%	64.0%	34.1%	53.9%	↓	
	WHHT		55.6%	63.6%	33.3%	51.8%	↓	
	L&D		81.0%	66.7%	36.4%	71.7%	↓	

**Key issues/ challenges and planned actions:**

**Hertfordshire Partnership Foundation Trust:**

Indicator	Threshold	Feb-15	Mar-15	Trend	Q4 Comments
<b>Clinical Effectiveness</b>					
The number of new cases of psychosis served by early interventions teams year to date	76%	47	57	↑	MD of Adult Community Services is leading to review the whole process/service. First meeting held & work underway to meet the new National Target and be compliant by April 2016. This involves re-training staff & new monitoring arrangements. Meeting to be held end of May 2015 and update to follow.
<b>Improving Access to Psychological Therapies IAPT</b>					
Referrals to Step 3 primary care psychological therapies meeting maximum 28 day wait	≥98%	94.9%	95.0%	↑	Due to converting as many referrals as possible into treatment to reach the access target, the service has attempted to contact individuals for longer periods than previously agreed, before discharging. Those referred have been encouraged to use the service up to the 28th day. If engaged after the 25th day it has been challenging to book patients at a convenient appointment within 28 days. Monitoring of referral numbers in single point of access (SPA) by Service line is now taking place on a weekly basis. Trajectory: Expected to meet target at the end of Q1 2015/2016.
<b>Waiting Times</b>					
Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait	≥98%	92.3%	95.8%	↑	New protocols put in place to monitor referrals and ensure they are seen within 28 days has improved. Breach in March was down to patient choice and in one instance a miscommunication between HCC and HPFT. Additional appointments have also been made available to meet demand. Trajectory: The Operational Team anticipates that the target will be met from Q1 onwards.
EMDASS Referrals meeting 6 week wait	≥90%	72.1%	60.8%	↓	Still under negotiation with commissioners.- Discussions held with HPFT to revise model. Part of a weekly telephone conference with CCG's
<b>Patient Safety</b>					
% of service users with an up to date risk assessment	95%	86.88%	86.31%	↓	Target internally is 90%. Teams are actively reviewing risk assessments and ensuring they are in date. Also being affected by some cases not being correctly closed on the EPR - this is being addressed. This is on the HPFT Quality account 2014/15 which derived from the patient record and set internally in order to drive up practice in this important area of care and is reviewed at the Quality Review Meetings.
People with severe mental illness who have received a list of physical checks (in-patients only)	98%	93.5%	94.9%	↑	2 breaches in March for Herts Valleys 37/39. Multiple declines for both people. All breaches are due to service user choice. It is best practice to continue to ask the person if they will consent to the physical health check and to explain its importance. HPFT are unable to give a trajectory for this target as they cannot remove the element of service user choice, but will continue to offer physical health checks to 100% of inpatients. HPFT has had a 60% improvement since April 2014, by embedding good practise and ensuring staff consistently offer a physical health check to patients. However, there will always be people choosing to decline, because they either do not feel well enough at the time or generally do not want a physical health check, HPFT will continuously ask the individual. To get a general consensus of what is the benchmark, HPFT will enquire from other Trusts and provide an update.

**Key issues/ challenges and planned actions:**

**Herts Urgent Care:**

INDICATOR	THRESHOLD	Feb-15	Mar-15	YTD	TREND	COMMENTS
<b>Definitive clinical assessment for urgent calls within 20 mins of the call being answered by a person</b>	>95%	90.2%	91.1%	90.8%	↑	<p>Performance has increased due to good rota fill and the call volumes are also rising which has impacted the performance figures.</p> <p>There has been a higher than average referral rate from 111.</p> <p><b>Actions:</b></p> <p>HUC are still experiencing problems at the weekends with evening staffing which is being targeted as a priority rota fill.</p> <p>Homeworking assistance has not been obtainable to relieve the pressure on the consultation queue. Review of the hours worked by home working staff is on-going.</p> <p>Contract manager has updated that HUC have not been able to recruit their targeted number of expected new GPs for the rota, despite paying premiums for working on unpopular shifts. This has still not attracted the capacity needed to always fill GP vacancies at the various bases, however tier one basis are a priority and always have capacity.</p> <p>Long term plans are to look at working with GP federations across Hertfordshire to cover vacant sessions. Recruitment of newly qualified GPs in the summer with a guarantee of a 2 year contract in Hertfordshire, for those who cover out of hour shifts will be offered.</p> <p>HUC are investigating extended use of nurse practitioners and pharmacists to cut down the need to always call on GP out of hours.</p> <p>HVCCG have appointed an Out of Hours project manager to support this work stream.</p> <p>HVCCG Contract manager has requested a copy of the recovery action plan (RAP) from the lead commissioner ENCCG.</p>
<b>Definitive clinical assessment for urgent calls within 60 mins of the call</b>	>95%	82.3%	85.2%	85.3%	↑	As Above
<b>Urgent home visits within 2 hours</b>	>95%	87.3%	89.2%	90.4%	↑	<p>Still experiencing rota fill problems with the visiting shifts especially in the E &amp; N Herts area. The volume of Urgent home visits has increased which impacts performance as the cars are taken out of area which delays the routine visits.</p> <p><b>Action:</b> Additional resource at the bases and improved rota fill has increased performance, had the call volumes decreased we would have seen a significant improvement.</p>
<b>Routine home visits within 6 hours</b>	>95%	89.2%	91.2%	89.0%	↑	As Above
<b>Urgent face to face consults within 2 hours</b>	>95%	94.1%	92.6%	95.1%	↓	<p>Direct booking continues to impact performance on Urgent come to centre appointments. National set pathways can not be overridden, therefore for appointments coming through 111 this can delay diagnosis for the patients.</p> <p><b>Action:</b> Ongoing training for call handlers to ensure that appointments are not being booked outside the breach time.</p> <p>HUC are working at a National level to address this.</p>



## Key issues/ challenges and planned actions:

### Dementia Update:

#### 1. Diagnosis: where are we now?

Utilising the new prevalence methodology the position at the beginning of April is estimated as:

	65+ Only (CFAS II)	30 - 64 (AS-2014)	Total
Estimated dementia prevalence in Herts Valleys	6,627	364	6,990
67% target	4,440	244	4,683
Current estimated number diagnosed (Alastair Burns letter dated 16th April)			3,700
Additional diagnoses required to meet target			983
Estimated percentage diagnosed based on new prevalence figures as at 1 <sup>st</sup> April 2015			52.93%

#### 2. Where do we want to be?

*We want to ensure that all people with Dementia in Herts Valleys have access to a timely diagnosis and effective post-diagnostic support for both themselves and their Carers.*

We are launching our new Dementia Strategy for 2015 to 2019 in partnership with Hertfordshire County Council, East and North Herts CCG and others on the Hertfordshire Health and Wellbeing Board on 13<sup>th</sup> of May 2015.

Our target is that at least 67% of people in Herts Valleys with Dementia have a diagnosis – ***we are aiming to meet this target by the end of September 2015.***

***Additionally, by the 31st of December 2015 (end of Quarter 3) we will ensure that:***

1. The diagnosis ambition is supported by capacity within diagnostic services and post-diagnostic support.
2. The diagnosis ambition is supported by capacity within the care home sector.
3. People with Dementia and their carers will have access to the right information throughout the Dementia care pathway.
4. Home care services provide effective support to people with Dementia.
5. Dementia risk reduction messages are integrated with mainstream healthy lifestyle initiatives, including promotion of good brain health throughout life.
6. Key partners and communities become more dementia friendly and awareness in services continuously improves.
7. Carers are supported effectively in relation to the behavioural and psychological symptoms of Dementia (BPSD).
8. Crisis Care for people with Dementia is fully reviewed.
9. Local intelligence around local Dementia prevalence, protected characteristics and comorbid medical conditions is developed.

We will continuously monitor performance against the following trajectory of improvement:

Month	March 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015
<b>Monthly diagnosis ambition (%)</b>	53%	55%	57%	59%	62%	64%	67%

Key issues/ challenges and planned actions:

Quality:

Ref	Indicator	Trust	Jan-14	Feb-14	Mar-14	Comments
4	Clostridium Difficile Infections	WHHT	2	0	4	WHHT: West Hertfordshire Hospitals NHS Trust Following the spike of C. difficile cases at the Trust in August, the Trust has been supported to implement improvements to standards of infection control which have resulted in the Trust delivering an 18% reduction in cases for the year and delivering their end of year trajectory. The Trust had a total of 23 cases during 2014/15 which is 8 cases below its annual limit and 5 cases less than occurred in 2013/14.
		BCF	4	7	6	The Royal Free London Foundation Trust has reported a total of 33 cases of C. difficile during 2014/15 against a ceiling of 16, and one less case than occurred in 2013/14. Mandatory infection control training is now being delivered to staff on an annual basis instead of 2 yearly. Infection control policies and audit program are being aligned across the Trust.
		LDHUFT	1	1	1	
		Bucks	2	3	2	
		ENHT	0	2	0	
		HCT	1	0	1	
		HPFT	0	0	0	
Ref	Indicator	Trust	Jan-14	Feb-14	Mar-14	Comments
6	Friends & Family Test – Inpatient (score)	WHHT	75	72	77	Friends and Family Test – A&E, In-Patient & Maternity In-patient and A&E rates at West Herts Hospitals Trust remain low and require improvement. The Trust's A&E Matron is working with the department to improve both response rates and the scores received by patients. The Trust is reviewing how the comments from patients can be advertised across the Trust in order to encourage as many patients as possible to complete the survey. The rates and scores will continue to be reviewed by the CCG's Nursing and Quality Team and raised with the Trust at the monthly Contract Quality Review Meeting (CQRM).
		Barnet	45	42	50	
		Chase Farm	73	71	77	
		LDHUFT	66	63	68	
		Bucks	79	80	80	
		ENHT	75	80	80	Improvements are also required in areas of A&E, in-patients and maternity at Barnet Hospital. The Royal Free London Foundation Trust will be continuing to promote the Friends and Family test results both internally and externally. The action plans in relation to the Friends and Family Test continue to be implemented and monitored at the monthly CQRM held with the provider.
Ref	Indicator	Trust	Jan-14	Feb-14	Mar-14	Comments
6	Safer Care	WHHT	94.1%	93.5%	92.6%	Safer Care (Safety Thermometer) An analysis has been undertaken to benchmark the safer care performance across HVCCG against other acute, community and mental health trusts. The results of that show that providers are not significantly different from other similar organisations however focused work is required to drive up performance in areas such as pressure ulcers and falls, which are the 2 largest contributory factors in the poor performance. All providers have actions in place to address both issues such as Pressure Ulcer Working Groups and accompanying actions plans as well as Falls Groups and the appointments of Falls Champions.
		RFH	92.6%	92.9%	91.6%	
		LDHUFT	91.0%	90.8%	92.1%	
		Bucks	90.6%	94.4%	94.3%	
		ENHT	94.0%	93.1%	95.7%	
		HCT	92.7%	93.7%	92.2%	
		HPFT	97.8%	97.2%	98.0%	The action plans in relation to Safer Care continue to be implemented and monitored at the monthly Clinical Quality Review Meetings held with the providers. Updates on safer care performance is also regularly reviewed at the CCG's Quality and Performance Committee.

