

Integrated Quality, Finance and Performance Report 5th of November 2015

1) INTRODUCTION TO THE REPORT

1.1 Sections in this report.

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	Introduction to the report	✓	✓	✓
2	Executive summary- highlight exception report including recovery action plans/ action plan updates ; IAPT, Transforming care and dementia	✓	✓	✓
	Performance against key national indicators (CCG view, Acute and Community Trusts)	Executive summary- highlight	Executive summary- highlight exception report	✓
	Performance assurance project progress report		x	Quarterly (as of August 2015)
3	Performance against CCG Outcomes Framework		6 monthly (from 3/12/2015)	✓(as of May 2015)then 6 monthly
4	Quality Dashboard /narrative	✓	✓	Quarterly stand-alone report then dashboard/narrative/ hot topic
5	Finance Overview	Finance on a page	Finance on a page	<i>Separate finance report and Finance on a page</i>
6	Transformation and QIPP progress report (from September 2015)	✓	quarterly	Stand-alone report
7	Clinical Digital Maturity Index (CDMI)			Half Yearly
8	Health and Wellbeing			Annual
9	Quality Premium		1 page summary of quarterly reports including exceptions from 3 rd September 2015 board)	Quarterly
10	Workforce			Quarterly
11	Freedom of Information			Quarterly - deferred to September
12	Environmental			Quarterly (as of May 2015)
13	Better Care Fund			Quarterly (as August 2015)
14	Safe Staffing			Quarterly (as August 2015)
15	Learning Disability Report			Quarterly (as August 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.

A Note about Data

1.3. The integrated quality performance and finance report includes a disparate range of indicators supported by a wide range of activity, finance, epidemiological and survey data and information. Whilst some metrics are related to short-term operational activity (e.g. A & E performance against the 4 hour target) others relate to longer term changes in outcomes. Consequently, not all metrics are updated monthly, partly due to data availability but also because a particular metric will not change significantly over the period of a month. The majority of the data is downloaded from the Unify 2 website; this is where providers upload their data. Cancer waits data comes from the Open Exeter system, the data bases are live, so are constantly updated by the provider; therefore the data presented will reflect the position at the time of the data extraction. SSNAP data is available quarterly; however current monthly stroke data comes from the provider performance reports. There is the development of monthly stroke metrics directly from SSNAP to develop Trust internal reporting database so that indicators can be reported on a monthly basis.

The East of England Ambulance Service sends their data to the HVCCG acute generic nhs.net email.
111 data source comes from Sesui system that logs calls and HUC data comes from the Adastra system

- 1.4 Finance reports are typically more contemporaneous than other performance reports and, as a consequence, there will often be a 1 month disparity between the period covered by finance reports and contract performance reports. Consequently, when compiling key performance messages it may be necessary to refer to previous monthly finance report as well as the ones included in this report.
- 1.5 As with performance reports in recent months the HVCCG are hampered by non-availability of patient identifiable data.

2. EXECUTIVE SUMMARY Following the Quarter 2 check point assurance meeting with NHS England, there were a number of actions in relation to performance issues highlighted which initiated a performance assurance scoping exercise. This exercise was undertaken to provide a stock take of current mechanisms in place which monitor and review the National Key Performance Indicators (KPIs) aligned to the NHS Constitution and other high priority areas.

The exercise made some proposals to provide an evidenced-based, robust performance audit monitoring system that would assist with maximising improvements of the provider KPIs for HVCCG.

Therefore, in line with the proposal, the executive summary dashboards now reflect the high priority KPIs identified. Also included are the recovery action plan trajectories (where applicable) and progress updates.

Phase 2 of the project has commenced therefore the inclusion of the other high priority KPI'S for other Trusts are now included within the executive summary including penalties applied.

2) Key issues/ challenges and planned actions:

West Hertfordshire Hospitals Trust: Cancer

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months	Comments	Accountable Director	Responsible Manager	Clinical Lead	
Cancer 2 week waits - Breast Symptomatic where cancer not suspected	WHHT - Actual	93%	73.1%	94.2%	85.4%	87.6%	83.3%	91.2%	88.2%		<p>The Trust has maintained a compliant performance against the 62 day referral to first treatment standard for August.</p> <p>1) Provider actions: Weekly scrutiny of the Cancer PTLs (at patient level) is now undertaken, with tracking from day 0. Additional MRI capacity has been sourced from Spire Bushey to support patients on the prostate pathway. The eight key priorities identified by Monitor, the Trust Development Authority and NHS England (in a letter to CCGs, NHS Trusts and System Resilience Group Chairs, dated 14 July 2015) are intended to improve and sustain cancer performance. The Trust is compliant against 50% of these priorities and partially compliant against the rest. West Herts Hospitals Trust have been advised that the plan required to demonstrate how and when these priorities will be achieved was submitted in August. Verbal feedback indicates that the Trust's plan is one of only two or three that is considered viable and we await written confirmation of assurance.</p> <p>2) Issues constraints: Patient choice continues to be a significant challenge, particularly for 2ww and breast symptomatic. The national picture for breast symptomatic is similar. Progress has been made to bring the offer of a first appointment in to the 0-7 day period, where the majority of patients receive an offer of an appointment on day 5. Unfortunately many patients are choosing to wait longer. However, there was a significant improvement in performance in August at 91% from 83% the previous month, with similar activity but a 50% reduction in the number of breaches.</p> <p>3) CCG actions: Information leaflets on 2WW breast symptomatic for GPs to provide to patients have now been developed and shared with the patient reader group, changes will be amended and leaflet will be sent out to GPs in November. The CCG has sent out info regarding the breast symptomatic patients needing encouragement to attend and be available for clinic within 2 weeks via the weekly newsletter to GP practices. This continues to be topic covered in locality cancer education meetings. Meetings in Dacorum locality and West Herts GP forum meeting within the last month has been held in which this topic was covered. Locality representatives have feed back to their GPs the importance of informing patients that they should expect an appointment within 2 weeks and the importance of attending within the 2 weeks.</p> <p>4) CCG process changes; fortnightly with the Trust Development Authority (Trust Development Authority), NHS England (NHS England), West Herts Hospitals Trust and HVCCG</p> <p>5) Locality/ GP implications/ actions: potential increase in demand at GP practice due to patients requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality cancer patient profiles.</p> <p>6) Quality, Innovation, Productivity and Prevention(QIPP)/ Programme links: QIPP and planned and primary care programme links: Primary care prostate follow up project to reduce pressure at West Herts Hospitals Trust</p> <p>7) Recovery plan progress update: West Herts Hospitals Trust have maintained compliance for the 62 day standard for August</p> <p>8) Penalties applied: Q1 for breast 2ww standard</p>	Charles Allan	Avni Shah/Gemma Thomas	Dr Phil Sawyer	
Cancer 31 day - 1st definitive treatment from diagnosis	WHHT - Actual	96%	95.4%	96.3%	100.0%	98.6%	99.3%	99.4%	98.8%						
	WHHT - Plan			82.4%	81.7%	85.2%	84.8%	87.5%							
Cancer 62 days - 1st treatment following an urgent GP referral	WHHT - Actual	85%	79.3%	94.6%	80.5%	82.3%	90.2%	85.2%	87.4%						

Key issues/ challenges and planned actions:

West Hertfordshire Hospitals Trust: Referral to treatment

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
18 week Referral to Treatment - Incomplete pathway	WHHT - Plan	92%		90.3%	91.1%	92.0%	92.0%	92.3%			<p><i>The Trust maintained a compliant position (92.3%) against the incomplete, open pathway standard of 92% in August. September performance is challenged. However still expect to achieve compliance.</i></p> <p>1) Provider actions: The review of the Trust's Access policy has been completed. This document has been re-designed and realigned with national guidance on 18 week RTT rules. It will be shared more widely for comment before the end of September and will go through the ratification process in October 2015.</p> <p>The Trust's clinic outcome form has been redesigned in consultation with clinical colleagues and a very simple, user friendly form is to be piloted in September in a number of specialties.</p> <p>2) Issues constraints: The cost of these additional clinic and theatre lists has been substantial and regrettably as part of the Trust's financial recovery plan, these sessions are unsustainable. Cancelled weekend list clinics as of August and NHS England have been updated.</p> <p>3) CCG actions: Fortnightly performance calls with the Trust Development Authority (Trust Development Authority), NHS England (NHS England), West Herts Hospitals Trust and HVCCG</p> <p>4) Process changes: n/a</p> <p>5) Locality/ GP implications/ actions : potential increase in demand at GP practice due to patients requesting follow up with the Trust and patient dissatisfaction</p> <p>6) QIPP/Programme links: QIPP and planned and primary care</p> <p>7) Recovery plan progress update : as above</p> <p>8) Penalties applied: Q1 Incomplete for speciality level</p>	Charles Allan	Mark Dillon	Kevin Barrett
	WHHT- Actual		84.7%	89.9%	91.3%	91.4%	92.2%	92.30%	91.4%					

West Hertfordshire Hospitals Trust: Diagnostics

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
Diagnostic tests - % of patients waiting 6 weeks or less	WHHT- Actual	99%	97.5%	99.2%	99.5%	99.7%	99.8%	99.7%	99.6%		<p><i>The Trust has demonstrated achievement of a sustained improvement in diagnostic performance continues with a further compliant month (August).</i></p> <p>1) Provider actions: Additional diagnostic equipment for Cardiology is operational and is contributing to a reduction in backlog and therefore a reduction in additional weekend sessions that had been required to meet demand and to manage the backlog of requests.</p> <p>2) Issues/ constraints: All DEXA requests continue to be outsourced to Mount Vernon Hospital. A business case for a replacement machine has been approved and the machine has been ordered. .</p> <p>3) CCG actions: Fortnightly performance calls with the Trust Development Authority (Trust Development Authority), NHS England (NHS England), West Herts Hospitals Trust and HVCCG</p> <p>4) CCG process changes;</p> <p>5) Locality/GP implications/actions ; Potential increase in demand at GP practice due to patients requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality cancer patient profile</p> <p>6) QIPP/Programme links: QIPP</p> <p>7) Recovery action plan update: see above</p>	Charles Allan	Mark Dillon	Kevin Barrett

West Hertfordshire Hospitals Trust: A&E

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
A&E total time in Department - less than 4 hours	WHHT - Plan	95%		89.0%	91.0%	91.5%	92.0%	93.0%			<p>August data is above planned trajectory for A&E performance .</p> <p>1) Provider Actions: West Herts Hospitals Trust are trying to keep Castle ward clear, however impact of flow is producing poor performance. 4-6 trolleys in emergency services assessment unit are assisting with taking 10 patients a day out of AAU.</p> <p>2) Issues/ constraints: There are a number of issues/ constraints; DTOC patients are increasing, challenges around capacity and bed shortages.</p> <p>3) CCG actions: GP led work stream for children started 8-Oct. CCG looking to assist with getting a GP for adult work stream for A&E. Fortnightly performance calls with the Trust Development Authority (Trust Development Authority), NHSE (NHS England), West Herts Hospitals Trust and HVCCG</p> <p>4) CCG process changes: n/a</p> <p>5) Locality/GP implications/actions : local incentive scheme in place for demand management and practice performance packs. Increasing capacity in primary care funding has been allocated to Localities based on Business Cases submitted to the Joint Committee, to increase capacity within primary care through additional appointments and other innovations. The hypothesis is that this additional capacity will help reduce A&E attendances in the longer term. An evaluation will take place in the spring to assess the impact of this additional investment.</p> <p>6) QIPP/programme links: QIPP links/ Urgent Care Programme and Planned and Primary care projects</p> <p>7) Recovery plan progress update: NHS England & Trust Development Authority Regional Escalation Review tripartite agreement that sets out trajectories and oversight of progress on plans . There has been further discussions around addressing the DTOC situation system wide and a plan is in place to address this issue. This will be progressed via the system resilience group.</p>	Charles Allan	Sally Adams	Dr Keith Hodge
	WHHT - Actual		91.2%	85.1%	90.7%	91.9%	94.1%	93.6%	91.2%					