Key issues/ challenges and planned actions:

Finance month 12:

Income & Expenditure (£m)					
	Full Year	-----Year to Date-----			Prior Month
	Plan	Plan	Actual	Variance	Variance
Revenue Resource Limit	675.0	675.0	675.0	0.0	0.0
Acute	386.7	386.7	400.1	-13.4	-12.4
Mental Health / LD	71.3	71.3	69.3	2.0	1.6
Community Services	56.2	56.2	55.8	0.4	0.2
Continuing Care / FNC	23.0	23.0	23.4	-0.4	-1.1
Prescribing	71.0	71.0	71.0	0.0	0.2
Other Primary Care	16.5	16.5	12.9	3.6	3.3
Other Programme Costs	28.2	28.2	21.1	7.1	7.2
Running Costs	15.1	15.1	14.4	0.7	1.1
<b>Total Expenditure</b>	<b>668.0</b>	<b>668.0</b>	<b>668.0</b>	<b>0.0</b>	<b>0.1</b>
<b>Surplus / (Deficit)</b>	<b>7.0</b>	<b>7.0</b>	<b>7.0</b>	<b>0.0</b>	<b>0.1</b>

Comments
<p>Month 12 key messages</p> <ul style="list-style-type: none"> <li>• The draft accounts of the CCG show a surplus of £7m, which is marginally (£38k) ahead of the planned position for the year. This draft result is subject to audit.</li> <li>• Healthcare / Programme costs are £0.7m in deficit for the year and this is offset by an equivalent surplus on the running cost budget.</li> <li>• Acute contracts have over-performed compared to plan by £13.4m. The higher levels of hospital activity observed in 2014/15 have significant implications for the CCG's plans for 2015/16.</li> </ul>

## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments	
1	Cancer 2 week waits following urgent GP referral	Clinical Commissioning	93%	94.7%	93.6%	87.2%	82.1%	93.9%	83.6%	93.8%	95.0%	96.3%	96.5%	96.7%	97.8%	97.8%	92.3%	↔			
		West Herts Hospitals Trust		94.2%	93.5%	84.4%	78.2%	No Data	80.8%	93.1%	94.9%	96.6%	97.0%	97.5%	97.9%	98.9%	91.5%	↑			
		Royal Free London (RFL)		94.1%	93.9%	94.5%	90.3%	91.9%	91.2%	96.4%	93.7%	93.5%	92.9%	92.3%	98.1%	91.3%	93.5%	↓		RFL: CCG patients : 230 seen and 210 see within target= therefore 20 patients outside of target	
		Luton & Dunstable Hospital (L&D)		97.8%	95.2%	100.0%	96.4%	91.3%	96.4%	97.3%	100.0%	100.0%	97.5%	96.3%	96.2%	100.0%	97.4%	↑			
		Buckinghamshire Healthcare NHS Trust (BUCKS)		96.5%	91.5%	97.2%	94.3%	97.7%	100.0%	94.9%	92.9%	97.1%	94.7%	91.7%	94.3%	100.0%	95.3%	↑			
		East & North Hertfordshire Trust (ENHT)		97.9%	92.3%	97.0%	93.3%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	↔			
		CCG		90.3%	85.7%	89.0%	90.2%	36.0%	47.9%	87.8%	96.4%	94.9%	91.6%	94.0%	95.9%	98.1%	79.2%	↑			
2	Cancer 2 week waits - Breast Symptomatic	WHHT	93%	89.5%	83.3%	50.0%	No Data	14.1%	32.4%	85.2%	96.0%	93.8%	91.0%	94.6%	98.7%	98.5%	72.9%	↓			
		RFL		93.2%	94.3%	82.4%	91.8%	92.1%	94.4%	94.1%	97.9%	96.8%	87.8%	87.5%	88.1%	98.0%	93.3%	↑			
		L&D		97.4%	100.0%	100.0%	76.9%	83.3%	75.0%	100.0%	90.9%	100.0%	100.0%	90.0%	100.0%	87.5%	91.6%	↓		L&D: CCG : 8 patients seen, 7 seen within target	
		BUCKS		95.7%	86.7%	92.9%	100.0%	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	No Data	96.2%	↑		
		ENHT		96.0%	50.0%	87.4%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	↔			
		CCG		97.6%	95.4%	95.2%	94.9%	97.1%	93.9%	97.1%	95.5%	97.6%	95.7%	94.5%	96.9%	98.0%	95.8%	↑			
3	Cancer 31 day - 1st definitive treatment	WHHT	96%	97.0%	100.0%	100.0%	93.5%	No Data	92.9%	94.6%	92.2%	99.0%	93.8%	91.9%	95.3%	98.1%	94.6%	↑			
		RFL		99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	95.8%	100.0%	100.0%	100.0%	98.2%	↔				
		L&D		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		BUCKS		99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		ENHT		97.0%	66.7%	95.2%	87.5%	80.0%	92.0%	97.7%	100.0%	94.1%	100.0%	90.5%	100.0%	93.1%	95.3%	↓		ENHT: Low numbers CCG: 29 treated, 27 meeting standard	
		CCG		99.0%	96.2%	100.0%	88.1%	96.7%	97.4%	100.0%	100.0%	100.0%	100.0%	94.4%	93.9%	100.0%	90.0%	96.2%	↓		
4	Cancer 31 day - Subsequent treatment for cancer - Surgery	WHHT	94%	95.5%	100.0%	100.0%	100.0%	90.9%	94.7%	100.0%	100.0%	100.0%	87.5%	83.3%	100.0%	93.3%	95.5%	↓		WHHT: CCG: 15 patient treated, 1 patient over target	
		RFL		100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		L&D		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data	100.0%	50.0%	95.2%	↓		L&D :CCG : 8 patients seen, 7 seen within target	
		BUCKS		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	No Data	100.0%	↑			
		ENHT		94.1%	66.7%	86.4%	71.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%	↔		
		CCG		98.9%	98.3%	100.0%	98.6%	98.0%	100.0%	98.9%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	↔	
5	Cancer 31 day - Subsequent treatment for cancer - Drugs	WHHT	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		RFL		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		L&D		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		BUCKS		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔			
		ENHT		98.4%	97.9%	100.0%	97.6%	96.6%	100.0%	98.3%	97.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	↔		
6	Cancer 31 day - Radiotherapy CCG ONLY	CCG	94%	94.3%	96.7%	96.5%	97.5%	95.2%	96.9%	92.6%	95.7%	98.7%	100.0%	95.5%	98.9%	96.1%	96.6%	↓			
		ENHT		94.4%	97.5%	86.4%	98.0%	95.0%	96.6%	91.7%	95.2%	100.0%	100.0%	95.1%	98.8%	97.1%	96.6%	↓			

## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments	
7	Cancer 62 days - 1st treatment following urgent GP referral	CCG	85%	83.9%	91.2%	80.3%	80.0%	65.7%	74.7%	72.3%	71.2%	79.2%	74.4%	74.5%	80.0%	78.6%	77.1%	↓		<p>WHHT: At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared the cancer recovery plan. The aim is for performance compliance by the end of quarter 1 (June 2015) Additional resources and MRI slots have been put into place to assist with capacity and demand.</p> <p>Recovery trajectory is due end of quarter 1- 30th of June 2015.</p> <p>A meeting has been arranged with WHHT new cancer manager and cancer clinical lead to meet HVCCG on the 21/5/15 to discuss and agree the inclusion of the performance recovery plans for urology, colorectal and lung within the revised cancer improvement plan. The aim is for the cancer action group to then monitor and review the recovery plans and provide a highlight report which will be included within the integrated, quality, performance and finance report.</p> <p>Weekly performance calls will be set up with WHHT and HVCCG to monitor performance</p> <p>CCG: 57 treated, 10 over target</p>	
		WHHT		86.0%	92.1%	91.9%	85.7%	No Data	80.7%	89.2%	68.0%	84.4%	82.6%	74.5%	79.3%	82.5%	79.3%	↑			
		RFL		85.1%	100.0%	83.3%	80.0%	50.0%	100.0%	80.0%	100.0%	69.2%	100.0%	75.0%	0.0%	75.0%	86.1%	↑			RFL: have a recovery action plan in place to address under performance and the aim is for compliance by the end of quarter 1. Contract manager has requested assurance that the Trust are on trajectory to achieve the target. CCG: 12 treated , 3 over target
		L&D		87.2%	100.0%	87.5%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	87.5%	100.0%	33.3%	89.4%	↓			L&D: CCG figure refers to 3 patients treated with 2 over target
		BUCKS		90.5%	100.0%	100.0%	No Data	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	75.0%	100.0%	100.0%	87.9%	↔			
		ENHT		86.3%	100.0%	95.8%	100.0%	100.0%	No data	100.0%	100.0%	No data	100.0%	0.0%	100.0%	80.0%	81.6%	↓			ENHT: Low numbers CCG fig refers to 5 treated , 1 over target
8	Cancer 62 days - 1st treatment referral from Screening Service	CCG	90%	97.5%	92.0%	88.9%	92.3%	94.7%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%	55.6%	88.9%	92.1%	↑		WHHT: Comments as above	
		WHHT		95.8%	100.0%	66.7%	100.0%	No Data	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	75.0%	90.8%	↑			
		RFL		97.8%	85.7%	100.0%	100.0%	100.0%	No Data	No Data	No Data	100.0%	No Data	No Data	No Data	No Data	100.0%	↔			
		L&D		96.9%	100.0%	100.0%	100.0%	100.0%	No Data	No Data	No data	100.0%	100.0%	No Data	No Data	No Data	100.0%	↔			
		BUCKS		96.8%	100.0%	100.0%	No Data	No Data	No Data	No Data	No Data	100.0%	100.0%	100.0%	No Data	No Data	100.0%	↔			
		ENHT		96.6%	No Data	100.0%	No Data	No Data	No Data	100.0%	No Data	No Data	No data	No Data	No Data	No Data	No Data	No Data	↔		
9	Cancer 62 days - 1st treatment following consultants upgrade	CCG	85%	92.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	90.9%	75.0%	90.0%	84.6%	87.5%	90.4%	↑		Data information analysis has confirmed with data source that 'No data' means no patients	
		WHHT	90%	85.7%	100.0%	100.0%	No Data	100.0%	100.0%	100.0%	33.3%	50.0%	66.7%	No Data	100.0%	100.0%	73.3%	↔			
		RFL	85%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	No Data	95.2%	↑				
		L&D	85%	0.0%	No Data	100.0%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	No Data	100.0%	↔			
		BUCKS	85%	100.0%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	No Data	No Data	No Data	100.0%	↔			
		ENHT	85%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	100.0%	No Data	No Data	No Data	No Data	No Data	No Data	↔			

## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments	
10	18 week Referral to Treatment Time (RTT) for completed patients (adjusted)	CCG	90%	82.9%	83.7%	83.2%	82.6%	82.0%	80.6%	78.5%	78.5%	79.2%	79.5%	79.3%	77.8%	78.6%	78.4%	↑		<p>WHHT: At the WHHT joint quality and contract review meeting on the 12/5/15. WHHT updated that they have made progress to reduce the backlog of 2,300 patients. WHHT confirmed the trajectory is aimed for compliance by the end of quarter 1.</p> <p>The recovery action plan has been shared with the HVCCG and is in line with the performance assurance plan, negotiations have commenced to monitor and review the recovery action plan via the existing contract data group meetings (CDG).</p> <p>The aim is for an exception/highlight report to be presented to the WHHT joint quality and contract meeting and then reported within the integrated, quality and performance report (IQPFR).</p> <p>Weekly performance calls continue to be in place with WHHT, TDA and HVCCG to monitor performance.</p> <p>Additional weekly monitoring calls are due to commence wk 25/5/15 with HVCCG contract manager and WHHT RTT data lead, topics include forward trajectory planning, patient lists management and assessment of outsourcing opportunities.</p> <p>RFL: have a recovery action plan in place to address under performance and the aim is for compliance by the end of quarter 1. Contract manager has requested assurance that the Trust are on trajectory to achieve the target. CCG: 12 treated, 3 over target</p>	
		WHHT		76.1%	76.9%	74.6%	74.7%	72.9%	70.4%	66.2%	67.1%	68.6%	66.9%	68.2%	68.4%	67.7%	67.9%	↓			
		RFL			No BCF/RF 18 wks RTT			91.4%	90.1%	94.1%	85.8%	83.1%	82.4%	84.7%	85.2%	89.3%	87.9%	↑			
		L&D		95.6%	94.2%	96.5%	96.0%	97.4%	95.9%	94.2%	95.6%	95.1%	97.1%	95.6%	92.8%	95.9%	94.8%	↑			
		BUCKS		77.3%	82.9%	86.4%	80.4%	85.9%	86.7%	93.1%	90.1%	92.7%	91.7%	89.0%	83.0%	93.8%	90.1%	↑			
		ENHT		94.4%	92.7%	86.5%	93.4%	95.2%	87.3%	85.7%	91.5%	81.0%	90.0%	91.8%	94.7%	75.7%	81.0%	↓			
11	18 week RTT for completed non admitted patients	CCG	95%	92.9%	93.0%	93.7%	90.6%	90.9%	90.7%	87.3%	89.3%	86.5%	87.6%	87.2%	87.7%	91.4%	89.9%	↑		<p>Additional weekly monitoring calls are due to commence wk 25/5/15 with HVCCG contract manager and WHHT RTT data lead, topics include forward trajectory planning, patient lists management and assessment of outsourcing opportunities.</p> <p>RFL: have a recovery action plan in place to address under performance and the aim is for compliance by the end of quarter 1. Contract manager has requested assurance that the Trust are on trajectory to achieve the target. CCG: 12 treated, 3 over target</p>	
		WHHT		90.7%	90.8%	91.6%	88.4%	88.0%	86.3%	83.8%	86.1%	82.1%	84.1%	83.4%	83.9%	89.1%	87.4%	↑			
		RFL			No 18 wks RTT			97.1%	100.0%	97.4%	97.9%	95.6%	97.9%	97.4%	95.9%	95.0%	95.3%	↓			
		L&D		98.6%	98.2%	98.3%	96.4%	97.2%	98.5%	97.8%	95.4%	97.1%	96.7%	95.5%	97.6%	98.1%	98.0%	↑			
		BUCKS		94.6%	97.5%	96.3%	98.5%	97.4%	99.6%	96.9%	96.3%	96.7%	93.7%	94.3%	97.0%	92.9%	94.2%	↓			
		ENHT		95.6%	96.8%	97.4%	97.1%	97.0%	97.9%	97.3%	96.3%	97.3%	97.9%	93.8%	93.9%	94.4%	94.3%	↑			
12	18 week RTT Incomplete pathway	CCG	92%	88.4%	89.6%	89.3%	87.1%	86.5%	85.1%	85.3%	84.8%	85.2%	85.2%	87.0%	90.9%	91.8%	87.5%	↑		<p>ENHT: are reviewing the RTT backlog. Trajectories are currently not being achieved and therefore ENHT are exploring outsourcing capacity for specific areas.</p> <p>HVCCG are working closely with ENCCG to review the situation and the recovery action plan is a standard item on the agenda at the contract review meeting.</p> <p>Compliance is estimated by September 2015.</p>	
		WHHT		86.0%	87.2%	87.0%	85.1%	83.3%	82.5%	82.7%	81.0%	81.1%	81.2%	83.2%	88.4%	89.6%	89.2%	↑			
		RFL			No 18 wks RTT			90.4%	88.0%	86.0%	85.5%	88.3%	88.4%	88.0%	90.3%	89.3%	89.6%	↓			
		L&D		96.7%	97.5%	97.8%	97.2%	97.2%	96.9%	96.9%	97.8%	97.2%	96.7%	96.9%	97.5%	98.1%	97.9%	↑			
		BUCKS		88.3%	91.6%	90.9%	92.5%	94.1%	92.4%	93.0%	91.6%	91.9%	92.6%	92.7%	94.7%	92.6%	93.3%	↓			
		ENHT		88.4%	95.2%	95.1%	93.7%	94.5%	94.1%	93.2%	92.8%	93.2%	91.9%	90.8%	91.8%	94.5%	93.6%	↑			
13	Number of patients waiting more than 52 weeks on incomplete pathways	CCG	0	28	6	2	2	4	2	1	7	8	3	2	2	2		↔		<p>Figure relates to a snapshot at the end of each month and could include the same patient multiple times</p> <p>WHHT: Both patients have treatment dates</p>	
		WHHT		0	0	0	0	0	0	1	7	8	2	0	3	2		↓			
		RFL			No 18 wks RTT			0	0	0	0	0	0	0	0	0	0	0	↔		
		L&D		0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔			
		BUCKS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔			
		ENHT		0	0	0	0	0	1	0	0	0	0	0	0	0	0	↔			

## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments		
14	Diagnostic tests - % of patients waiting 6 wks or less	CCG	99%	94.8%	96.7%	97.7%	98.0%	98.1%	97.8%	97.9%	98.9%	98.7%	98.1%	97.1%	97.9%	98.1%	97.9%	↑		WHHT: At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared an update on the diagnostics plan . The aim is for the diagnostic recovery plan to be monitored and review by the contract data group (CDG) with WHHT and HVCCG, negotiations are underway to finalise this approach. Weekly performance calls are in place with WHHT, TDA and HVCCG to monitor performance .CCG: 152 / 11560 patients		
		WHHT		92.7%	96.5%	97.0%	97.4%	97.5%	97.4%	97.6%	99.0%	99.0%	98.7%	97.7%	98.6%	98.7%	97.9%	↑		Weekly performance calls are in place with WHHT, TDA and HVCCG to monitor performance .CCG: 152 / 11560 patients		
		RFL		98.9%	95.6%	98.9%	99.1%	99.2%	98.4%	98.1%	98.6%	98.2%	96.3%	95.6%	95.6%	96.0%	97.1%	↑		RFL :Back log in diagnostic testing has grown as a result of 2 key indicators 1) increased demand which is above average 2) decrease in the accredited independent sector providers able to support the trust with diagnostic testing on a regular basis. The trust are working to identify additional independent providers with the necessary accreditation to support diagnostic testing. Endoscopy is the specific problem area for BCF - increasing referrals, capacity shortfall across all sites, problem with equipment (endoscopy washers being obsolete and different sites using different scopes). It will take a number of months to sort out and a paper is due shortly that will be shared with commissioners. Contract manager to monitor. CCG: 172 / 4120 patients		
		L&D		99.4%	98.8%	98.1%	97.8%	99.0%	96.0%	98.9%	100.0%	99.2%	99.6%	100.0%	98.7%	97.3%	98.6%	↓		L&D :Contract manager to monitor and review as part of the contract review meeting. CCG: 14 / 504 patients		
		BUCKS		99.6%	99.8%	99.5%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	99.7%	↔		
		ENHT		99.9%	No Data	No Data	97.4%	99.4%	100.0%	No data	No data	99.5%	93.2%	90.1%	100.0%	100.0%	96.5%	↔				
15	A&E total time in Department - less than 4 hours	CCG	95%	94.8%	95.3%	94.0%	93.4%	94.6%	95.9%	92.6%	92.6%	90.4%	88.4%	82.3%	87.3%	89.2%	92.2%	↑		WHHT : At the WHHT joint quality and contract review meeting on the 12/5/15 WHHT shared their recovery action plan and provided an update on the following actions ; restructure of the medicines directorate, additional resources at the A&E reception with HALO stream nurses. Plans to restructure A&E level has gone to WHHT panel for approval. Ambulance resource to support patient discharge has been put into place and vacancies for discharge co-ordinator roles will be advertised. System resilience group (SRG) update: 1) There is limited confidence in the system currently that the A&E recovery plan is likely to be achieved, in large part down to staffing issues both internally in the Trust and more widely across the system 2) Recovery of the A&E position will also be impacted by external partners achieving improvements, and Herts community trust (HCT), integrated discharge team (IDT), Herts county council (HCC) have all been asked to provide trajectories against key measures/metrics that will support this – HVCCG are working on consolidating this with the relevant leads. Weekly performance calls are in place with WHHT, Trust development authority (TDA ) and HVCCG to monitor performance CCG: 8443 / 1036 patients		
		WHHT trustwide		95.7%	95.1%	92.5%	92.5%	96.9%	96.0%	92.6%	91.9%	90.2%	88.4%	81.9%	87.1%	87.7%	91.2%	↑				
		RFL trustwide		90.4%	97.3%	94.7%	95.8%	95.9%	95.6%	95.4%	95.5%	95.6%	92.3%	89.2%	97.4%	95.5%	94.9%	↓		RFL: Performance compliant for the last 2 months		
		L&D trustwide		98.4%	99.0%	98.3%	98.7%	98.5%	98.5%	99.0%	98.5%	98.7%	98.2%	98.7%	98.8%	98.9%	98.6%	↑				
		BUCKS trustwide		95.0%	93.9%	93.6%	93.3%	92.9%	93.8%	94.8%	93.9%	95.1%	89.2%	90.3%	91.7%	91.5%	92.9%	↓		BUCKS: Contract manager and quality team has received an update from the Trust on plans to achieve A&E 4 hour target . HVCCG have presented queries back to the Trust as CCG not fully reassured and have shared these concerns with the lead commissioner.		
ENHT trustwide	95.7%	92.2%	92.2%	95.1%	95.7%	94.2%	91.7%	90.2%	93.6%	86.2%	87.4%	91.8%	94.9%	92.3%	↑		ENHT : HVCCG contract manager will attend the next contract review meeting to address non-compliance to performance standards.					

## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments	
18	Delayed transfers of care (% bed days lost) n/a at CCG level	WHHT trustwide	3.5%	3.8%	2.3%	2.0%	2.2%	2.2%	2.8%	2.9%	3.4%	3.5%	3.8%	6.0%	7.2%	4.6%	0.0%	↓		WHHT: Working towards to compliance, situation is improving due to collaborative working with the community providers.	
		RFL trustwide		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	↔		RFL: This data is not yet available. Agreement from the System resilience group is that RFL to report to Unify when there is 100% assurance that it will be done on a sustainable basis.
		L&D trustwide		5.1%	5.5%	7.3%	5.9%	3.8%	3.0%	3.9%	5.4%	5.3%	4.3%	4.7%	4.3%	4.2%	0.0%	↓		L&D: Contract manager has requested a copy of the recovery action plan and this will be discussed at the May contract review meeting.	
		BUCKS trustwide		2.5%	1.0%	2.9%	2.5%	1.8%	1.9%	2.4%	2.8%	3.0%	2.1%	2.7%	3.0%	No data	0.0%	↑			
		ENHT trustwide		2.9%	3.2%	3.5%	3.3%	4.3%	2.9%	3.5%	2.8%	1.3%	1.0%	0.9%	1.4%	0.7%	0.0%	↓			
19	Ambulance Handover 30-60 Min	WHHT trustwide		2217	111	175	276	160	168	184	232	268	302	399	380	361	3016	↓		Ambulance standards are consistently not being achieved due to increase level of demands across Beds, Herts and Luton and turnaround issues at some Trusts had a significant impact on achieving these targets.	
		RFL trustwide		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data				
		L&D trustwide		1158	136	148	118	161	85	135	154	149	232	163	157	189	1827	↑			
		BUCKS trustwide		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data				
		ENHT trustwide		2422	221	239	217	173	201	308	402	275	343	264	137	170	2950	↑			
20	Ambulance Handover over 60 Min	WHHT trustwide		337	14	16	29	12	29	33	42	39	167	188	156	131	856	↓		Update from ECIST March Report : Actions taken to improve performance Actions which have been undertaken in the last month to improve performance are as follows; Hospital Ambulance Liaison Officer (HALOs) still remain in place at the majority of the acutes, and will continue trust wide until 1st week in May Completed roll out of regional placement of 1000 community automated external defibrillator (AEDs). Budget setting for 15/16 incorporates additional suggested rota lines Silver and gold cell support continues and will do so until May Daily 0830 conference calls to look at placement of resourcing and barriers affecting immediate performance	
		RFL trustwide		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data				
		L&D trustwide		126	8	17	13	9	10	13	16	15	55	16	28	29	229	↑			
		BUCKS trustwide		No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data				
		ENHT trustwide		390	62	22	25	7	17	58	96	38	85	65	8	9	492	↑			
21	Ambulance Category A - Red 1 response < 8 mins	CCG	75%	76.5%	72.9%	67.0%	59.0%	69.5%	63.3%	71.7%	76.5%	78.2%	69.0%	74.8%	80.7%	76.1%	71.6%	↓		Additional trolleys still available to use to support A&E units at times of increased demand.	
		EEAST		73.6%	69.1%	66.3%	65.7%	66.4%	69.1%	71.1%	73.5%	73.6%	71.7%	73.5%	77.7%	73.8%	71.0%	↓			
22	Ambulance Category A - Red 2 response < 8 mins	CCG	75%	74.8%	67.7%	67.5%	60.4%	61.8%	65.6%	63.5%	68.2%	68.8%	60.2%	68.7%	71.0%	70.5%	66.1%	↓		HVCCG contract manager will attend the next Ambulance contract meeting on the 28/5/15	
		EEAST		69.4%	61.4%	61.0%	60.5%	59.7%	61.1%	62.6%	62.6%	64.2%	61.1%	64.9%	66.4%	67.6%	62.8%	↑			
23	Ambulance Category A < 19 mins	CCG	95%	96.7%	95.8%	94.8%	94.0%	92.6%	95.5%	94.2%	95.7%	95.9%	93.3%	95.3%	97.0%	95.9%	95.0%	↓			
		EEAST		92.9%	91.0%	90.1%	90.3%	89.3%	90.3%	91.5%	90.5%	91.9%	90.3%	92.1%	93.2%	93.9%	91.2%	↑			



## Performance against Key National Indicators

### PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments
24	Admitted directly to stroke unit < 4 hours arrival to hospital	CCG	90%	65.5%	77.8%	61.9%	66.1%	83.7%	71.4%	65.9%	59.3%	69.4%	57.9%	46.2%	40.0%	35.0%	59.5%	↓		<p><b>WHHT</b> : At the WHHT joint quality and contract review meeting on the 12/5/15 , WHHT shared the stroke action plan, however the update will be provided at the next meeting. HVCCG to follow up the outstanding performance KPI's within the recovery plan at the next stroke leadership meeting in May. The aim is for the stroke leadership group to monitor and review the stroke action plan and a highlight report will be presented at the WHHT joint quality and contract review meeting and incorporated within the IQPFR</p> <p><b>L&amp;D</b> : There has not been a contract review meeting in April , therefore an update on the root cause analysis stroke breaches will be discussed at this meeting . Feedback will then be built into the Trust action plan that will be monitored by the stroke review group. Contract manager has requested a copy of the recovery action plan.</p> <p>CCG: No data available for march at time of download- HVCCG have contacted stroke information lead to obtain confirmation that no data= no patients.</p>
		WHHT		66.1%	74.0%	57.9%	67.3%	82.5%	70.8%	65.7%	60.9%	69.7%	58.6%	35.3%	41.2%	34.3%	59.1%	↓		
		L&D		56.0%	No Data	100.0%	50.0%	100.0%	66.7%	57.1%	33.3%	50.0%	50.0%	75.0%	66.7%	40.0%	55.3%	↓		
		ENHT		62.5%	No Data	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	50.0%	20.0%	No Data	73.9%	↑		
25	Stroke patients spending > 90% on stroke unit	CCG	80%	80.4%	82.2%	75.6%	86.2%	85.4%	78.6%	77.8%	75.9%	74.3%	78.9%	63.0%	65.4%	67.4%	75.1%	↑		<p><b>WHHT</b>: See comment above</p> <p>CCG: No data available for march at time of download- HVCCG have contacted stroke information lead to obtain confirmation that no data= no patients.</p>
		WHHT		80.6%	82.0%	73.0%	86.3%	84.1%	79.2%	75.0%	78.3%	75.0%	72.4%	52.9%	58.8%	63.2%	73.5%	↑		
		L&D		86.2%	No Data	100.0%	83.3%	100.0%	66.7%	85.7%	60.0%	50.0%	100.0%	75.0%	100.0%	100.0%	83.7%	↔		
		ENHT		70.6%	No Data	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	60.0%	No Data	91.7%	↑		

**Performance against Key National Indicators**  
**PROVIDER DASHBOARD-HVCCG PATIENT VIEW CONTINUED**

Ref	Indicator	Trust	Threshold	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	Trend	Graph	Comments	
26	High risk Transient Ischaemic Attack (TIA) patients not admitted, treated < 24 hours	CCG	60%	69.0%	58.6%	74.1%	82.4%	55.6%	33.3%	26.3%	33.3%	75.0%	75.0%	35.3%	28.0%	76.2%	69.6%	↑			
		WHHT		71.4%	67.9%	72.0%	92.9%	50.0%	40.0%	0.0%	0.0%	83.3%	66.7%	30.8%	26.1%	68.8%	69.7%	↑			
		L&D		60.4%	25.0%	100.0%	33.3%	100.0%	0.0%	0.0%	50.0%	50.0%	100.0%	100.0%	33.3%	50.0%	100.0%	67.9%	↑		
		ENHT		68.8%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No data	No data	No data	No data	No data	No data			
27	Receive thrombolysis following an acute stroke	CCG	12%	23.7%	18.6%	25.6%	30.2%	26.2%	14.8%	24.4%	9.1%	23.3%	30.6%	20.8%	14.8%	5.6%	20.9%	↓			
		WHHT		24.3%	19.6%	20.0%	30.4%	28.2%	12.5%	24.2%	11.8%	25.0%	18.5%	28.6%	16.7%	6.3%	20.3%	↓		WHHT: See comment above	
		L&D		23.1%	No Data	100.0%	33.3%	0.0%	50.0%	33.3%	0.0%	0.0%	83.3%	25.0%	25.0%	0.0%	33.3%	↓		ENHT: CCG Score refers to 0/4 patients	
		ENHT		0.0%	No Data	66.7%	No Data	0.0%	0.0%	0.0%	0.0%	0.0%	30.6%	0.0%	0.0%	No Data	12.5%	↑		CCG: No data available for march at time of download- HVCCG have contacted stroke information lead to obtain confirmation that no data= no patients.	
28	Patients with low risk TIA treated within 7 days onset	CCG	65%	58.8%	57.9%	61.9%	64.7%	47.1%	56.5%	50.0%	100.0%	48.6%	51.6%	55.0%	64.0%	34.1%	53.9%	↓			
		WHHT		55.6%	56.8%	58.8%	62.9%	44.8%	42.9%	50.0%	No data	46.7%	51.6%	51.4%	63.6%	33.3%	51.8%	↓		WHHT: See comment above	
		L&D		81.0%	100.0%	83.3%	83.3%	75.0%	77.8%	50.0%	100.0%	57.1%	69.2%	100.0%	66.7%	36.4%	71.7%	↓		L&D : CCG Score refers to 4/11 patients	
		ENHT		76.0%	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No data	51.6%	No data	No data	No data	No data			