Key issues/ challenges and planned actions

West Hertfordshire Hospitals Trust: Stroke

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
Admitted directly onto an acute stroke unit within 4 hours of arrival to hospital	WHHT Plan	90%		tbc	tbc	tbc	tbc				<p>1 and 2) Provider actions/ issues/ constraints: To improve system flow ring-fenced stroke beds has been challenging due to neurology patients being admitted onto the stroke ward.</p> <p>Issues are identifying stroke patients, therefore within the stroke improvement plan there is a training plan for clinicians on how to identify stroke and actions that need to be taken. Introducing additional therapy is in place.</p> <p>West Herts Hospitals Trust have submitted a business case for hyper acute stroke unit (HASU), which has been presented at the HVCCG commissioning executive group. Regional network decision regarding numbers of HASO</p> <p>3) CCG action: HVCCG feedback that the stroke leadership group had identified the need to submit data via sentinel stroke national audit programme (SSNAP) as opposed to the regional network databases. This has started in June. HVCCG to raise at the September contract data meeting alignment of stroke KPI's and request for CCG level data. West Herts Hospitals Trust are struggling to pull monthly data at a CCG level from SSNAP but are working with SSNAP and local hospitals to enable them to pull this.</p> <p>4) CCG process change - implementation of recording the monitoring of Trusts performance reports commenced June 2015</p> <p>5) Locality / GP implications: potential increase in demand at GP practices due to patient requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality stroke profile.</p> <p>6) QIPP/ Programme links: Long Term Condition Specifications has now been sent around to GPs that have a focus on stroke prevention through the management of atrial fibrillation (AF).</p> <p>7) Recovery plan progress update : System wide recovery plan has been developed to include Hertfordshire Community Trust (HCT) and actions and timelines have been agreed and is now being reviewed at the stroke leadership group on a monthly basis. West Herts Hospitals Trust and HCT are continuing to look at trajectories for the rest of the year, this will be done in conjunction with the review of the stroke pathway and the number of community beds with the CCG.</p> <p>8) Penalties applied: n/a</p> <p>Data update : development of monthly stroke metrics directly from SSNAP . All stroke data has been extracted however developing the indicators has been challenging due to limited definitions provided by SSNAP. The Trust is continuing to work with SSNAP to develop the internal reporting database so that indicators can be reported on a monthly basis. The SSNAP data continues to be reported on a quarterly basis.</p>	Charles Allan	Gemma Thomas	Dr Clare Dryer
	WHHT - Actual		60.3%	51.3%	60.5%	66.0%	62.1%	43.6%	57.5%					
Stroke patients spending at least 90% of their time on a stroke unit	WHHT Plan	80%		tbc	tbc	tbc	tbc				<p>3) CCG action: HVCCG feedback that the stroke leadership group had identified the need to submit data via sentinel stroke national audit programme (SSNAP) as opposed to the regional network databases. This has started in June. HVCCG to raise at the September contract data meeting alignment of stroke KPI's and request for CCG level data. West Herts Hospitals Trust are struggling to pull monthly data at a CCG level from SSNAP but are working with SSNAP and local hospitals to enable them to pull this.</p> <p>4) CCG process change - implementation of recording the monitoring of Trusts performance reports commenced June 2015</p> <p>5) Locality / GP implications: potential increase in demand at GP practices due to patient requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality stroke profile.</p> <p>6) QIPP/ Programme links: Long Term Condition Specifications has now been sent around to GPs that have a focus on stroke prevention through the management of atrial fibrillation (AF).</p> <p>7) Recovery plan progress update : System wide recovery plan has been developed to include Hertfordshire Community Trust (HCT) and actions and timelines have been agreed and is now being reviewed at the stroke leadership group on a monthly basis. West Herts Hospitals Trust and HCT are continuing to look at trajectories for the rest of the year, this will be done in conjunction with the review of the stroke pathway and the number of community beds with the CCG.</p> <p>8) Penalties applied: n/a</p> <p>Data update : development of monthly stroke metrics directly from SSNAP . All stroke data has been extracted however developing the indicators has been challenging due to limited definitions provided by SSNAP. The Trust is continuing to work with SSNAP to develop the internal reporting database so that indicators can be reported on a monthly basis. The SSNAP data continues to be reported on a quarterly basis.</p>	Charles Allan	Gemma Thomas	Dr Clare Dryer
	WHHT - Actual		74.9%	85.0%	81.4%	78.7%	82.8%	77.5%	81.1%					
High risk Transient Ischaemic Attack (TIA) patients not admitted, treated within 24 hours	WHHT Plan	60%		tbc	tbc	tbc	tbc				<p>3) CCG action: HVCCG feedback that the stroke leadership group had identified the need to submit data via sentinel stroke national audit programme (SSNAP) as opposed to the regional network databases. This has started in June. HVCCG to raise at the September contract data meeting alignment of stroke KPI's and request for CCG level data. West Herts Hospitals Trust are struggling to pull monthly data at a CCG level from SSNAP but are working with SSNAP and local hospitals to enable them to pull this.</p> <p>4) CCG process change - implementation of recording the monitoring of Trusts performance reports commenced June 2015</p> <p>5) Locality / GP implications: potential increase in demand at GP practices due to patient requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality stroke profile.</p> <p>6) QIPP/ Programme links: Long Term Condition Specifications has now been sent around to GPs that have a focus on stroke prevention through the management of atrial fibrillation (AF).</p> <p>7) Recovery plan progress update : System wide recovery plan has been developed to include Hertfordshire Community Trust (HCT) and actions and timelines have been agreed and is now being reviewed at the stroke leadership group on a monthly basis. West Herts Hospitals Trust and HCT are continuing to look at trajectories for the rest of the year, this will be done in conjunction with the review of the stroke pathway and the number of community beds with the CCG.</p> <p>8) Penalties applied: n/a</p> <p>Data update : development of monthly stroke metrics directly from SSNAP . All stroke data has been extracted however developing the indicators has been challenging due to limited definitions provided by SSNAP. The Trust is continuing to work with SSNAP to develop the internal reporting database so that indicators can be reported on a monthly basis. The SSNAP data continues to be reported on a quarterly basis.</p>	Charles Allan	Gemma Thomas	Dr Clare Dryer
	WHHT - Actual		69.5%	28.6%	25.0%	10.0%	No data	No data						
Patients with low risk TIA treated within 7 days onset of Symptoms (National)	WHHT Plan	65%		tbc	tbc	tbc	tbc				<p>3) CCG action: HVCCG feedback that the stroke leadership group had identified the need to submit data via sentinel stroke national audit programme (SSNAP) as opposed to the regional network databases. This has started in June. HVCCG to raise at the September contract data meeting alignment of stroke KPI's and request for CCG level data. West Herts Hospitals Trust are struggling to pull monthly data at a CCG level from SSNAP but are working with SSNAP and local hospitals to enable them to pull this.</p> <p>4) CCG process change - implementation of recording the monitoring of Trusts performance reports commenced June 2015</p> <p>5) Locality / GP implications: potential increase in demand at GP practices due to patient requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality stroke profile.</p> <p>6) QIPP/ Programme links: Long Term Condition Specifications has now been sent around to GPs that have a focus on stroke prevention through the management of atrial fibrillation (AF).</p> <p>7) Recovery plan progress update : System wide recovery plan has been developed to include Hertfordshire Community Trust (HCT) and actions and timelines have been agreed and is now being reviewed at the stroke leadership group on a monthly basis. West Herts Hospitals Trust and HCT are continuing to look at trajectories for the rest of the year, this will be done in conjunction with the review of the stroke pathway and the number of community beds with the CCG.</p> <p>8) Penalties applied: n/a</p> <p>Data update : development of monthly stroke metrics directly from SSNAP . All stroke data has been extracted however developing the indicators has been challenging due to limited definitions provided by SSNAP. The Trust is continuing to work with SSNAP to develop the internal reporting database so that indicators can be reported on a monthly basis. The SSNAP data continues to be reported on a quarterly basis.</p>	Charles Allan	Gemma Thomas	Dr Clare Dryer
	WHHT - Actual		51.9%	85.4%	75.5%	No data	No data	No data						
Patients with low risk TIA treated within 7 days onset of referral (local)	WHHT Plan	75%		tbc	tbc	tbc	tbc				<p>3) CCG action: HVCCG feedback that the stroke leadership group had identified the need to submit data via sentinel stroke national audit programme (SSNAP) as opposed to the regional network databases. This has started in June. HVCCG to raise at the September contract data meeting alignment of stroke KPI's and request for CCG level data. West Herts Hospitals Trust are struggling to pull monthly data at a CCG level from SSNAP but are working with SSNAP and local hospitals to enable them to pull this.</p> <p>4) CCG process change - implementation of recording the monitoring of Trusts performance reports commenced June 2015</p> <p>5) Locality / GP implications: potential increase in demand at GP practices due to patient requesting follow up with the Trust and patient dissatisfaction. Potential impact on locality stroke profile.</p> <p>6) QIPP/ Programme links: Long Term Condition Specifications has now been sent around to GPs that have a focus on stroke prevention through the management of atrial fibrillation (AF).</p> <p>7) Recovery plan progress update : System wide recovery plan has been developed to include Hertfordshire Community Trust (HCT) and actions and timelines have been agreed and is now being reviewed at the stroke leadership group on a monthly basis. West Herts Hospitals Trust and HCT are continuing to look at trajectories for the rest of the year, this will be done in conjunction with the review of the stroke pathway and the number of community beds with the CCG.</p> <p>8) Penalties applied: n/a</p> <p>Data update : development of monthly stroke metrics directly from SSNAP . All stroke data has been extracted however developing the indicators has been challenging due to limited definitions provided by SSNAP. The Trust is continuing to work with SSNAP to develop the internal reporting database so that indicators can be reported on a monthly basis. The SSNAP data continues to be reported on a quarterly basis.</p>	Charles Allan	Gemma Thomas	Dr Clare Dryer
	WHHT - Actual		84.4%	85.1%	75.5%	83.3%	No data	No data	81.4%					

West Hertfordshire Hospitals Trust: Delayed Transfers of Care

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months	Accountable Director	Responsible Manager	Clinical Lead
Delayed transfers of care (DToC) (% bed days lost)	WHHT Plan- From Oct 2015												
	WHHT- Actual	<3.5%		4.6%	4.6%	4.5%	5.6%	3.8%		<p>1) Provider actions: Discussions around using health care assistance (HCA's) to support back end of hospital 2) Issues/ constraints: system wide issues / constraints that include ; delay assessment waits, assess in process and capacity in homecare Recruitment update: HCC have recruited 16 HCA and HR are exploring the skills of these roles to be flexible. 16/17 social work posts have been recruited this month. Awaiting a confirmation letter from HCC CEO regarding increase in capacity of home care. 3) CCG actions: CCG investigating Quantum model capacity to replace Gossoms End, Berkhamstead. DToC is a standard agenda item at the SRG meetings. 4) CCG process changes: n/a 5) Locality/ GP implications/ actions : n/a 6) Quality, Innovation, Productivity and Prevention(QIPP)/ Programme links: QIPP and urgent care programme, BCF work streams 7) Recovery plan progress update : DToC plan in place. A revised SRG plan on a page is in place that includes revised trajectories from October 2015. 8) Penalties applied: n/a</p>	Charles Allan	Sally Adams	Dr Keith Hodge