## Performance against Key National Indicators

### HERTS COMMUNITY TRUST (HCT) – COMMUNITY PROVIDER VIEW

Ref	Indicator	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 YTD	Trend	Graph	Comments
1	Incidence of MRSA Bacteraemia (HVCCG Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔		
2	Incidence of Clostridium Difficile Infections (HVCCG Patients)	14pa	0	0	1	0	0	0	0	1	1	0	1	1	4	↔		
3	18-Weeks RTT: Consultant-led (HVCCG Patients)	95%	98.1%	99.2%	99.2%	96.9%	97.6%	96.1%	96.0%	96.8%	95.9%	98.2%	96.6%	97.1%	96.9%	↑		
4	18-Weeks RTT: Non-Consultant-led (HVCCG Patients)	95%	99.3%	99.3%	99.8%	99.6%	99.9%	99.6%	99.3%	99.5%	99.7%	99.6%	99.8%	99.7%	99.8%	↓		
5	VTE Risk Assessments (HCT trust wide)	100%	96.0%	98.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.0%	↔		
6	Minor Injuries Unit 4-hour waits (HCT trust wide)	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔		
7	Number of Grade 3 and 4 pressure ulcers reported as an SI (HCT trust wide)	46pa	0	0	0	1	0	1	1	4	0	0	1	1	9	↔		
8	Number of deaths per 1000 occupied bed days (HCT trust wide)	Monitoring	0.80	0.30	0.63	0	0.31	0.34	0.31	0.49	1.27	0.92	0.45	0.31	0.67	↓		
9	Number of never events (HVCCG Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔		
10	Number of serious incidents reported in month (HVCCG Patients)	tbc	7	5	14	15	13	9	16	9	12	25	13	20	158	↑		
11	Falls within inpatient facilities resulting in harm (HCT trust wide)	Monitoring	2.0%	1.1%	1.0%	1.1%	1.1%	2.3%	1.5%	1.7%	2.2%	1.8%	1.8%	1.8%	1.7%	↔		
12	Number of warning notices from CQC (HCT trust wide)	0	0	0	0	0	1	0	0	0	0	0	0	0	1	↔		Following a further CQC inspection in July 2014 HCT has received notification of full compliance at Langley House. CQC action plan in place to address safeguarding training and education of all staff at Potters Bar hospital.
13	Patients receiving harm free care (HCT trust wide)	Monitoring	92.8%	93.0%	93.1%	93.0%	93.0%	93.7%	93.1%	93.0%	93.8%	92.0%	92.1%	93.6%	93.1%	↑		
14	Mixed-sex accommodation breaches (HVCCG Patients)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔		
15	Health Visitors Caseload (HCT trust wide)	<500	490	487	487	487	487	487	495	470	465	473	473	414	414	↓		

## Performance against Key National Indicators

### HERTS URGENT CARE (HUC) 111 – HERTFORDSHIRE WIDE VIEW

SERVICE/ REF	INDICATOR	THRESHOLD	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD	TREND	COMMENTS
111	Calls answered within 60 seconds	>95%	97.5%	97.0%	97.5%	97.5%	98.1%	97.1%	97.1%	96.8%	93.0%	96.7%	96.1%	97.3%	96.8%	↑	
111	Calls abandoned due to long wait	<5%	0.7%	0.8%	0.7%	0.7%	0.5%	1.0%	1.0%	0.8%	3.4%	0.9%	1.2%	0.7%	1.0%	↓	
111	Ambulance dispatches as a % of calls answered	10%	5.8%	5.5%	6.2%	6.3%	6.4%	7.7%	7.2%	7.0%	7.0%	7.0%	6.0%	7.0%	6.6%	↑	
GP OUT OF HOURS/ NQR 2	Clinical details of patients sent to practices by 8am	>95%	99.9%	100.0%	100.0%	99.9%	100.0%	100.0%	99.3%	100.0%	99.8%	100.0%	100.0%	99.6%	99.9%	↓	
GP OUT OF HOURS/ NQR 9	Definitive clinical assessment for urgent calls within 20 mins of the call being answered by a person	>95%	96.1%	95.8%	94.3%	92.3%	94.4%	95.9%	92.0%	87.7%	79.1%	81.0%	90.2%	91.1%	90.8%	↑	<p>Performance has increased due to good rota fill and the call volumes are also rising which has impacted the performance figures.</p> <p>There has been a higher than average referral rate from 111.</p> <p><b>Actions:</b></p> <p>HUC are still experiencing problems at the weekends with evening staffing which is being targeted as a priority rota fill.</p> <p>Homeworking assistance has not been obtainable to relieve the pressure on the consultation queue.</p> <p>Review of the hours worked by home working staff is on-going.</p> <p>Contract manager has updated that HUC have not been able to recruit their targeted number of expected new GPs for the rota, despite paying premiums for working on unpopular shifts. This has still not attracted the capacity needed to always fill GP vacancies at the various bases, however tier one basis are a priority and always have capacity.</p> <p>Long term plans are to look at working with GP federations across Hertfordshire to cover vacant sessions.</p> <p>Recruitment of newly qualified GPs in the summer with a guarantee of a 2 year contract in Hertfordshire, for those who cover out of hour shifts will be offered.</p> <p>HUC are investigating extended use of nurse practitioners and pharmacists to cut down the need to always call on GP out of hours.</p> <p>HVCCG have appointed an Out of Hours project manager to support this work stream.</p> <p>HVCCG Contract manager has requested a copy of the recovery action plan (RAP) from the lead commissioner ENCCG.</p>
GP OUT OF HOURS/ NQR 9	Definitive clinical assessment for urgent calls within 60 mins of the call	>95%	94.9%	93.8%	90.6%	84.5%	89.1%	93.5%	84.3%	80.9%	67.2%	77.6%	82.3%	85.2%	85.3%	↑	As Above
GP OUT OF HOURS/ NQR 12	Urgent home visits within 2 hours	>95%	95.9%	96.9%	92.9%	92.1%	88.1%	95.4%	91.7%	86.2%	84.3%	85.3%	87.3%	89.2%	90.4%	↑	<p>Still experiencing rota fill problems with the visiting shifts especially in the E &amp; N Herts area. The volume of Urgent home visits has increased which impacts performance as the cars are taken out of area which delays the routine visits.</p> <p><b>Action:</b> Additional resource at the bases and improved rota fill has increased performance, had the call volumes decreased we would have seen a significant improvement.</p>
GP OUT OF HOURS/ NQR 12	Routine home visits within 6 hours	>95%	93.9%	92.5%	93.4%	89.0%	86.0%	95.1%	90.3%	85.3%	76.2%	86.0%	89.2%	91.2%	89.0%	↑	As Above
GP OUT OF HOURS/ NQR 12	Urgent face to face consults within 2 hours	>95%	96.9%	95.8%	95.7%	94.6%	94.3%	97.6%	95.5%	97.2%	94.2%	92.9%	94.1%	92.6%	95.1%	↓	<p>Direct booking continues to impact performance on Urgent come to centre appointments. National set pathways can not be overridden, therefore for appointments coming through 111 this can delay diagnosis for the patients.</p> <p><b>Action:</b> Ongoing training for call handlers to ensure that appointments are not being booked outside the breach time.</p> <p>HUC are working at a National level to address this.</p>
GP OUT OF HOURS/ NQR 12	Routine face to face consults within 6 hours	>95%	99.8%	99.9%	99.8%	99.4%	99.8%	99.8%	99.4%	99.6%	96.6%	99.3%	98.9%	99.1%	99.3%	↑	

**Performance against Key National Indicators**  
**MENTAL HEALTH PROVIDER – HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST (HPFT)**