2) Key issues/ challenges and planned actions

East of England Ambulance Trust

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months	Accountable Director	Responsible Manager	Clinical Lead	
Ambulance Category A - Red 2 (life threatening but less time critical than Red 1) response arriving <8 mins EEAST	EEAST Plan			72.0%	74.0%	76.0%	77.0%	62.0%			<p>Red 2 is a challenging performance target to achieve this year due to the volume of calls Performance update: • A challenging July and are under R1. • 16 new staff- Stipulation must stay 2 years • HALOs Maintaining performance --Full Halo team at Watford</p> <p>The trajectories have been revised from August. – Contract manager to obtain revised trajectories . 1) Provider actions: • 27 new starters by Christmas • Team recruitment week/ local advertising for recruitment A Quality Impact Assessment of EEAST providing services at below their staffing establishment has been requested to be undertaken and will be discussed at the August meeting. Update at 28th of August meeting was for EEAST to complete an impact assessment relating to the full risk. 2) Issues/constraints: staffing 3) CCG actions: Contract Manager attends the ambulance meetings 4) CCG process changes: n/a 5) Locality/GP implications: Time implications for GPs if they have called out the ambulance and therefore unable to leave patients until ambulance arrives. increase work load for GPs 6) QIPP/Programme links: QIPP and urgent care programme 7) Recovery plan progress update: • Recruitment for year 2 – 313 (including up skills) • Fleet replacement – 267 DSA front line ambulances. 8 more for this month and further 147 for Jan 2016 and 120 for June 2016 • Benchmarking – will be concluded in the next 4 weeks. Clinical leads have been nominated for the areas • Daily working with OPS team • Implementation of organisational/ development programme • Opportunity locally to develop & share management development with the CCG and vice versa • CADS system has gone through procurement process and the provider will be Cleric. Implementation is due to be Nov 15 and may be better to leave until April 16. EEAST are currently looking for a project lead for the implementation. 8) Penalties applied to the performance measures as per contract management arrangements, withholding 2% of the monthly contract value until RAP have been agreed and achieved.</p>	Charles Allan	Sharon Kember/Sally Adams	Dr Keith Hodge
	EEAST - Actual	75%	62.8%	71.5%	69.6%	66.1%	62.5%	61.8%	66.2%					
Ambulance Category A - Red 1 (immediate life threatening and most time critical) response arriving within 8 mins-EEAST	EEAST - Actual	75%	71.0%	79.9%	80.7%	75.5%	74.7%	73.5%	76.8%					
Ambulance Handover 30-60 Min	Local WHHT Plan			25.0%	20.0%	19.0%	18.0%	17.0%			<p>Ambulance Handover over 60 Min- August data is showing compliance 1) Provider actions: The combination of HALO and queue nurses have seen a substantial reduction of turnaround time at West Herts Hospitals Trust. 2) Issues/constraints: 3) CCG actions: NHS England & Trust Development Authority Regional Escalation Review tripartite agreement that sets out trajectories and the action plan. 4) CCG process changes: n/a 5) Locality/GP implications/actions : n/a 6) QIPP/Programme links: Urgent Care Programme 7) Recovery plan progress update : Ambulance handover over 60mins in June exceeded the plan NB Trust board shows numbers , which equates to the % figure within this dashboard which is aligned to the tripartite agreement within the RAP No trend graph for 2014/2015 as new indicator added</p>	Charles Allan	Sharon Kember/Sally Adams	Dr Keith Hodge
	WHHT - Actual	<15%		22.1%	12.4%	13.4%	10.3%	9.8%	13.4%					
Ambulance Handover over 60 Min	Local WHHT Plan			8.0%	8.0%	3.0%	0.0%	0.0%			<p>1) Provider actions: Discussions around using health care assistance (HCA's) to support back end of hospital 2) Issues/ constraints: system wide issues / constraints that include ; delay assessment waits, assess in process and capacity in homecare Recruitment update: HCC have recruited 16 HCA and HR are exploring the skills of these roles to be flexible. 16/17 social work posts have been recruited this month. Awaiting a confirmation letter from HCC CEO regarding increase in capacity of home care. 3) CCG actions: CCG investigating Quantum model capacity to replace Gossoms End, Berkhamstead. DToC is a standard agenda item at the SRG meetings. 4) CCG process changes: n/a 5) Locality/ GP implications/ actions : n/a 6) Quality, Innovation, Productivity and Prevention(QIPP)/ Programme links: QIPP and urgent care programme, BCF work streams 7) Recovery plan progress update : DToC plan in place. A revised SRG plan on a page is in place that includes revised trajectories from October 2015. 8) Penalties applied: n/a</p>	Charles Allan	Sharon Kember/Sally Adams	Dr Keith Hodge
	WHHT - Actual	0%		11.60%	4.60%	2.20%	0.3%	0.6%	3.60%					

2) Key issues/ challenges and planned actions

Royal Free London: Cancer

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead	
Cancer 62 days - 1st treatment following an urgent GP referral	RFL: Plan			Q1= 68.4%			Q2= 71.9%					<p>RFL are above plan for 62 days- 1st treatment following an urgent GP referral and performance compliant for 3 consecutive months for cancer 62day screening.</p> <p>1) Provider Comments: Target failure is being driven by a build-up of breach backlog pathways across a number of tumour sites, most notably Urology. Specific issues in the Urology pathway relate to delays for diagnosis especially where this requires MRI, TRUS or TEMPLATE biopsy as well as delays where treatment is required at an external trust with the majority of such pathways referred to University College London Hospital. The trust has been issued with a CQN by the Commissioners. This sets out requirements for a detailed recovery plan as well as a performance monitoring framework-RFL are awaiting RCA guidance from NHS England.</p> <p>At the contract review meeting on the 27th August the Trust updated that they are ahead of the trajectories and are confident to achieve performance compliance by Dec 2015.</p> <p>2 & 7) Provider Action/ Recovery action plan progress update : The trust has implemented a Cancer Recovery and Sustainability Plan and a specific Urology Recovery Plan (within which the Prostate pathway has been prioritised) which has been shared with the Tripartite, Barnet CCG and London Cancer. Based on recently validated waiting list data the trust has produced a recovery trajectory to ensure a return to national compliance is achieved at the earliest opportunity, however as a ""worst case"" no later than December 15. It should be noted that the trust has recently received an instruction from NHS England to resubmit a recovery trajectory resulting in compliance against the indicator by quarter . The trust is currently developing a response.</p> <p>Trust are conducting thematic pathway reviews.</p>	Charles Allan	Jamie Kichenbrand	TBC
	RFL: Actual	85%	79.8%	Q1= 77%			Q2= 70.1%			74.0%					
cancer 62 day from Screening Service referral	RFL: Actual	90%	86.1%	87.1%	88.6%	92.0%	98.1%	94.1%	92.5%		<p>3) Clinical Commissioning Group (CCG) Action: Contract manager attends the contract review meetings and has requested a copy of the trajectories.</p> <p>4) Process Change: n/a</p> <p>5) Locality or GP issues/actions : tbc</p> <p>6) Quality, Innovation, Productivity & Prevention (QIPP): tbc</p> <p>8) Penalties applied: As Per the transaction agreement, for the period of five years from 1 July 2014, fines from penalties will normally be reinvested in a rectification plan with the trust.</p>				

Royal Free London: Referral to Treatment

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead	
18 week Referral to Treatment - Incomplete pathway	RFL: Plan			Trajectories to be added from Sept 2015								<p>1 & 7) Provider Comments/ action/ update on recovery action plan:</p> <p>Incomplete pathway performance reduced from 87.8% in July to 87.7% in August. The trust has now completed modelling in relation to business as usual and backlog demand and capacity resource requirements. Based on the outputs from modelling our speciality and trust level backlog clearance trajectory has been sent to Barnet CCG. The trajectory shows compliance against the 92% Incomplete Pathway standard being achieved at trust level in quarter two 2016/17 Monitor has reissued the Risk Assessment Framework with new provisions taking effect from August 2015. These include the removal of the two 18-weeks RTT admitted and non-admitted clock stop standards as advised by NHS England (England) in their letter of 24 June 2015. It is proposed to apply this change from October 15 to maintain consistency with NHS England national reporting and provide a full data set for quarter two.</p> <p>In order to maintain consistency with NHS England national reporting and to ensure a final full quarter of data is available it is anticipated that September 15 data will be the last reported against these two indicators. From October 15 performance against the incomplete pathways standard will be the single national RTT indicator</p> <p>Contract manager is confident that performance compliance will be achieved by September 2016 and has received a copy of the RAP and trajectories.</p> <p>2)Issues/ constraints: backlog activity</p> <p>3) Clinical Commissioning Group (CCG) Action: Contract manager attends the contract review meetings.</p> <p>4) Process Change: n/a</p> <p>5) Locality or GP issues/ actions : tbc</p> <p>6) Quality, Innovation, Productivity & Prevention (QIPP): tbc</p> <p>7) RAP update : Trajectories have been agreed from Sept 2015- Sept 2016"</p> <p>8) Penalties applied: As Per the transaction agreement, for the period of five years from 1 July 2014, fines from penalties will</p>	Charles Allan	Jamie Kichenbrand	Kevin Barrett
	RFL: Actual	92%	92.2%	92.3%	88.1%	88.3%	87.8%	87.7%	88.1%						

2) Key issues/ challenges and planned actions

Royal Free London: Diagnostics

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
Diagnostic tests - % of patients waiting 6 weeks or less	RFL: Actual	99%	97.1%	93.6%	93.0%	92.4%	93.2%	92.7%	93.0%		<p>During August 2015 the Royal Free London NHS Foundation Trust recorded a diagnostic waiting time performance of 92.7% against the 99% standard. In relation to both trust sites the most significant performance driver is the Endoscopy suite of diagnostic modalities incorporating:</p> <ul style="list-style-type: none"> Colonoscopy Flexi sigmoidoscopy Cystoscopy Gastroscopy <p>1) Provider Comments/ actions : In order to reduce waiting times the trust has developed a series of contracts with the Independent Sector for the provision of Endoscopy with the focus on those patients waiting longer than six weeks across all trust sites. Additional Independent Sector Endoscopy capacity is now being made available through the NHS England (London) "project management office" initiative. The trust is meeting with the sector coordinator on Friday 25 September 15. In addition the trust has implemented a number of capacity extending internal initiatives including private sector insourcing. A revised and comprehensive recovery trajectory including all breaching modalities will be made available by September.</p> <p>The trust is currently recording imaging breaches, in particular non obstetric ultrasound, which have resulted from the implementation of a new reporting system across all trust sites. Breaches relate to a supplier failure to migrate all electronic data resulting in the requirement to manually validate many thousands of records, this process is now complete with a return to 99% compliance to be achieved by November 15. Contract manager has requested a copy of the recovery action plan and will follow up at the contract review meeting on the 29/10/15.</p> <p>2) Issues/ constraints: independent sector capacity/ endoscopy rooms</p> <p>3) Clinical Commissioning Group (CCG) Action: contract manager attends the contract review meetings</p> <p>4) Process Change: n/a</p> <p>5) Locality or GP issues/actions : tbc</p> <p>6) Quality, Innovation, Productivity & Prevention (QIPP): QIPP</p> <p>7) Recovery plan progress update: The aim is for performance compliance by November 2015</p> <p>8) Penalties applied :As Per the transaction agreement, for the period of five years from 1 July 2014, fines from penalties will normally be reinvested in a rectification plan with the trust.</p>	Charles Allan	Jamie Kichenbrand	TBC

East & North Hertfordshire Trust: Cancer

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
Cancer 62 days - 1st treatment following referral from Screening Service	ENHT: Actual	90%	92.9%	83.3%	91.3%	92.0%	100.0%	61.5%	83.3%		<p>1) & 2) Provider Comments/actions/ issues/ constraints: Agreement with E&N CCG for trust to share the outcome of breaches report to HVCCG from September 2015.</p> <p>East and North Hertfordshire CCG (East & North Herts CCG) has been working closely with their local Provider, East and North Hertfordshire NHS Trust (the Trust) to improve and sustain cancer performance against all the National Operational Standards. As part of this work, the Trust has undertaken a detailed breach analysis against each of the standards to identify actions to improve performance and streamline the pathways. This work also supports achievement against the eight key priorities as highlighted in the national tripartite letter on 14th July 2015. The breach analysis showed that there were a number of late referrals from other Providers to the Trust, which has significantly impacted on the Trust's performance against the 62-day standard. These referrals have been received past the recommended 42-day deadline and some have even exceeded the 62-day threshold. East & North Herts CCG has written to the relevant CCGs to assist with tackling these late referrals so that they are made within the required timeframe of no later than 42 days. East & North Herts CCG have requested reasons for the delays and any actions that are being undertaken by West Herts Hospital NHS Trust and Royal Free Hospital (Barnet and Chase Farm) to improve the pathway so that this can be referenced.</p> <p>3) Clinical Commissioning Group (CCG) Action: HVCCG Contract manager attends the contract review meeting, however the last meeting was cancelled. Contract manager to follow up the request for the outcome of the breach report.</p> <p>4) Process Change: n/a</p> <p>5) Locality or GP issues/actions : tbc</p> <p>6) Quality, Innovation, Productivity & Prevention (QIPP): tbc</p> <p>7) Recovery plan progress update: Contract manager have obtained a copy of the 62day trajectories and improvement plan , the aim is to be performance compliant by December 2015.</p> <p>8) penalties: Q1 penalties will be applied , awaiting East & North Herts CCG updated template</p> <p>NB: Please note, an error has been identified in the June figure for 62 day upgrade, this has now been adjusted. May, July and August data for 62 day screening has been obtained from ENHT SQPR.</p>	Charles Allan	Sharon Kembler	TBC
Cancer 62 days - 1st treatment following consultants decision to upgrade	ENHT: Actual	85%	87.5%	77.8%	66.7%	100.0%	100.0%	87.5%	89.7%					

2) Key issues/ challenges and planned actions

East & North Hertfordshire Trust: A&E

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
A&E total time in Department - less than 4 hours	ENHT : Plan	95%		tbc	tbc	tbc	tbc	tbc			<p>1 & 2) Provider Comments/ issues/ constraints: At the ENHT contract review meeting 1st of October it was confirmed that ambulance handovers have been incorporated into the A&E action plan. Ambulance handovers are a big issue and 8 ambulances were queuing at Lister in the last few days, which are putting patients in the community at risk. EAST still have challenges with their crews, where they are still bringing patients to ENHT. Resources need to be used differently and the Trust are not getting the full value from HALO, which needs to be re-focused. ENHT actions: Remedial Action Plan includes the implementation of the following : •Implementation of a system wide operations cell to monitor demand and capacity. •Review of ED staffing and an increase in staffing to start from 1st April 2015 •Analysis of 60 minute breaches for the Ambulance to A&E clinical handovers 3) Clinical Commissioning Group (CCG) Action: HVCCG Contract manager attends the contract review meetings and has requested a copy of the action plan, however the last meeting was cancelled. 4) Process Change: n/a 5) Locality or GP issues/actions : tbc 6) Quality, Innovation, Productivity & Prevention (QIPP): tbc 7) Recovery action plan update : ENHT have drafted an action plan that seeks to improve A&E performance moving forward. Week of the 7/9/15 East & North Herts CCG Director of Ops and the Trust Development Authority submitted comments against the plan for ENHT to review and submit a final plan. This will then be formalised into a Contract Performance Notice, as part of which there will be agreement that the CPN is not closed down until performance is sustained for 3 consecutive months. This will be shared with HVCCG once finalised 8) Penalties applied: penalties will be applied awaiting template ENHCCG</p>	Charles Allan	Charles Allan	TBC
	ENHT: Actual		92.3%	95.0%	93.3%	95.1%	91.0%	87.8%	92.4%					

East & North Hertfordshire Trust: Stroke

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months		Accountable Director	Responsible Manager	Clinical Lead
High risk Transient Ischaemic Attack (TIA) patients not admitted, treated within 24 hours	ENHT : Plan	60%		tbc	tbc	tbc	tbc	tbc			<p>1,2 & 7) Provider actions/ issues/ constraints and recovery action plan progress: •The RAP states that these metrics have to be met for July, August and September 2015. The RAP currently does not include trajectories therefore work is underway with the trusts to develop this. • ENHT have presented a plan that contains 40 actions to address performance and clinical effectiveness, and have been challenged by the Trust Board to identify the top 10 actions which will have an impact. • Awaiting an update on the following areas raised at the September meeting : o Queried the trajectory for improvement ENHT expect and the timescales within which it felt performance would be on target and sustained o Queried the dates for the milestone actions o Stated that ENHT needed to model the impact that each action would have on the 3 performance metrics where penalties have been applied o Challenged ENHT to provide greater detail on Stroke Breach Reports. o ENHCCG will send a formal letter to the Trust asking for reassurance on the scrutiny that ENHT's Board have on the Stroke RAP, to ask for greater clarity on the trajectories for improvement and to state that there needs to be greater clinical transparency on the actions being taken 3) Clinical Commissioning Group (CCG) Action: HVCCG last meeting was cancelled therefore contract manager will follow up at the 10th of November meeting. 4) Process Change: n/a 5) Locality or GP issues/actions : tbc 6) Quality, Innovation, Productivity & Prevention (QIPP)/ Programmes : tbc NB: Due to the stroke network database no longer working, contract manager and Performance Lead have requested access to CCG stroke level data. 8) Penalties applied: ENHCCG have applied penalties.</p>	Charles Allan	Sharon Kembler	TBC
	ENHT: Actual		69.1%	58.8%	45.5%	76.2%	78.6%	75.0%						
Patients with low risk TIA treated within 7 days onset of Symptoms (National)	ENHT : Plan	65%		tbc	tbc	tbc	tbc	tbc				Charles Allan	Sharon Kembler	TBC
	ENHT: Actual		53.4%	36.0%	35.0%	60.0%	48.7%	50.0%						
Admitted directly onto an acute stroke unit within 4 hours of arrival to hospital	ENHT Plan	90%		tbc	tbc	tbc	tbc	tbc				Charles Allan	Sharon Kembler	TBC
	ENHT - Actual		52.0%	66.7%	61.9%	62.5%	64.2%	55.3%						
Stroke patients spending at least 90% of their time on a stroke unit	ENHT Plan	80%		tbc	tbc	tbc	tbc	tbc				Charles Allan	Sharon Kembler	TBC
	ENHT - Actual		73.9%	83.3%	72.1%	80.9%	82.2%	79.5%						

2) Key issues/ challenges and planned actions

Luton & Dunstable: Stroke

Indicator	Trust	Threshold	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	YTD	Last 12 Months	Accountable Director	Responsible Manager	Clinical Lead
Admitted directly onto an acute stroke unit within 4 hours of arrival to hospital	Luton- plan	90%	tbc	tbc	tbc	tbc	tbc	tbc			Charles Allan	Sharon Kember	TBC
	Luton- Actual		55.1%	65.5%	37.8%	No data	No data	No data					
Stroke patients spending at least 90% of their time on a stroke unit	Luton- plan	80%	tbc	tbc	tbc								
	Luton- Actual		79.6%	67.7%	62.2%	65.4%	73.3%	74.3%					
Patients with low risk TIA treated within 7 days onset of Symptoms (National)	Luton- plan	65%	tbc	tbc	tbc								
	Luton- Actual		68.5%	46.5%	59.6%	No data	No data	No data					

1& 7) Provider Comments/actions and recovery action plan update :
 LDHT have a remedial stroke action plan with recovery trajectories in place. At the stroke working group on the 8th of October, the stroke action plan was updated and copy will be sent to HVCCG. The implementation of the Stroke working groups will take this forward.
2) Issues/ restraints:
 -3) Clinical Commissioning Group (CCG) Action: HVCCG contract manager attends the contract review group and stroke working group.
 4) Process Change: as of 10/9/15 implementation of a stroke working group to progress action plan
 5) Locality or GP issues/ actions : tbc
 6) Quality, Innovation, Productivity & Prevention (QIPP): tbc
 NB: Due to the stroke network database no longer working, contract manager and Performance Lead have requested access to CCG stroke level data
 8) Penalties applied: penalties in place and applied
 NB: All of the quality indicators for Stroke are to be reported quarterly through SSNAP. SSNAP data is available one month after the quarter end and will be included in the SQPR in the second month after the quarter end.
 Please note that July and August figures have been adjusted due to validation.

Herts Urgent Care: Hertfordshire Wide View

SERVICE/ REF	INDICATOR	THRESHOLD	2014/15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015 /2016 YTD (Average)	Last 12 Months	COMMENTS	Accountable Director	Responsible Manager	Clinical Lead
GP OUT OF HOURS/ NQR 12	Urgent home visits within 2 hours	>95%	90.4%	92.3%	89.4%	91.4%	94.0%	91.7%	91.8%		Dip in performance was due to Summer holidays and gaps in rota. Now seeing an increased uptake in shifts. The out of hours (OOH) service will be moving to a winter rota 1) Provider actions/comments : Shift managers send regular messages to the doctors during their shifts to update them on resources available to complete the visits- GP recruitment still on going. 2) issues/ constraints: Home visits have increase by 197 on routine calls since last month, visiting resources are still being called into the bases to support any gaps in the rota. 3) CCG actions Close tracking of NQR delivery through monthly contract review meeting and action tracker. This is being closely monitored in the 111 Quality and Contract Meetings. Direct booking of 111 into bases has had an impact on NQR 12 as has gaps in GP cover. As part of the Systems Resilience for NHSE HVCCG have sought assurance from HUC that robust plans are in place for rota fill for winter 15/16 HUC have supplied details of their plans including rotas being published for fill on 1/10/15, revised enhanced pay rates for unsocial shifts and preparing for a 20% surge in demand for OOH services	Charles Allan	Julie Higgs	Dr Vipal Parbat
GP OUT OF HOURS/ NQR 12	Routine home visits within 6 hours	>95%	89.0%	89.3%	93.4%	95.5%	94.3%	93.9%	93.3%	As above				
GP OUT OF HOURS/ NQR 12	Urgent face to face consults within 2 hours	>95%	95.1%	90.8%	82.1%	94.8%	94.0%	90.9%	90.5%		As part of the Systems Resilience for NHSE HVCCG have sought assurance from HUC that robust plans are in place for rota fill for winter 15/16 HUC have supplied details of their plans including rotas being published for fill on 1/10/15, revised enhanced pay rates for unsocial shifts and preparing for a 20% surge in demand for OOH services 4) Process Change: New tiered base models to allow urgent home visits to happen within the 2 hour target will be implemented from September 2015. No process change as there has been a significant improvement with threshold almost being met. 5) Locality or GP issues: patient dissatisfaction, any feedback from patients GP practices can reinforce HUC services 6) Quality, Innovation, Productivity & Prevention (QIPP): QIPP A&E 7) Recovery plan progress update: n/a			

NB: NRQ9 to be discontinued due to the introduction of 111. This has been agreed with the Lead commissioner ENCCG. Contract Manager has confirmed that within the 15/16 contract there is no explicit mention of NRQ9.

2) Key issues/ challenges and planned actions

Hertfordshire Partnership Foundation Trust:

Hertfordshire Partnership Foundation Trust										Accountable Director	Responsible Manager	Clinical Lead
Indicator	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015/16 YTD (Average)	Last 12 Months	Comments			
Patient Safety												
% of service users with an up to date risk assessment (including Learning Disability & Forensic (LD&F) & Child and Adolescent Mental Health Services (CAMHS) from April 2015- add full name	95%	83.80%	86.92%	86.81%	87.82%	88.39%	86.24%		<p>1) Provider actions: Performance has been affected by demand and capacity issues in Child and Adolescent Mental Health Services clinics and particularly sensitive to changes in the use of agency staff, all specialist Child and Adolescent Mental Health Services vacancies are filled. A Child and Adolescent Mental Health Services specific recruitment event took place in July and to be repeated in Autumn. Considerable work has been carried out on improving the pathway and on clearing the back log of individuals waiting. The service line reviewed the systems relating to waiting times to develop a greater use of live data to drive performance. As a result the underlying performance for new referrals waiting improved significantly since June and the full target is expected to be achieved once the additional staff are recruited and established within the work team.</p> <p>2) Issues/ constraints: Lack on funding in HV and staffing issues regarding vacancies, agency staff, turnover and training new staff.</p> <p>3) CCG actions: Routine Child and Adolescent Mental Health Services has improved slightly, the Child and Adolescent Mental Health Services service is working to an internal target set at 85%, with an acknowledgement that the 95% is likely to be achievable only with additional recruitment funded via new monies allocated by the CCGs.</p> <p>4) CCG process changes: n/a</p> <p>5) Locality/ GP implications/actions: tbc</p> <p>6) QIPP/ Programme links: Monthly Child and Adolescent Mental Health Services Herts Partnership Foundation Trust Service Review meeting and Quarterly Child and Adolescent Mental Health Services Strategic Commissioning Group</p> <p>7) Action plan progress update: On-going recruitment drive and Child and Adolescent Mental Health Services specific recruitment event to be repeated. New waiting time reports are being developed and should be running by the end of November. Data refers to 38/48 patients</p>	Charles Allan	Simon Pattison	Dr Mark Allen
People with severe mental illness who have received a list of physical checks (in-patients only)	98%	93.10%	100%	95.0%	100.0%	90.9%	97.2%		<p>1) Provider Comments/actions: data refers to 40/44 patients. All were offered a physical health check within 24 hours of admission, however, three declined and one other person was too physically unwell. There was evidence that this was completed within the next 2 days.</p> <p>2) Issues/ constraints: n/a</p> <p>3) Clinical Commissioning Group (CCG) Action: HVCCG monitor via Herts Partnership Foundation Trust contract review meetings</p> <p>4) Process Change: work is reported to the MD via a bi weekly quality oversight group</p> <p>5) Locality or GP issues/ actions: GP and patient dissatisfaction, slow response from Herts Partnership Foundation Trust can create increase in demand at GP practices.</p> <p>6) Programme and Quality, Innovation, Productivity & Prevention (QIPP) links: QIPP and MH/LD programme</p> <p>7) Recovery plan progress update: action plan in place</p>			
Child and Adolescent Mental Health Services - Percentage of referrals meeting assessment waiting time standards - ROUTINE (28 DAYS)	≥95%	72.33%	74.63%	71.67%	58.97%	77.22%	70.96%		<p>Additional Indicator added to executive dashboard due to 5 consecutive months of below performance target.</p> <p>1) Provider actions: Performance has been affected by demand and capacity issues in Child and Adolescent Mental Health Services clinics and particularly sensitive to changes in the use of agency staff, all specialist Child and Adolescent Mental Health Services vacancies are filled. A Child and Adolescent Mental Health Services specific recruitment event took place in July and to be repeated in Autumn. Considerable work has been carried out on improving the pathway and on clearing the back log of individuals waiting. The service line reviewed the systems relating to waiting times to develop a greater use of live data to drive performance. As a result the underlying performance for new referrals waiting improved significantly since June and the full target is expected to be achieved once the additional staff are recruited and established within the work team.</p> <p>2) Issues/ constraints: Lack on funding in HV and staffing issues regarding vacancies, agency staff, turnover and training new staff.</p> <p>3) CCG actions: Routine Child and Adolescent Mental Health Services has improved slightly, the Child and Adolescent Mental Health Services service is working to an internal target set at 85%, with an acknowledgement that the 95% is likely to be achievable only with additional recruitment funded via new monies allocated by the CCGs.</p> <p>4) CCG process changes: n/a</p> <p>5) Locality/ GP implications/actions: tic</p> <p>6) QIPP/ Programme links: Monthly Child and Adolescent Mental Health Services Herts Partnership Foundation Trust Service Review meeting and Quarterly Child and Adolescent Mental Health Services Strategic Commissioning Group</p> <p>7) Action plan progress update: On-going recruitment drive and Child and Adolescent Mental Health Services specific recruitment event to be repeated. New waiting time reports are being developed and should be running by the end of November. Data refers to 38/48 patient.</p>	Charles Allan	Simon Pattison	Dr Mark Allen