Indicator	Threshold	2014/15 YTD	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend	Q4 Comments
<b>Clinical Effectiveness</b>																
Emergency readmissions to hospital within 30 days of discharge	≤7.5%		4.7%	11.0%	10.7%	2.0%	6.5%	3.5%	20.0%	2.4%	7.3%	4.7%	5.4%	5.1%	↓	HPFT have consistently achieved below target of 7.5% since October 2014. HPFT support people within the early days & weeks following discharge, to enable them to progress at home. However, HPFT provide an acute care pathway, offering more than inpatient care, therefore it is not a failure if someone moves for a short period from acute day treatment to inpatient care & back again if this is what they need or want. A report completed in December 2014 examined the characteristics of those who are readmitted & shared with commissioners. Acute Pressures is a 2015/16 CQUIN Goal – to improve patient flows through acute inpatient care. One element of this is better discharge planning, & improved communication with GPs & discharge planning meetings in every case.
Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team	≥95%		100%	100%	100%	97.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	Continued good performance.
The number of new cases of psychosis served by early interventions teams year to date	76	57	2	2	15	17	24	29	31	35	38	44	47	57	↑	MD of Adult Community Services is leading to review the whole process/service. First meeting held & work underway to meet the new National Target and be complaint by April 2016. This involves re-training staff & new monitoring arrangements. Meeting to be held end of May 2015 and update to follow.
Delayed transfers of care to the maintained at a minimal level	≤7.5%		3.4%	5.7%	4.8%	5.2%	5.3%	4.9%	5.2%	3.9%	4.7%	4.1%	3.6%	4.3%	↓	HPFT have consistently achieved the target of below 7.5% throughout 2014/15. HPFT cannot split by CCG as Wards receive patients countywide.
<b>Improving Access to Psychological Therapies IAPT</b>																
The proportion of people who have completed IAPT treatment having attended at least 2 treatment contacts and are moving to recovery	50%				51.8%	55.9%	52.9%	53.7%	48.9%	55.0%	51.1%	51.3%	51.4%	47.0%	↓	Recovery rate dipped slightly in March, 339/722. Work is being done with staff to ensure they understand the diagnosis criteria. Also new computerised CBT package has been purchased following a pilot that was popular with service users and should help to reduce drop-out rate.
Number of people entering IAPT treatment		7849			1341	623	505	588	651	653	695	754	823	1216	↑	
Referrals to IAPT meeting 3 day maximum wait for initial contact	≥98%				98.6%	98.4%	96.50%	92.70%	37.4%	83.4%	70.7%	95.7%	98.2%	99.0%	↑	On target
Referrals to Step 2 primary care psychological therapies meeting maximum 28 day wait	≥98%				98.9%	97.6%	97.90%	98.2%	89.9%	98.0%	94.1%	92.7%	98.2%	99.2%	↑	Above target
Referrals to Step 3 primary care psychological therapies meeting maximum 28 day wait	≥98%				99.1%	96.1%	94.20%	95.90%	90.7%	99.0%	95.0%	93.2%	94.9%	95.0%	↑	Due to converting as many referrals as possible into treatment to reach the access target, the service has attempted to contact individuals for longer periods than previously agreed, before discharging. Those referred have been encouraged to use the service up to the 28th day. If engaged after the 25th day it has been challenging to book patients at a convenient appointment within 28 days. Monitoring of referral numbers in single point of access (SPA) by Service line is now taking place on a weekly basis. Trajectory: Expected to meet target at the end of Q1 2015/2016.

## MENTAL HEALTH PROVIDER – HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST (HPFT) CONTINUED

Indicator	Threshold	2014/15 YTD	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Trend	Q4 Comments
<b>Waiting Times</b>																
Urgent referrals to community eating disorder services meeting 48 hour wait	≥98%		Zero	Zero	100.0%	100.0%	Zero	100.0%	Zero	Zero	Zero	Zero	Zero	100.0%	↔	No breaches in March
Routine referrals to community eating disorder services meeting 28 day wait	≥98%		100.0%	100.0%	100.0%	100.0%	92%	92%	82%	95.2%	100.0%	88.2%	100.0%	100.0%	↔	No breaches in March
Routine referrals to early intervention in psychosis service meeting 14 day wait	≥98%		Zero	Zero	71.4%	100.0%	75.0%	83.3%	60%	50.0%	57.1%	Zero	Zero	100.0%	↔	No breaches in March
Routine referrals to community mental health team meeting 28 day wait	≥98%		91.0%	87.8%	92.3%	95.5%	97.3%	95.8%	96.9%	98.4%	96.6%	96.0%	97.7%	99.0%	↑	Target achieved in March
Urgent referrals to community mental health team meeting 24 hour wait	≥98%		87.5%	54.6%	83.3%	100.0%	95.7%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔	No breaches in Q4
CATT referrals meeting 4 hour wait	≥98%		98.0%	99.0%	98.4%	100.0%	100.0%	100.0%	99.8%	100.0%	99.9%	100.0%	100.0%	100.0%	↔	373/373 - not split by CCG
Urgent Fair Access to Care referrals to CMHTs meeting 48 hour maximum wait	≥98%		14.3%	10.0%	15.2%	55.6%	Zero	57.9%	0.0%	100.0%	85.7%	100.0%	100.0%	100.0%	↔	No breaches
Routine referrals to Specialist Community Learning Disability Services meeting 28 day wait	≥98%		100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	80.0%	88.2%	66.7%	92.3%	95.8%	↑	New protocols put in place to monitor referrals and ensure they are seen within 28 days has improved. Breach in March was down to patient choice and in one instance a miscommunication between HCC and HPFT. Additional appointments have also been made available to meet demand. Trajectory: The Operational Team anticipates that the target will be met from Q1 onwards.
Urgent referrals to Specialist Community Learning Disability Services meeting 24 hour wait	≥98%		Zero	100.0%	100.0%	100.0%	Zero	100.0%	Zero	Zero	Zero	Zero	100.0%	100.0%	↔	No breaches
EMDASS Referrals meeting 6 week wait	≥90%		84.8%	84.8%	86.1%	88.5%	81.4%	73.8%	72.2%	77.7%	63.5%	63.7%	72.1%	60.8%	↓	Still under negotiation with commissioners.- Discussions held with HPFT to revise model. Part of a weekly telephone conference with CCG's
CAMHS - Percentage of referrals meeting assessment waiting time standards - ROUTINE (28 DAYS)	≥75%													90.2%	↑	Target achieved in March
<b>Patient Safety</b>																
% of service users with an up to date risk assessment	95%			64.37%	66.91%	68.46%	70.92%	71.98%	75.29%	77.07%	81.66%	84.08%	86.88%	86.31%	↓	Target internally is 90%. Teams are actively reviewing risk assessments and ensuring they are in date. Also being affected by some cases not being correctly closed on the EPR - this is being addressed. This is on the HPFT Quality account 2014/15 which derived from the patient record and set internally in order to drive up practice in this important area of care and is reviewed at the Quality Review Meetings.
Care Programme Approach (CPA): The percentage of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	95%		100.0%	100.0%	97.4%	100.0%	93.3%	97.4%	100.0%	100.0%	100.0%	95.7%	97.2%	100.0%	↑	No breaches
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months	95%		97.1%	94.2%	97.8%	96.9%	97.1%	95.5%	95.6%	95.3%	95.0%	93.9%	93.3%	96.2%	↑	Achieved target in March
People with severe mental illness who have received a list of physical checks (in-patients only)	98%		33.3%	39.4%	34.2%	96.9%	80.9%	88.9%	83.0%	93.1%	88.8%	100.0%	93.5%	94.9%	↑	2 breaches in March for Herts Valleys 37/39. Multiple declines for both people. All breaches are due to service user choice. It is best practice to continue to ask the person if they will consent to the physical health check and to explain its importance. HPFT are unable to give a trajectory for this target as they cannot remove the element of service user choice, but will continue to offer physical health checks to 100% of inpatients. HPFT has had a 60% improvement since April 2014, by embedding good practise and ensuring staff consistently offer a physical health check to patients. However, there will always be people choosing to decline, because they either do not feel well enough at the time or generally do not want a physical health check. HPFT will continuously ask the individual. To get a general consensus of what is the benchmark, HPFT will enquire from other Trusts and provide an update.

**DEMENTIA UPDATE REPORT - APRIL 2015**  
**Dementia Diagnosis Recovery Plan - As At 11<sup>th</sup> May 2015**

**3. Diagnosis: where are we now?**

Utilising the new prevalence methodology the position at the beginning of April is estimated as:

	65+ Only (CFAS II)	30 - 64 (AS-2014)	Total
Estimated dementia prevalence in Herts Valleys	6,627	364	6,990
67% target	4,440	244	4,683
Current estimated number diagnosed (Alastair Burns letter dated 16th April)			3,700
Additional diagnoses required to meet target			983
Estimated percentage diagnosed based on new prevalence figures as at 1 <sup>st</sup> April 2015			52.93%

**4. Where do we want to be?**

*We want to ensure that all people with Dementia in Herts Valleys have access to a timely diagnosis and effective post-diagnostic support for both themselves and their Carers.*

We are launching our new Dementia Strategy for 2015 to 2019 in partnership with Hertfordshire County Council, East and North Herts CCG and others on the Hertfordshire Health and Wellbeing Board on 13<sup>th</sup> of May 2015.

Our target is that at least 67% of people in Herts Valleys with Dementia have a diagnosis – ***we are aiming to meet this target by the end of September 2015.***

***Additionally, by the 31st of December 2015 (end of Quarter 3) we will ensure that:***

10. The diagnosis ambition is supported by capacity within diagnostic services and post-diagnostic support.
11. The diagnosis ambition is supported by capacity within the care home sector.
12. People with Dementia and their carers will have access to the right information throughout the Dementia care pathway.
13. Home care services provide effective support to people with Dementia.
14. Dementia risk reduction messages are integrated with mainstream healthy lifestyle initiatives, including promotion of good brain health throughout life.
15. Key partners and communities become more dementia friendly and awareness in services continuously improves.
16. Carers are supported effectively in relation to the behavioural and psychological symptoms of Dementia (BPSD).
17. Crisis Care for people with Dementia is fully reviewed.
18. Local intelligence around local Dementia prevalence, protected characteristics and comorbid medical conditions is developed.

We will continuously monitor performance against the following trajectory of improvement:

Month	March 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sept 2015
<b>Monthly diagnosis ambition (%)</b>	53%	55%	57%	59%	62%	64%	67%