Hertfordshire Partnership Foundation Trust: continued

Hertfordshire Partnership Foundation Trust											Accountable Director	Responsible Manager	Clinical Lead
Indicator	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015/16 YTD (Average)	Last 12 Months	Comments				
Waiting Times													
Routine referrals to community mental health team meeting 28 day wait	≥98%	95.98%	97.73%	97.37%	99.49%	97.84%	97.64%		<p>1) Provider Comments/actions: 2 patient choice did not attend 2 appointments attended 3rd appointment. 1 patient choice due to service user going on holiday. 1 patient choice cancelled 1st appointment, did not attend 2nd and attended 3rd appointment. Data refers to 181/185 patients</p> <p>2) Issues/ constraints : n/a</p> <p>3) Clinical Commissioning Group (CCG) Action: HVCCG monitor via the Herts Partnership Foundation Trust contract review meetings</p> <p>4) Process Change: n/a</p> <p>5) Locality or GP issues/ actions : GP and patient dissatisfaction, slow response from Herts Partnership Foundation Trust can create increase in demand at GP practices</p> <p>6) Programme and Quality, Innovation, Productivity & Prevention (QIPP) links: Mental Health/Learning Disability programme</p> <p>7) Recovery plan progress update: tbc</p>		Charles Allan	Simon Pattison	Dr Mark Allen
Early Memory Diagnosis and Support Service Referrals meeting 6 week wait	≥90%	54.30%	48.93%	48.03%	54.07%	53.0%	51.42%		Please refer to the Dementia progress update for narrative				

2) Key issues/ challenges and planned actions

IAPT:

Indicator	Threshold	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015/2016 YTD (Average)	Last 12 Months	Additional information	Comments	Accountable Director	Responsible Manager	Clinical Lead
Improving Access to Psychological Therapies IAPT													
The proportion of people who have completed IAPT treatment having attended at least 2 treatment contacts and are moving to recovery	50%	49.4%	49.7%	52.41%	57.20%	57.76%	53.28%			1) Provider actions: A Herts wide marketing plan to maximise the number of GP referrals. Analysis of referral patterns over the last two years indicate Q1 & Q2 generally have reduced referral rates and increase in winter, peaking in October/ November and February. This is consistent with national trends for general MH services and known winter pressures. Therefore anticipated increase of referrals towards October and required to be maximised to support meeting annual access targets.	Charles Allan	Simon Pattison	Dr Mark Allen
Number of people entering IAPT treatment	14% - Forecast	1.17%	1.17%	1.17%	1.17%	1.17%			New KPI for 2015/2016 therefore no graph included for 2014/2015	Quarterly Assessment Weeks throughout 15/16 to help increase referrals. The new Clinical Lead visiting all GP surgeries and Flu/ long term condition (LTC)days. Proactive approach on did not arrive (DNA)follow-ups and Chief Locality Officers monitoring of data quality and recording. Herts Partnership Foundation Trust continue to market self referrals with pharmacies.			
	% Actual	0.83%	0.90%	1.10%	1.14%	0.86%	0.97%						
	10086- Forecast	840	840	840	840	840							
	Actual	600	650	792	818	621	3481						
Step 2 referrals to primary care psychological therapies services seen within 6 weeks (42 days)	75%	99.59%	99.25%	99.10%	98.28%	98.98%	99.04%		2) Issues/ constraints: Ongoing regular communication with Herts Partnership Foundation Trust, intergrated health care commissioning team (IHCCT), CCG's/Chief Locality Officers and GP's to help increase the number of Referrals.				
Number of step 3 referrals to primary care psychological therapies services seen within 6 weeks (42days)	75%	92.52%	96.36%	95.00%	96.11%	93.59%	94.72%		3) CCG actions: Letter to GPs requesting to increase their IAPT referrals to Herts Partnership Foundation Trust. The any qualifying provider (AQP) spreadsheet shared with Finance to monitor budget. Regular IAPT updates circulated by the Comms team via the weekly newsletter. Chief Locality Officers confirm dates for Herts Partnership Foundation Trust to attend meetings relevant to IAPT and Herts Partnership Foundation Trust to attend Chief Locality Officers meeting on 19th October 2015.				
access to IAPT via AQP/IAPT Counsellors	1% = 720 patients/12 months = 60 per month plan	60	60	60	60	60	.		New KPI for 2015/2016 therefore no graph included for 2014/2015	4) CCG process changes: Monitor GP surgeries following the letter to GPs requesting they increase their IAPT referrals to Herts Partnership Foundation Trust and reduce AQP referrals.			
	Actual - numbers	69	104	153	118	102	546			5) Locality/GP implications/actions: GP referral spreadsheet from Herts Partnership Foundation Trust comparing monthly activity to 14/15 circulated by the Locality Officers. 6) QIPP/ Programme links: IAPT Task and Finish Group 7) Action plan progress update: Chief Locality Officers actively targeting the GP surgeries with low referrals. Assessment weeks scheduled throughout 2015/16. Herts Partnership Foundation Trust referral forms on the 3 GP systems and promotional activity with pharmacists, continuing leaflets in prescription bags. NB: Amended figures are due to the development of AQP IAPT counselling spreadsheet , therefore from July 2015 more accurate data is collected .			

2) Key issues/ challenges and planned actions

Quality:

Ref	Indicator	Trust	Jan-15	Feb-15	Mar-15	Year End Position 2014/15	YTD Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015/16 YTD	Comments	Accountable Director	Responsible Manager	Clinical Lead
5	Clostridium Difficile Infections	WHHT	1	1	2	23	23	1	3	3	2	2	11	<p>West Hertfordshire Hospitals NHS Trust At the end of August WHHT were 6 cases over their cumulative trajectory for C. difficile. Learning from the reviews of the cases is being shared at Divisional and Trust wide infection control meetings. Targeted infection control training is being delivered to all departments where cases have occurred and a newsletter has been circulated to all staff at the trust focusing on best practice standards. A trust wide C. difficile reduction action plan is being implemented to reduce cases. At the end of August WHHT were 6 cases over their cumulative trajectory for C. difficile. Learning from the reviews of the cases is being shared at Divisional and Trust wide infection control meetings.</p> <p>Royal Free Hospitals NHS Trust (Barnet and Chase Farm Hospitals) At the end of August the number of cases of C. difficile occurring at the Barnet and Chase Farm sites was equal to the trajectory limit, however the number of cases for the trust as a whole was 4 cases over the limit. All cases are being investigated with learning shared across the Trust. Following action taken as a result of a cluster of cases on the Barnet site in July, there has been a reduction in cases in August.</p> <p>Luton and Dunstable University Foundation Hospital Trust At the end of August the Trust is one C. difficile case over the limit for the period. All cases are being investigated to reduce the risk of further cases.</p> <p>Buckinghamshire Healthcare NHS Trust (BUCKS) At the end of August BUCKS have had 3 cases over their trajectory limit. All cases are investigated to identify any lapses in care.</p> <p>Hertfordshire Community Trust (HCT) HCT are one case over their trajectory limit. Cases are being investigated with partner organisations where appropriate with learning identified shared across the Trust. The Infection Control Team at the Trust has implemented a programme of audits for the community teams with results being reported through a trust dashboard.</p>	Diane Curbishley	Kate Chand	Dr Trevor Fernandes /Dr Mike Edwards
		RFH	4	3	0	33	66	7	9	4	9	3	32				
		LDHUFT	1	3	2	10	6	0	1	0	2	1	4				
		Bucks	2	3	1	37	32	3	4	6	2	3	18				
		ENHT	1	0	1	12	11	0	0	2	1	0	3				
		HCT	0	1	2	6	6	0	1	1	0	1	3				
		HPFT	0	0	0	0	0	0	0	0	0	0	0				
6	Safer Care	WHHT	94.1%	93.6%	91.8%	98%	91.2%	92.5%	93.4%	94.8%	93.9%	<p>Safer Care (Safety Thermometer) Improvements had been seen in the Safer Care performance at all HVCCG providers during July, however, this has not been sustained during September, with the exception of HPFT and HCT.</p> <p>The action plans developed by the provider's regarding Safer Care continue to be implemented and monitored at the monthly CORM.</p>	Diane Curbishley	Kate Chand	Dr Trevor Fernandes /Dr Mike Edwards		
		RFH	88.3%	89.2%	90.1%		89.1%	89.8%	91.1%	94.0%	91.3%						
		LDHUFT	92.9%	92.9%	93.3%		92.1%	95.3%	94.2%	95.0%	94.8%						
		Bucks	92.2%	92.2%	92.8%		91.2%	93.1%	91.4%	93.1%	92.5%						
		ENHT	96.2%	93.8%	95.5%		92.2%	95.8%	97.0%	95.4%	96.8%						
		HCT	92.0%	92.1%	93.6%		93.2%	92.4%	92.9%	93.1%	93.2%						
		HPFT	90.4%	93.4%	93.2%		93.3%	94.0%	96.0%	87.7%	94.2%						

2) Key issues/ challenges and planned actions

Transforming Care:

Transforming care update	Accountable Director	Responsible Manager	Clinical Lead
<p>1) Provider actions: HPFT business case approved for pilot for enhance Community Assessment Treatment Team resource and Community Forensic Team update: initial funding agreed as follows in 2015/16: ENHCCG agreed 6 month funding; HVCCG 3 months to reflect staggered recruitment to teams. Progress to recruitment underway by provider.</p> <p>2) Issues/Constraints:</p> <ul style="list-style-type: none"> · For the previously reported 3 delayed discharges at Assessment & Treatment Unit estimated discharge dates in place and work with the Integrated Accommodation Team continues to support discharge dates. Transforming Board are aware of the delays and meetings in place to escalate as appropriate. · Lack of social care crisis options – Integrated Accommodations Commissioning Team (IACT) identified lead progressing: update this work stream forms part of Fast Track work and a provider event was held on the 6th October which was well attended. Since this a number of providers have approached the programme with ideas and a sub group is now in place to progress the work. · Market development and work force development are key areas of focus particularly with regard to Forensic specialist services: this is a focus of the Fast Track pilot work. · Lack of definitive data/intelligence re children’s data remains a challenge: this is an area of focus for the Track Pilot work and has been reflected in the plan and bid Submitted and the programme is now working on how to progress this. <p>3) CCG actions:</p> <ul style="list-style-type: none"> · Weekly reporting to NHS England on current cohort continues – 21 in total. This is a decrease from last month and reflects some discharges. · 5 HVCCG patients in secure services funded by NHS England Specialist Commissioning (reported by Specialist Commissioning). Please note this number is subject to change as some new names have been identified by NHS England as part of the Care & Treatment Review process. · Reporting of current cohort and new admissions to HCSIS ‘live clinical platform’ also in place · Herts is a Fast Track pilot site for Transforming Agenda: update – A national draft model has been issued with Fast Track sites tailoring locally. The consultation period on the model is ended. Following submission of the bid funds have been allocated to Fast Track sites by NHS England. Work is now progressing on how to use these in the remainder of the financial year and to consider sustainability beyond this period. · Care & Treatment Reviews (CTRs) are now business as usual with pre-admission and admission prevention CTR/Blue Light Processes initiated for - 01/09/15. There is now a piece of work in place to look at the capacity and resources of the team and wider resource implications as the impact on the team has been significant in the last month. · Multi agency operational monthly meetings continue · Transforming Care Board – county wide board: next meets 03/11/15 <p>4) CCG process changes: N/A</p> <p>5) Locality/ GP implications:</p> <p>Presentation of Fast Track work to HVCCG Exec revealed GP Exec members confusion around current pathways for LD. HCC senior LD commissioner attended October’s Exec talked through current services/pathways current services/pathways</p> <p>6) QIPP / programme links: MH/LD Programme</p> <p>Transforming Care Programme – Hertfordshire is a Fast track pilot site for this. Monitored through the Transforming Care Board and through the MH / LD Programme Board, with scrutiny at the County wide Planning and Performance Group for Learning Disabilities.</p> <p>7) Action plan update : N/A</p>	Charles Allan	Simon Pattison	Dr Kirsten Lamb

2) Key issues/ challenges and planned actions

Dementia Update:

Diagnosis: where are we now?		Update							Accountable Director	Responsible Manager	Clinical Lead																																																
<p>End of September 2015 position-based on end of March 2015 prevalence estimate.</p> <table border="1"> <thead> <tr> <th></th> <th>65+ Only (CFAS II)</th> <th>30 - 64 (AS-2014)</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated dementia prevalence in Herts Valleys</td> <td>6,627</td> <td>364</td> <td>6,990</td> </tr> <tr> <td>67% target</td> <td>4,440</td> <td>244</td> <td>4,683</td> </tr> <tr> <td>Current estimated number diagnosed (Alastair</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional diagnoses required to meet target</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Estimated percentage diagnosed based on new</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>We will continuously monitor performance against the following trajectory of improvement:</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Mar-15</th> <th>Apr-15</th> <th>May-15</th> <th>Jun-15</th> <th>Jul-15</th> <th>Aug-15</th> <th>Sep-15</th> </tr> </thead> <tbody> <tr> <td>Monthly diagnosis ambition (%)</td> <td>0.53</td> <td>0.55</td> <td>0.57</td> <td>0.59</td> <td>0.62</td> <td>0.64</td> <td>0.67</td> </tr> <tr> <td>Actual</td> <td>52.93</td> <td>N/A</td> <td>N/A</td> <td>55.16</td> <td>55.05</td> <td>58.9</td> <td>62.89%</td> </tr> </tbody> </table>			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				Additional diagnoses required to meet target				Estimated percentage diagnosed based on new				Month	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Monthly diagnosis ambition (%)	0.53	0.55	0.57	0.59	0.62	0.64	0.67	Actual	52.93	N/A	N/A	55.16	55.05	58.9	62.89%	<p>1) Provider actions: Hertfordshire Partnership University Foundation Trust (Herts Partnership Foundation Trust) - capacity for first assessment appointments increased from 28 to 38 per week with effect from 1.10.15</p> <ul style="list-style-type: none"> • Patient/carer experience, including addressing the waiting list. The waiting list as at the 5.10.15 was 292 people (164 waiting for more than 6 weeks) • Locum Consultant in post - providing four additional sessions per week across Herts <p>2) Issues/ constraints: Performance reporting</p> <p>Health and Social Care Information Centre and NHS England data has been received for August 2015. The CCG has continued to ask GP practices to provide QOF data on a monthly basis. Herts Partnership Foundation Trust provide weekly waiting list monitoring information.</p> <p>3) CCG actions: The progress against the CCG Dementia Recovery Plan is monitored on a weekly basis by way of a conference call</p> <p>4) CCG process changes: The dementia action plan integrates dementia related work plans across the CCG and Hertfordshire County Council is overseen by HVCCG AD Planned and Primary Care who chairs a weekly conference call attended by work stream leads to ensure progress.. The plan is discussed at each Commissioning Executive Meeting.</p> <p>5) Locality/ GP implications: The Integrated Health and Care Commissioning Team, Locality Teams, and the Planned and Primary Care Team are working with GP practices to support improved diagnosis performance in a number of areas including:</p> <ul style="list-style-type: none"> • Awareness of the benefits of a timely diagnosis • GP diagnosis of advanced dementia • Case finding in care homes • Improved data management and case finding in GP practices. • The transfer of dementia prescribing care for stable patients (implementation due on 1st of July 2015) <p>Dementia diagnosis is included within practice performance packs as part of local incentive scheme. Increase work load for GPs Dementia QOF data collection from practice. Herts Partnership Foundation Trust to send patient lists to practices Chief Locality Officers (CLO) are contacting all practices to raise awareness of need to diagnose and help available to GPs.</p> <p>6) QIPP/ programme links: N/A</p> <p>7) Action plan progress update: Progress has been achieved in relation to the 3 key work streams (care home case finding, GP engagement and development of Early Memory Diagnosis and Support Service) that are expected to deliver improvement in diagnosis rates. All care homes within West Herts have been directly engaged to support case finding and GP practices have been asked to report on their understanding of local care home prevalence. Plans around GP engagement are at advanced stage of delivery with the majority of GPs reporting action in the key areas. GP awareness/training event have been delivered as planned during August and September with a further event planned for October.</p>							Charles Allan	Simon Pattison	Dr Mark Allen
	65+ Only (CFAS II)	30 - 64 (AS-2014)	Total																																																								
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2) Key issues/ challenges and planned actions

Finance month 6:

Finance					
	Income & Expenditure (£m)				
	Full Year	Year to Date			Prior Month
	Plan	Plan	Actual	Variance	Variance
Revenue Resource Limit (in year)	702.6	353.4	353.4	0.0	0.0
Acute	405.4	201.8	204.2	-2.4	-2.2
Mental Health / LD	74.2	37.1	36.9	0.2	0.1
Community Services	59.0	29.5	30.1	-0.6	-0.2
Continuing Care / FNC	24.7	12.3	12.6	-0.3	-0.1
Prescribing	73.9	37.0	37.5	-0.5	-0.4
Other Primary Care	16.0	8.0	7.3	0.7	0.4
Other Programme Costs	36.6	21.2	18.7	2.5	2.0
Running Costs	12.8	6.5	6.9	-0.4	-0.3
Total Expenditure	702.6	353.4	354.2	-0.8	-0.7
In year Surplus / (Deficit)	0.0	0.0	-0.8	-0.8	-0.7
Cumulative Surplus / (Deficit)	7.0	3.5	2.7	-0.8	-0.7

Negative variance is adverse

Comments	Accountable Director	Responsible Manager
Month 6 Key Messages		
<p>At month 6 the CCG has recorded an in-year deficit of £0.8m, compared to a planned breakeven.</p> <p>The cumulative surplus of £2.7m (which includes the surplus carried forward from 2015/16) is £0.8m less than plan.</p> <p>Acute Contracts are over-performing by £2.4m (£2.2m at month 5)</p> <p>Reserves total £35.9m, the whole of which is either committed or earmarked for specific purposes including support of the bottom line.</p> <p>Given the increasing risk of in-year over-spend, the CCG has been tasked by NHS England to further develop and strengthen its mitigation plans and provide detailed information to assure them that the plans are robust and will deliver in-year breakeven.</p>	Alan Warren	Julie Dean

Risk Mitigation Finance Report - Introduction

Herts Valleys CCG – mitigation plan for forecast outturn delivery

“A narrative that sets out the current gap in detail and the drivers of the unmitigated variance to plan”

The CCG’s financial plan for 2015/16 is to break-even against the in-year allocation from NHS England. The agreed plan includes higher levels of QIPP savings in the second-half of the financial year: £1.3m related to phasing of identified schemes and £3.2m that was unidentified at the time the plan was submitted in May 2015. At month 6 the CCG has recorded an in year deficit of £0.8m (0.2%), compared to the plan to break even in-year against the current year allocation. Alongside the ytd position, the CCG has calculated an underlying deficit of 0.2% (with one of the underlying assumptions being that the £3.2m of unidentified QIPP will be addressed through non-recurrent measures).

The CCG continues to forecast achievement of its financial target, the maintenance of the accumulated surplus at £7m (brought forward from 2014/15). Given the YTD variance, the negative underlying position of 0.2%, and the risk inherent in an unidentified QIPP as part of the plan, NHS England requires assurance from the CCG that it is taking appropriate mitigation actions to achieve its target cumulative surplus. In practice, the mitigation actions include a number of schemes identified against the £3.2m unidentified as well as ensuring that those QIPP schemes which were backloaded in the plan deliver the required benefit in months 7-12. The total of “mitigation actions”(in “..” because we might have considered some of them as business as usual, just deferred) to underpin the forecast outturn, and the unmitigated gap without them, are £4.3m and £4.1m respectively. A separate set of work streams is in place to mitigate any residual risk (value = £0.4m)