# QUALITY DASHBOARD

Ref	Indicator	Trust	Jan-14	Feb-14	Mar-14	Year End Position 2013/14	2014/15 Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 YTD		
2	Never Events	WHHT	0	0	1	2	0	1	0	0	0	0	0	1	1	1	0	0	0	4		
		BCF	0	0	0	2		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		LDHUFT	0	0	0	2		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Bucks	0	0	0	1		0	0	1	0	0	1	0	0	0	0	0	0	0	0	2
		ENHT	0	0	0	1		0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
		HCT	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		HPFT	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Serious Incidents	WHHT				149	N/A	26	16	19	15	14	19	11	14	13	19	11	31	208		
		LDHUFT						2	3	2	1	10	3	2	5	6	4	1	0	39		
		Bucks						8	12	16	10	18	5	8	11	15	9	12		64		
		BCF				72		19	9	3	1	16	4	12	14	12	N/A			90		
		ENHT				106		13	7	11	15	14	6	14	6	11	13	11		121		
		HCT				226		13	17	21	24	18	26	25	10	15	25	12	17	223		
		HPFT				39		4	8	2	3	1	2	0	3	1	4	3	5	36		
4	Methicillin resistant Staphylococcus Aureus (MRSA) bacteraemia	WHHT	0	0	1	6	0	0	1	0	0	0	0	0	0	0	0	0	0	1		
		BCF	0	1	0	12		0	0	0	1	0	0	1	0	1	0	0	1	4		
		LDHUFT	0	0	0	3		1	0	0	0	0	0	0	1	1	0	0	0	3		
		Bucks	0	0	0	2		1	0	0	1	0	0	0	0	1	0	0	0	3		
		ENHT	1	0	0	2		0	0	0	0	1	1	0	2	0	0	0	0	4		
		HCT	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
		HPFT	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0		
4	Clostridium Difficile Infections	WHHT	2	0	4	13	33	2	2	1	1	6	4	1	1	1	1	1	2	23		
		BCF	4	7	6	24	16	6	6	0	1	3	5	4	1	0	4	3	0	33		
		LDHUFT	1	1	1	19	15	0	0	0	0	0	1	2	0	1	1	3	2	10		
		Bucks	2	3	2	35	31	2	1	3	4	5	2	5	3	6	2	3	1	37		
		ENHT	0	2	0	14	15	3	1	0	2	0	1	2	1	0	1	0	1	12		
		HCT	1	0	1	16	14	0	0	1	0	0	0	0	1	1	0	1	2	6		
		HPFT	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0		
5	Safer Care	WHHT	94.1%	93.5%	92.6%	N/A	98%	91.1%	87.9%	93.7%	91.9%	94.2%	92.9%	93.2%	91.2%	92.6%	94.1%	93.6%	91.8%			
		RFH	92.6%	92.9%	91.6%			88.7%	91.0%	89.4%	88.69%	91.1%	91.3%	91.4%	87.6%	91.7%	88.3%	89.2%	90.1%			
		LDHUFT	91.0%	90.8%	92.1%			92.6%	92.2%	93.0%	91.7%	94.3%	94.6%	93.3%	91.6%	92.5%	92.9%	92.9%	93.3%			
		Bucks	90.6%	94.4%	94.3%			90.8%	93.8%	93.1%	94.2%	91.3%	92.4%	92.7%	92.1%	93.1%	92.2%	92.2%	92.8%			
		ENHT	94.0%	93.1%	95.7%			94.4%	97.0%	93.9%	95.3%	96.0%	94.5%	94.4%	95.8%	94.9%	96.2%	93.8%	95.5%			
		HCT	92.7%	93.7%	92.2%			92.7%	92.9%	93.1%	93.0%	94.0%	93.9%	93.1%	93.0%	93.8%	92.0%	92.1%	93.6%			
		HPFT	97.8%	97.2%	98.0%			97.3%	99.4%	97.6%	98.9%	97.0%	98.6%	95.6%	91.2%	91.3%	90.4%	93.4%	No Data			
	Friends & Family Test - Inpatient (score)	WHHT	75	72	77	N/A	60	72	78	67	69	68	71	64	65	62	65	64	65			
		Barnet	45	42	50			43	44	57	48	61	51	46	50	46	31	31	39			
		Chase Farm	73	71	77			53	68	61	62	76	65	68	71	61	57	57	59			
		LDHUFT	66	63	68			76	72	73	71	63	62	65	58	70	62	63	70			
		Bucks	79	80	80			81	84	85	77	79	77	77	82	84	84	84	87			
		ENHT	75	80	80			86	79	82	78	81	77	76	71	66	74	67	70			
		Friends & Family Test - A&E (score)	WHHT	56	59			34	N/A	60	70	76	52	55	41	52	62	54	32	41	50	43
Barnet	41		27	30	39	36	33	41			52	45	54	48	52	30	35	28				
LDHUFT	71		66	53	67	72	72	76			71	69	67	51	69	68	64	78				
Bucks	33		25	38	30	45	9	29			65	68	72	74	65	71	73	66				
ENHT	61		37	29	27	21	37	35			39	23	32	37	35	45	51	49				
Hillingdon	61		55	53	60	60	59	61			64	61	63	66	60	63	58	65				
Friends & Family Test - Birth (score)	WHHT	85	90	79	N/A	60	70	71	71	56	70	68	65	74	71	75	67	68				
	Barnet	46	52	59			52	61	33	56	36	35	30	75	86	69	29	20				
	LDHUFT	27	44	57			56	70	61	49	61	64	75	75	68	66	68	79				
	Bucks	86	77	87			86	88	87	100	86	84	94	88	81	83	78	88				
	ENHT	75	78	69			60	66	70	70	72	65	60	58	73	77	66	69				



## Quality Narrative

### **Healthcare Associated Infection (HCAI) – MRSA & C. Difficile**

#### **West Hertfordshire Hospitals NHS Trust**

Following the spike of C. Difficile cases at the Trust in August, the Trust has been supported to implement improvements to standards of infection control which have resulted in the Trust delivering an 18% reduction in cases for the year and delivering their end of year trajectory. The Trust had a total of 23 cases during 2014/15 which is 8 cases below its annual limit and 5 cases less than occurred in 2013/14.

Following the MRSA bacteraemia which occurred in May there have been no further cases of MRSA bacteraemia at the Trust. The total number of cases for the year is one case. This is 3 less cases than occurred during 2013/14.

#### **Royal Free London Foundation Trust**

The Royal Free London Foundation Trust has reported a total of 33 cases of C. Difficile during 2014/15 against a ceiling of 16, and one less case than occurred in 2013/14.

Mandatory infection control training is now being delivered to staff on an annual basis instead of 2 yearly. Infection control policies and audit program are being aligned across the Trust.

There were no cases of MRSA bacteraemia during Q4. The end of year total number of cases at the Trust was 4 cases. This is two cases less than occurred during 2013/14. All cases have a post infection review completed with learning achieved shared with services across the Trust.

#### **Luton and Dunstable Hospital University Foundation Trust**

There were 6 cases of C. Difficile at Luton and Dunstable Hospital University Foundation Trust in Q4 giving an end of year total of 11 cases against an annual limit of 19 cases. None of these cases occurred in HVCCG patients.

There were no cases of MRSA bacteraemia in Q4. There were a total of 3 cases for the year. As a result of the learning achieved through the investigation of the cases, the Trust has amended its decolonisation policy.

#### **Buckinghamshire Healthcare Trust**

Following an increase in cases of C. Difficile at Buckinghamshire Healthcare Trust in Q3 there has been a reduction in cases in Q4. The end of year total number of cases is 37 which is 4 cases over the trajectory limit. As a result of the learning from case reviews the Trust is making adjustments to its antibiotic prescribing guidelines.

There were no cases of MRSA bacteraemia in Q4, which gives an end of year total of 3 cases.

#### **Hertfordshire Community Trust**

HCT has delivered a significant 69% reduction in the number of C. Difficile cases in 2014/15 when compared with 2013/14, through a sustained focus on standards of infection control. HCT had 3 cases of C. Difficile in Q4. The end of year total number of cases was 5 against a trajectory of 13 cases.

There have been no cases of MRSA bacteraemia at the Trust.

#### **Safer Care (Safety Thermometer)**

An analysis has been undertaken to benchmark the safer care performance across HVCCG against other acute, community and mental health trusts. The results of that show that providers are not significantly different from other similar organisations however focused work is required to drive up performance in areas such as pressure ulcers and falls, which are the 2 largest contributory factors in the poor performance. All providers have actions in place to address both issues such as Pressure Ulcer Working Groups and accompanying actions plans as well as Falls Groups and the appointments of Falls Champions.

The action plans in relation to Safer Care continue to be implemented and monitored at the monthly Clinical Quality Review Meetings held with the providers. Updates on safer care performance is also regularly reviewed at the CCG's Quality and Performance Committee.

## **Friends and Family Test – A&E, In-Patient & Maternity**

In-patient and A&E rates at West Herts Hospitals Trust remain low and require improvement.

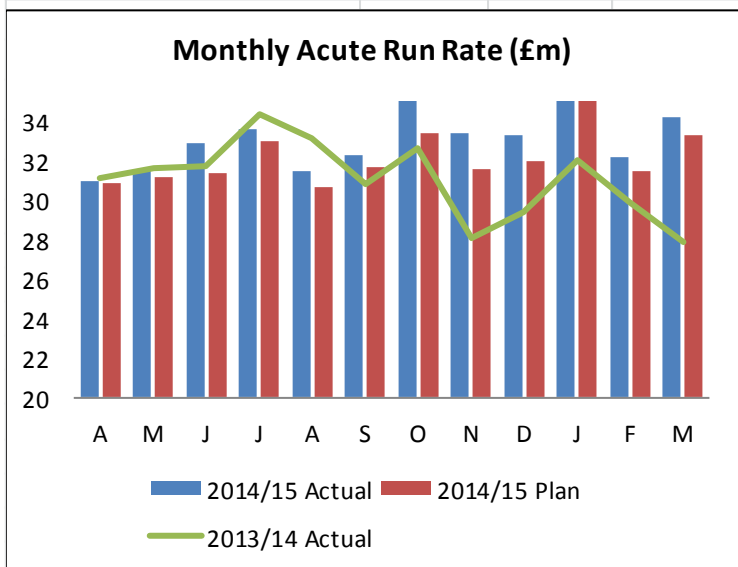
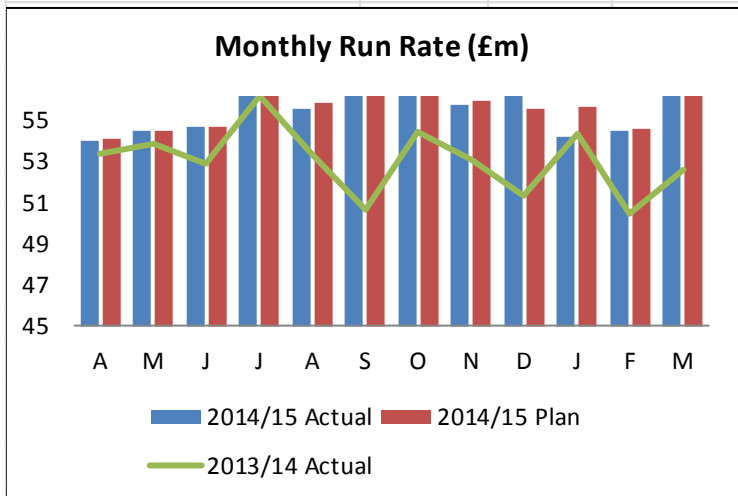
The Trust's A&E Matron is working with the department to improve both response rates and the scores received by patients. The Trust is reviewing how the comments from patients can be advertised across the Trust in order to encourage as many patients as possible to complete the survey. The rates and scores will continue to be reviewed by the CCG's Nursing and Quality Team and raised with the Trust at the monthly Contract Quality Review Meeting (CQRM).