Risk Mitigation Finance Report

Additional detail of £3.2m (unidentified at plan) and backloaded QIPP																			
No.	Scheme	Budget area	Lead as allocated by Nic	Clinical Lead	Scope	Target Saving 2015/16 £000	Likelihood %	Risk adjusted saving 2015/16 £000	Best Case 15/16 Saving £000	Most Likely 15/16 saving £000	Worst Case 15/16 Saving £000	Target Date	RAG - deliverability	Recurrent Saving £000	Comment				
1	Planned & Primary Care	Other primary care	Avni Shah	Kevin Barrett	Anticipated additional spillage/underspend in LES, LIS, AQP, PC Capacity, PC IT	1,250	100%	1,250	1,300	1,250	1,250	Immediate	Green	0	Implementation of the slow policy for all elective procedures (with a few exceptions) in October across all GP practices. This would support data validation challenges further. Implementation of the Clinical Decision Supporting Software for November will support this further. GP performance packs giving practice information on key procedures compared to their peers for tonsillectomies and cataracts have been successful in getting practices to implement actions within the practice to set up processes around procedures of limited value.				
	Backloaded - procedures of limited clinical value				Supposed								Red						
3	Backloaded - care homes initiatives	Acute	Annette	Ruth Williams	Successful in recruiting the nurse to implement the care home initiative. NHS111 DOS changes to ensure pathway from care home includes where appropriate call to community rapid response or ECP car services where appropriate. Implementation of the complex care premium from October which will further support reduction in NEL from care homes	284	90%	256	284	256	170	Immediate	Green	256					
4	Backloaded - 1st outpatients	Acute	Annette	Kevin Barrett	Implementation of the US in 2015/16 with all practice action plans approved in July, all practices are working on key actions to review practice referrals for outpatients and where appropriate use alternative. 20 pathways currently developed on Clinical Decision Support Software with the roll out to the practices by end of November.	252	70%	176	252	176	50	Immediate	Amber	176					
5	Backloaded - other pathway redesigns	Acute	Annette	Alison Davies/Clair Moring	EOLC - Increase in number of patients having advance care plans done since quarter 4 of 2014/15. Further ACP training for all primary care clinicians planned in Oct, roll out of EPACCS and care co-ordination hub in Nov/Dec which will support the OOH/NHS111 DoS pathway as well as co-ordination hub will be able to provide and signpost patient and carer to alternatives management in the community rather than hospital. Falls - conference and launch of publicity campaign in Sept. Screening of patients at risk of falls and enhanced management rolled out to all 69 practices in Qtr 2. Early data from primary care showing process in place to implement for qtr 3 onwards	124	60%	74	124	74	24	Immediate	Amber	74					
6	Backloaded - medicines mgt				Included below	50	0%	0	0	0									
7	Additional Contract validations		Annette (with input from Mark)	Trevor Fernandes/Il Ramanathan	Increase resource in data validation and additional focus. Additional validations, over and above the in-year run rate include enforcement of contractual rules on disputed 2014/15 maternity pathways charges (Bucks) and in-year duplicate charges for the same patient on maternity pathway (all providers). Review of maternity coding for up coding (ENWT and Bucks) alongside coding audit for A&E and NEL admissions. Enforcement of contractual terms on ward attenders (WHHT) and direct access diagnostics (all providers).								Green	-435					
	Returning patients	Acute			see template	95	32%	30	30	30	15		Green						
	Bucks 2014/15	Acute			see template	430	100%	430	430	430	1,200	Jan-16							
	In year maternity	Acute			see template	1,077	60%	646	1,077	646	100		Amber						
	A&E ward attenders	Acute			see template	355	80%	284	355	284	150		Green						
	BPT stroke	Acute			see template	216	83%	180	216	180	90		Green						
	Pathology data	Acute			see template	390	15%	60	390	60	40		Green						
8	Additional meds mgt actions (new drive / initiatives plus PMOT team vacs)	Prescribing	Annette	David Buckle	Additional switches by meds mgt team as a high priority, in addition, PMOT vacancies will yield at least £100k.	262	90%	236	262	236	200	Immediate	Green	236					
9	Increasing Capacity in primary care - avoiding A&E attendances for >19-9<75	Acute	Annette	GP Locality Cf	Building on the success from 2014/15, three localities are implementing increased number of appointments from October right through to March 16 to support more patients being seen in the primary care setting rather in the acute.	250	60%	150	250	150	75	Immediate	Amber	150					
10	Reduced contributions to HCC Pooled Budgets	Mental health / LD	Nic	Mark Allen	HCC have been asked to return current underspends (£250k to date) on joint / pooled budgets and not utilise any further underspends.	500	60%	300	500	300	250	Dec-15	Green	0					
11	Deferring HomeStart expenditure from Oct 2015	Community	Tad	Rami Elad	Funding has become available to support home visiting services from the decommissioning of jointly funded service with HCC, this will be frozen while planning of new service takes place vfrom April 2016	50	100%	50	50	50	50	Immediate	Green	50					
12	Limited list prescribing for unregistered patients	Prescribing	Annette	David Buckle	Limited list prescribing for unregistered patients such as West Herts Medical Centre, OOH and Meadowell. Encouraging practices (especially Meadowell and possibly a number of others who are providing alcohol and drug services) to work to CRI spec so that drug costs can be recharged.	14	70%	10	100	10	0	Immediate	Amber	10					
17	Non HPFT CAMHS referrals	Mental health / LD	Annette	Mark Allen	Historically when children are diagnosed with eating disorder in GOSH, patients will be seen in London after C2C referral. Through the transformation work on CAMHS services the pathway has been developed to implement pathway following diagnosis of children in GOSH to refer into local Hertfordshire Community services within HPFT. This is on track for implementation from October 2015	219	85%	186	400	186	120	Immediate	Amber	186					
13																			
	Sub-total					6,350		4,318	6,020	4,318	3,784			1,235					
Mitigation of residual risk (with allocated lead managers and clinical leads)																			
No.	Scheme	Budget area	Lead	Clinical Lead	Scope	Target Saving 2015/16 £000	Likelihood %	Risk adjusted saving 2015/16 £000	Best Case 15/16 Saving £000	Most Likely 15/16 saving £000	Worst Case 15/16 Saving £000	Target Date	RAG - deliverability	Recurrent Saving £000	Comment				
16	Pathology /Diagnostics	Acute	Avni Shah	Mike Walton	Work is underway in Pathology developing specific guidelines to support general practice on the use of appropriate tests in line with evidence for certain pathways including annual reviews for patients on statins, shared care for specialist drug monitoring etc. Tests available to GP have been reviewed so that we only have the ones that are in the guidelines such as removal of amylase testing in primary care.	107	100%	107	107	107	107	Dec-15	Green	107					
18	Holding vacancies unfilled for 4 weeks at 10% turnover Oct - Mar	Running costs	Tad	n/a	The CCG has a turnover of staff which would allow it to hold for 4 weeks all vacancies at a 10% turnover rate, should the need arise. All vacancies are subject to strict executive level recruitment controls.	300	67%	200	300	200	200	Immediate	Green	0					
19	Review of IAPT performance incentive	Mental health / LD	Avni Shah	Avni Shah	Review of IAPT performance incentive primary care								Green						
20	Review of prior yr FNC liabilities with HCC	Continuing Care	Tad	n/a	The CCG has written to HCC proposing a settlement (from accrued funds) of outstanding issues in relation to FNC not fully evidenced. We anticipate a successful outcome.	140	75%	105	140	105	50	Immediate	Green	0					
21																			
	Sub-total					609		412	608	412	357			107					
	TOTAL					6,959		4,730	6,629	4,730	4,141			1,342					

Backloaded calculation based on difference in QIPP target in m7-12 v m1-6.

Acute	2,393
Mental health / LD	486
Community	50
CHC	105
Prescribing	246
Other primary care	1,250
Running costs	200
	4,730

Green	
Amber	
Red	

3) PERFORMANCE AGAINST CCG OUTCOMES FRAMEWORK- n/a (next report due December 2015)

4) QUALITY DASHBOARD

Ref	Indicator	Trust	Target	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14
1	Summary Hospital Level Mortality Indicator	WHHT	100	107	107	105	100	98	93	90	91
		BCF		85	86	87	89	88	89	89	90
		LDHUFT		103	102	103	102	101	102	102	102
		Bucks		114	110	108	107	107	108	108	106
		ENHT		114	112	112	112	111	111	113	112

Ref	Indicator	Trust	Jan-15	Feb-15	Mar-15	Year End Position 2014/15	YTD Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	2015/16 YTD	
2	Never Events	WHHT	0	0	0	4	0	0	1	0	0	0	1	
		RFH	0	0	0	0		0	0	0	0	0	0	0
		LDHUFT	0	0	0	0		0	0	0	0	0	0	0
		Bucks	0	0	0	2		0	0	0	0	0	0	0
		ENHT	0	0	0	1		0	0	0	0	0	0	0
		HCT	0	0	0	0		0	0	0	0	0	0	0
		HPFT	0	0	0	0		0	0	0	0	0	0	0
3	Serious Incidents	WHHT				208	N/A	13	10	7	2	1	33	
		LDHUFT				39		0	0	0	0	0	0	0
		Bucks				64		N/A	N/A	N/A	N/A	N/A	N/A	0
		RFH				90		N/A	N/A	N/A	N/A	N/A	N/A	N/A
		ENHT				127		N/A	N/A	N/A	N/A	N/A	N/A	N/A
		HCT				223		15	1	4	2	3	25	
		HPFT				36		2	4	2	2	0	10	
4	Methicillin resistant Staphylococcus Aureus (MRSA) bacteraemia	WHHT	0	0	0	1	0	0	0	0	0	0	0	
		RFH	0	0	1	4		1	0	2	0	0	3	
		LDHUFT	0	0	0	3		1	0	0	0	0	1	
		Bucks	0	0	0	3		0	0	0	0	0	0	
		ENHT	0	0	0	4		0	0	0	0	0	0	
		HCT	0	0	0	0		0	0	0	0	0	0	
		HPFT	0	0	0	0		0	0	0	0	0	0	
5	Clostridium Difficile Infections	WHHT	1	1	2	23	23	1	3	3	2	2	11	
		RFH	4	3	0	33	66	7	9	4	9	3	32	
		LDHUFT	1	3	2	10	6	0	1	0	2	1	4	
		Bucks	2	3	1	37	32	3	4	6	2	3	18	
		ENHT	1	0	1	12	11	0	0	2	1	0	3	
		HCT	0	1	2	6	6	0	1	1	0	1	3	
		HPFT	0	0	0	0	0	0	0	0	0	0	0	
6	Safer Care	WHHT	94.1%	93.6%	91.8%		98%	91.2%	92.5%	93.4%	94.8%	93.9%		
		RFH	88.3%	89.2%	90.1%			89.1%	89.8%	91.1%	94.0%	91.3%		
		LDHUFT	92.9%	92.9%	93.3%			92.1%	95.3%	94.2%	95.0%	94.8%		
		Bucks	92.2%	92.2%	92.8%			91.2%	93.1%	91.4%	93.1%	92.5%		
		ENHT	96.2%	93.8%	95.5%			92.2%	95.8%	97.0%	95.4%	96.8%		
		HCT	92.0%	92.1%	93.6%			93.2%	92.4%	92.9%	93.1%	93.2%		
		HPFT	90.4%	93.4%	93.2%			93.3%	94.0%	96.0%	87.7%	94.2%		

4) QUALITY DASHBOARD (CONTINUED)

Friends & Family Test	- Inpatient (% score)	WHHT	90%	90%	93%	60%	94%	95%	94%	94%	95%	
		Rsp rate	49%	48%	45%		65%	48%	45%	44%	54%	
		Barnet	82%	82%	85%		87%	84%	88%	89%	87%	
		Rsp rate	38%	39%	38%		34%	30%	34%	34%	30%	
		Chase Farm	95%	95%	92%		94%	92%	92%	96%	96%	
		Rsp rate	52%	39%	50%		48%	46%	45%	32%	32%	
		LDHUFT	93%	92%	92%		95%	93%	93%	94%	90%	
		Rsp rate	33%	39%	45%		21%	19%	21%	24%	21%	
		Bucks	98%	98%	99%		97%	98%	99%	95%	97%	
		Rsp rate	29%	31%	27%		10%	13%	12%	12%	12%	
		ENHT	97%	95%	95%		96%	96%	97%	96%	96%	
		Rsp rate	29%	41%	57%		37%	49%	47%	49%	39%	
	- A&E (score)	WHHT	81%	85%	84%	60%	90%	91%	91%	93%	97%	
		Rsp rate	3%	6%	6%		8%	6%	5%	9%	15%	
		Barnet	84%	86%	84%		86%	87%	86%	86%	87%	
		Rsp rate	52%	50%	49%		48%	49%	49%	48%	45%	
		LDHUFT	94%	93%	96%		95%	92%	95%	91%	89%	
		Rsp rate	21%	13%	17%		10%	4%	6%	6%	4%	
		Bucks	93%	95%	94%		95%	96%	96%	97%	97%	
		Rsp rate	16%	27%	14%		12%	10%	12%	8%	10%	
		ENHT	81%	85%	86%		83%	80%	81%	81%	80%	
		Rsp rate	18%	19%	34%		18%	13%	14%	12%	13%	
		Hillingdon	95%	93%	95%		92%	93%	94%	92%	93%	
		Rsp rate	18%	35%	23%		10%	13%	8%	11%	12%	
	- Birth (% score)	WHHT	98%	96%	95%	60%	96%	91%	93%	97%	93%	
		Rsp rate	27%	26%	37%		37%	45%	36%	34%	21%	
		Barnet	100%	89%	43%		100%	100%	100%	95%	88%	
		Rsp rate	3%	6%	3%		5%	5%	5%	8%	10%	
		LDHUFT	94%	98%	97%		97%	99%	99%	99%	100%	
		Rsp rate	38%	33%	52%		43%	45%	39%	29%	17%	
Bucks		95%	99%	98%	99%		98%	99%	94%	89%		
Rsp rate		15%	46%	33%	47%		26%	34%	13%	30%		
ENHT		98%	95%	97%	97%		98%	97%	97%	96%		
Rsp rate		47%	55%	52%	53%		29%	56%	47%	50%		

4) QUALITY DASHBOARD (CONTINUED)

CQC Reports and Findings at West Hertfordshire Hospitals Trust (WHHT) and Hertfordshire Community Trust (HCT)

Following the CQC's inspection of WHHT the Trust were given a rating of Inadequate. A decision was made by the Trust Development Authority (TDA) that the Trust must make significant improvements and has been placed in Special Measures.

The TDA will be leading the process to gain assurance that the action plan developed by the Trust is robust and that appropriate measurable actions are in place to deliver the agreed outcomes and demonstrate improvement.

To date the CCG has received a copy of the Trust's draft Improvement Plan and brief progress reports will be provided at the monthly Contract & Quality Review Meetings between HVCCG and WHHT.

WHHT Oversight Group

Following the rating of 'inadequate' and WHHT being placed in 'special measures', a monthly Oversight Group has been convened. This is a multiagency group, which includes senior representatives from the Trust Development Agency (TDA), West Herts Hospitals Trust (WHHT), Care Quality Commission (CQC), Health Watch, Herts Valleys CCG (HVCCG), Health Education East of England (HEEOE), Nursing Midwifery Council (NMC, National Health Service England (NHSE) and General Medical Council (GMC).

The Group will seek assurance on delivery of the Trusts Quality Improvement Plan (QIP). The TDA has provided an Improvement Director – Jane Lewington, who will be working with the Trust three days a week to deliver challenge and support. The TDA can provide varying levels of support including Board to Board meetings and assistance for preparing for future CQC revisit.

The Oversight Group met for the first time on the 17th September where the terms of reference and membership were agreed. The Trust has developed a comprehensive action plan with clear Key Performance Indicators (KPIs) to measure progress and improvement. The QIP has been agreed by the Oversight Group and will continue to be closely monitored. It is important that 'reducing the burden' is addressed and this has been discussed with NHSE and HVCCG regarding how the Trust is supported.

HCT CQC update

HCT received a rating of 'Requires Improvement' following the CQC visit in April 2015. The Trust's Quality Improvement Plan has been shared with HVCCG and the progress of the Plan will be monitored at the monthly Contract & Quality Review Meetings between HVCCG and HCT.

Serious Incidents (SI) at WHHT – An update

The number of outstanding SI reports is 10 (down from 36).

The CCG's Deputy Director of Nursing is currently spending 2 days a week at the Trust. During this time she will be working with the Team to understand any blockages in performance and to continually review the SI process. A focus on actions taken and learning will be maintained as the backlog decreases.

Healthcare Associated Infection (HCAI) – MRSA & C. diff

West Hertfordshire Hospitals NHS Trust

At the end of August WHHT were 6 cases over their cumulative trajectory for C. difficile. Learning from the reviews of the cases is being shared at Divisional and Trust wide infection control meetings. Targeted infection control training is being delivered to all departments where cases have occurred and a newsletter has been circulated to all staff at the trust focusing on best practice standards. A trust wide C. difficile reduction action plan is being implemented to reduce cases.

4) QUALITY DASHBOARD (CONTINUED)

Royal Free Hospitals NHS Trust (Barnet and Chase Farm Hospitals)

At the end of August the number of cases of C. difficile occurring at the Barnet and Chase Farm sites was equal to the trajectory limit, however the number of cases for the trust as a whole was 4 cases over the limit.

All cases are being investigated with learning shared across the Trust. Following action taken as a result of a cluster of cases on the Barnet site in July, there has been a reduction in cases in August.

Luton and Dunstable University Foundation Hospital Trust

At the end of August the Trust is one C. difficile case over the limit for the period. All cases are being investigated to reduce the risk of further cases.

Buckinghamshire Healthcare NHS Trust (BUCKS)

At the end of August BUCKS have had 3 cases over their trajectory limit. All cases are investigated to identify any lapses in care.

Hertfordshire Community Trust (HCT)

HCT are one case over their trajectory limit.

Cases are being investigated with partner organisations where appropriate with learning identified shared across the Trust. The Infection Control Team at the Trust has implemented a programme of audits for the community teams with results being reported through a trust dashboard.

An action plan is being delivered to address issues identified by a visit by the TDA in June.

Safer Care (Safety Thermometer)

Improvements had been seen in the Safer Care performance at all HVCCG providers during July, however, this has not been sustained during September, with the exception of HPFT and HCT.

The action plans developed by the provider's regarding Safer Care continue to be implemented and monitored at the monthly CQRM.

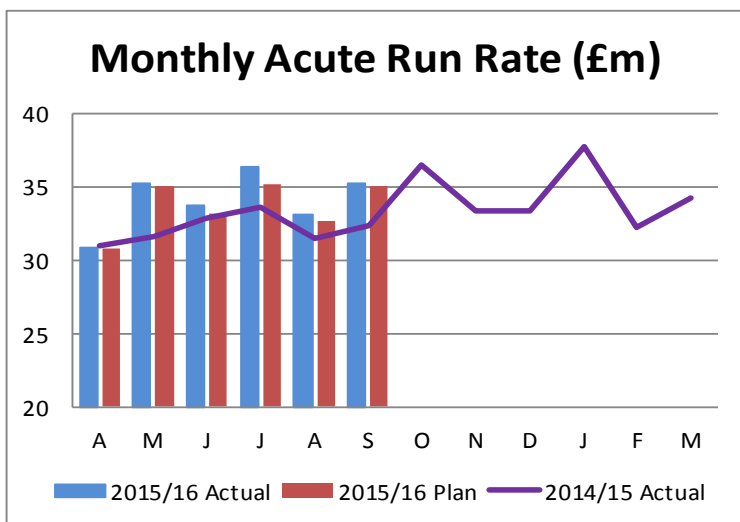
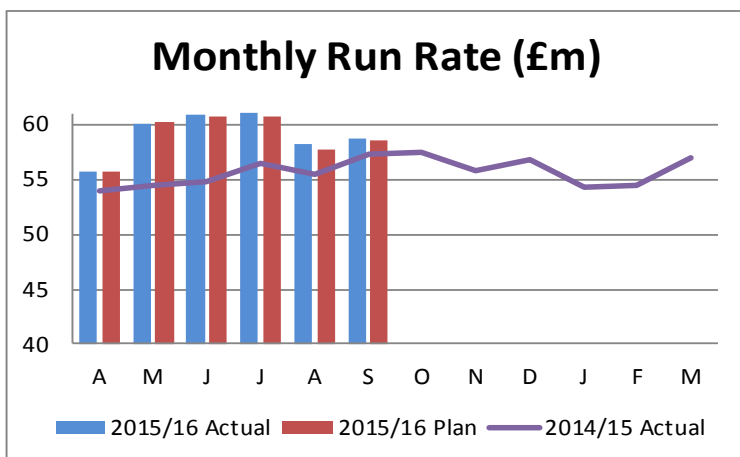
Friends and Family Test – A&E, Maternity & In-Patient

Whilst scores remain good, response rates are still poor in some areas, particularly in A&E and in-patient areas. The action plans in relation to the Friends and Family Test continue to be implemented and monitored at the monthly Clinical Quality Rev

5) FINANCE ON A PAGE Month 6: APRIL 2014 - SEPTEMBER 2015

Finance Dashboard Apr-14 to Sep-15

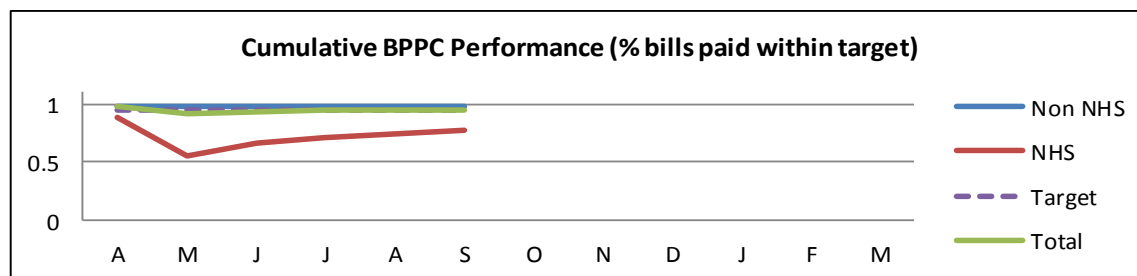
Surplus / (Deficit) £m			
	Plan	Actual	Variance
In-month Surplus / (Deficit)	0.0	-0.1	-0.1
YTD In-year Surplus / (Deficit)	0.0	-0.8	-0.8
Year to Date Cumulative Surplus	3.5	2.7	-0.8



Income & Expenditure (£m)					
	Full Year	Year to Date			Prior Month
	Plan	Plan	Actual	Variance	Variance
Revenue Resource Limit (in year)	702.6	353.4	353.4	0.0	0.0
Acute	405.4	201.8	204.2	-2.4	-2.2
Mental Health / LD	74.2	37.1	36.9	0.2	0.1
Community Services	59.0	29.5	30.1	-0.6	-0.2
Continuing Care / FNC	24.7	12.3	12.6	-0.3	-0.1
Prescribing	73.9	37.0	37.5	-0.5	-0.4
Other Primary Care	16.0	8.0	7.3	0.7	0.4
Other Programme Costs	36.6	21.2	18.7	2.5	2.0
Running Costs	12.8	6.5	6.9	-0.4	-0.3
Total Expenditure	702.6	353.4	354.2	-0.8	-0.7
In year Surplus / (Deficit)	0.0	0.0	-0.8	-0.8	-0.7
Cumulative Surplus / (Deficit)	7.0	3.5	2.7	-0.8	-0.7

Negative variance is adverse

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



- 6) TRANSFORMATION AND QIPP PROGRESS REPORT – N/A (due in November)**
- 7) CLINICAL DIGITAL MATRURITY INDEX – N/A**
- 8) HEALTH AND WELLBEING – Annual report (next report due May 2016)**
- 9) QUALITY PREMIUM 2015/2016 QUARTER 2 REPORT (available at next Board)**
- 10) WORFORCE QUARTER 2 HIGHLIGHT REPORT (available at next Board)**
- 11) FREEDOM OF INFORMATION QUARTER 2 REPORT- (available at next Board)**
- 12) ENVIORNMENTAL/ SUSTAINABILITY QUARTER 2 REPORT (available at next Board)**
- 13) BETTER CARE FUND (BCF) QUARTER 2 HIGHLIGHT REPORT (available at next Board)**
- 14) SAFE STAFFING REPORT QUARTER 2 (available at next Board)**
- 15) LEARNING DISABILITY QUARTER 2 HIGHLIGHT REPORT (available at next Board)**

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

Acronym	Stands for	Brief Definition
BCF	Better Care Fund	A local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.
CATT	Crisis Assessment & Treatment Team	Mental health measured indicator (for no of referrals meeting a 4 hour wait).
CQC	Care Quality Commission	The regulator for all health and social care services in England.
CQUIN	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.
DTOC	Delayed Transfer Of Care	Refers to delays in transfer of care of acute and non-acute (including community and mental health) patients.
EEAST	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.
EIP	Early Intervention In Psychosis	Early intervention in psychosis is a clinical approach to those experiencing symptoms of psychosis for the first time. It forms part of a new prevention paradigm for psychiatry and is leading to reform of mental health services , especially in the united kingdom.
EMDASS	Early Memory Diagnosis & Support Service	Mental health measured indicator (for number of referrals meeting a 6 week wait).
ENHT	East And North Herts NHS Trust	A large provider of acute health care services to HVCCG patients.
HALO	Hospital Ambulance Liaison Officer	Post in place to support pressures in the West Herts Hospitals NHS Trust Ambulance Service.
HCAI	Healthcare Associated Infection	Includes MRSA & Clostridium Difficile.
IAPT	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.
IST	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
IDAT	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).
L&D	Luton And Dunstable University Foundation Trust	A large provider of acute health care services to HVCCG patients.
LOS	Length Of Stay	Refers to a patient's length of time in hospital.

Acronym	Stands for	Brief Definition
QIPP	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.
	Queue Nurse	Assists with the offloading of ambulances particularly in times where there are capacity pressures in the A&E department. The patient can be cared for by the queue nurse in a designated area and the crew can be released, once a cubicle becomes available the patient can then be transferred.
RAID	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.
RAP	Remedial Action Plan	A recognised action plan implemented to tackle identified areas of concern.
RFL	Royal Free London NHS Foundation Trust Hospital	A large provider of acute health care services to HVCCG patients.
RTT	Referral To Treatment Time	National 18 week referral rate to treatment target.
SI	Serious Incident	Serious incidents requiring investigation (usually but not exclusively within a hospital).
SMART	Specific, Measurable, Attainable, Relevant And Time Related.	Method used to ensure project/performance goals meet these objectives.
TDA	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.
VTE	Venous Thromboembolism	A disease that includes both deep vein thrombosis (DVT) and pulmonary embolism (PE).
WEST HERTFORDSHIRE HOSPITALS TRUST	West Herts Hospitals NHS Trust	A large provider of acute health care services to HVCCG patients.
NHSE	NHS England	The main aim of NHS England is to improve the health outcomes for people in England.