Improvements are also required in areas of A&E, in-patients and maternity at Barnet Hospital. The Royal Free London Foundation Trust will be continuing to promote the Friends and Family test results both internally and externally. The action plans in relation to the Friends and Family Test continue to be implemented and monitored at the monthly CQRM held with the provider.

## FINANCE ON A PAGE: APRIL 2014-MARCH 2015

Finance Dashboard **Apr-14** to **Mar-15**

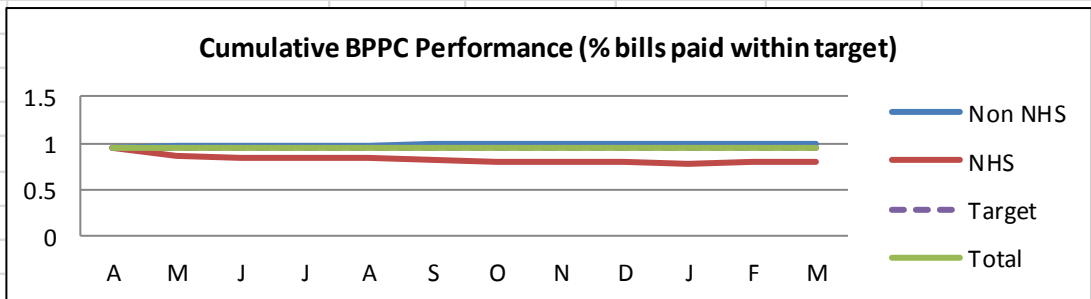
Surplus / (Deficit) £m			
	Plan	Actual	Variance
In-month Surplus / (Deficit)	0.6	0.6	🟢 0.0
Year to Date Surplus	7.0	7.0	🟢 0.0



Income & Expenditure (£m)					
	Full Year	Year to Date			Prior Month
	Plan	Plan	Actual	Variance	Variance
Revenue Resource Limit	675.0	675.0	675.0	0.0	0.0
Acute	386.7	386.7	400.1	-13.4	-12.4
Mental Health / LD	71.3	71.3	69.3	2.0	1.6
Community Services	56.2	56.2	55.8	0.4	0.2
Continuing Care / FNC	23.0	23.0	23.4	-0.4	-1.1
Prescribing	71.0	71.0	71.0	0.0	0.2
Other Primary Care	16.5	16.5	12.9	3.6	3.3
Other Programme Costs	28.2	28.2	21.1	7.1	7.2
Running Costs	15.1	15.1	14.4	0.7	1.1
<b>Total Expenditure</b>	<b>668.0</b>	<b>668.0</b>	<b>668.0</b>	<b>0.0</b>	<b>0.1</b>
<b>Surplus / (Deficit)</b>	<b>7.0</b>	<b>7.0</b>	<b>7.0</b>	<b>0.0</b>	<b>0.1</b>

Negative variance is adverse

Assurance Indicators	Target Achievement	RAG
Underlying Recurrent Forecast	>=2%	Green
Surplus - YTD Performance	>=1%	Green
Surplus - Full Year Forecast	>=1%	Green
QIPP - YTD Delivery	>=95% of Plan	Red
QIPP - Full Year Forecast	>=95% of Plan	Red
Running Costs	<= RC allocation	Green



**JOINT PROGRAMME HIGHLIGHT REPORT AS AT 31<sup>st</sup> of March 2015**

**Progress against Key Performance Indicators (KPIs)** Described below are a number of agreed KPIs that indicate the progress that programmes are making in delivering change. KPIs, some of which relate to more than one programme, indicate progress in changing the way care is delivered (e.g. reducing non-elective admissions, reducing referral rate variation or length of stay), increasing ambulatory care activity to replace in-patient care, implementing primary care plus, improving GP access and improving the quality of care.

KPI Description	Programme	Benchmark Definition	Benchmark	Performance @ Year End Mar-15	RAG
1. Non Elective Admissions per weighted per 1000 population	PPC/UC/MH	2013/14 mean	85.61	95.23	Red
2. Average Non Elective LOS (excl. AEC)** - WHHT Only	PPC/MH	2013/14 mean	3.4	4.1	Red
3. Average Non Elective LOS (AEC Only) - WHHT Only	UC/MPPC	2013/14 mean	0.44	0.37	Green
4. Number of Bed Days for Non Elective Admissions	UC/PPC/MH	2013/14 monthly mean	326,564	390,825	Red
5. A & E 4 hour wait performance	UC	95%<4 hours	95%	92.20%	Red
6. AEC admissions as % of all admissions - WHHT Only	UC	2013/14 mean	15.70%	24%	Green
7. HVCCG Average GP 1st attendance rate per weighted per 1000 list size	PPC	2013/14 monthly mean	217.24	229.4	Red
8. Primary Care Plus - No. Care Plans (Quarterly update)- Q4	PPC	2014/15 Q2&Q3 average	560	484	Red
9. Primary Care Plus - Improving GP Access (% responding 'No' to "Are you able to get an appointment to see or speak to someone?")- Jan 15	PPC	July 14 GP Patient Survey	9%	9%	Amber
10. New to follow up Ratio - 5 Main Spec WHHT + BCFH	PPC	2013/14 monthly mean	2.26	2.15	Green
11. LTC Quality of Life (using LTC Questionnaire) ( One Off)	PPC	Quality premium target	75%	82.30%	Green
12. Consultant to Consultant Referrals	PPC	2013/14 monthly mean	25,644	27,036	Red
13. Reducing hospital deaths within 30 days of discharge (SHMI) at WHHT	PPC	100	100	93	Green
14. Reducing Activity for Procedures of Low Clinical Value	PPC	2013/14 monthly mean procedures	10227	11160	Red
15. IAPT Prevalence	MH	Agreed 2014/15 target	15%	11.11% *	Amber
16. IAPT Recovery Rate	MH	Agreed 2014/15 target	50%	47.0%	Red
17. Dementia Diagnosis rate	MH	National target	67%	46.8%	Red
NB: * IAPT achievement is a reflection of the performance being lower earlier in the year, however due to the extensive work this year the improvements at Q4 has exceeded the 3.75% target. Therefore if the Q4 performance continued into 2015/16 this would deliver the 15% target					

( ) represents net cost      \*\*Ambulatory Emergency Care

**RAG Definitions:** Red - YTD position worse than benchmark    Amber – YTD position equivalent to benchmark or no data    Green – YTD position better than benchmark

**Glossary of terms for the Integrated Quality Performance and Finance Report (IQPFR)**

<b>Acronym</b>	<b>Stands for</b>	<b>Brief Definition</b>
<b>CATT</b>	Crisis Assessment & Treatment Team	Mental health measured indicator (for no of referrals meeting a 4 hour wait).
<b>CQC</b>	Care Quality Commission	The regulator for all health and social care services in England.
<b>CQUIN</b>	Commissioning For Quality & Innovation	The NHS institute for innovation and improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership.
<b>DTOC</b>	Delayed Transfer Of Care	Refers to delays in transfer of care of acute and non-acute (including community and mental health) patients.
<b>EEAST</b>	East Of England Ambulance Trust	The trust covers the six counties which make up the east of England - Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk and provides a range of services, but is best known for the 999 emergency services.
<b>EIP</b>	Early Intervention In Psychosis	Early intervention in psychosis is a clinical approach to those experiencing symptoms of <a href="#">psychosis</a> for the first time. It forms part of a new prevention paradigm for psychiatry and is leading to reform of <a href="#">mental health services</a> , especially in the united kingdom.
<b>EMDASS</b>	Early Memory Diagnosis & Support Service	Mental health measured indicator (for number of referrals meeting a 6 week wait).
<b>ENHT</b>	East And North Herts NHS Trust	A large provider of acute health care services to HVCCG patients.
<b>HALO</b>	Hospital Ambulance Liaison Officer	Post in place to support pressures in the West Herts Hospitals NHS Trust Ambulance Service.
<b>HCAI</b>	Healthcare Associated Infection	Includes MRSA & Clostridium Difficile.
<b>IAPT</b>	Improving Access To Psychological Therapies	The improving access to psychological therapies (IAPT) programme supports the frontline NHS in implementing national institute for health and clinical excellence (nice) guidelines for people suffering from depression and anxiety disorders.
<b>IST</b>	Intensive Support Team	A small core team who manage the programme and assignments and provide the NHS with specialist advice in the delivery of operational standards
<b>IDAT</b>	Involuntary Drug & Alcohol Treatment	The IDAT program is a structured drug and alcohol treatment program that provides medically supervised withdrawal, rehabilitation and supportive interventions for identified patients (IPS).
<b>L&amp;D</b>	Luton And Dunstable University Foundation Trust	A large provider of acute health care services to HVCCG patients.
<b>LOS</b>	Length Of Stay	Refers to a patient's length of time in hospital.

<b>Acronym</b>	<b>Stands for</b>	<b>Brief Definition</b>
<b>QIPP</b>	Quality, Innovation, Productivity & Prevention	A large-scale programme developed by the department of health to drive forward quality improvements in NHS care, at the same time as making up to £20 billion of efficiency savings by 2014/15.
<b>RAID</b>	Rapid Assessment, Interface & Discharge	This service is delivered by HPFT & enables faster identification of mental health needs among hospital inpatients of all ages – as well as benefitting people arriving at accident and emergency. This will help to reduce the time that some people need to stay in hospital, prevent unnecessary re-admission and encourage faster recovery from mental and physical illness.
<b>RAP</b>	Remedial Action Plan	A recognised action plan implemented to tackle identified areas of concern.
<b>RFL</b>	Royal Free London NHS Foundation Trust Hospital	A large provider of acute health care services to HVCCG patients.
<b>RTT</b>	Referral To Treatment Time	National 18 week referral rate to treatment target.
<b>SI</b>	Serious Incident	Serious incidents requiring investigation (usually but not exclusively within a hospital).
<b>SMART</b>	Specific, Measurable, Attainable, Relevant And Time Related.	Method used to ensure project/performance goals meet these objectives.
<b>TDA</b>	Trust Development Authority	The NHS trust development authority is there to provide support, oversight and governance for all NHS trusts on their journey to delivering what patients want, high quality services today, secure for tomorrow.
<b>VTE</b>	Venous Thromboembolism	A disease that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE).
<b>WHHT</b>	West Herts Hospitals NHS Trust	A large provider of acute health care services to HVCCG patients.
<b>NHSE</b>	NHS England	The main aim of NHS England is to improve the health outcomes for people in England.