REPORT TO THE TRUST BOARD: PUBLIC
12 SEPTEMBER 2018

Title	Integrated Quality and Performance report
Authors	All Executive Directors
Accountable Executive Director	Dr Navina Evans, Chief Executive

Purpose of the Report:

This report provides assurance to the Trust Board and Executive Directors on Trust wide quality, performance and compliance matters.

It is structured in line with the strategic outcomes in the Trust's strategy, along with information about regulatory compliance. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.

This version of the report includes additional information about community health services, as well as financial performance, as requested at the July Board meeting. The integrated dashboards have been attached at the end of the document in order to improve the viewing of the charts.

The Board Development Event in October will include a session on the Trust's quality and performance frameworks, and will provide a further opportunity to develop Board reporting.

Summary of key issues

The report sets out summary progress against annual plan priorities, analysis of metrics, and summaries of strategic risks, in the following areas:

- Improved population health outcomes
- Improved patient experience
- Improved staff experience
- Improved value for money

Work on population health is continuing to develop within the Trust. Within Tower Hamlets we have now developed workstreams which are developing approaches across partner organisations to address health concerns.

In relation to value for money, the Trust's financial positon at the end of Month 4 is of concern, and has been discussed in detail at the Finance, Business and Investment Committee. Agency spend is now 40% above the ceiling set by NHS Improvement.

The Trust's segmentation under the NHS Improvement Single Oversight Framework is predicted to be "2", due to the financial position, as well as non-compliance with the Data Quality Maturity Index score (which will shortly be resolved).

There are three other performance issues noted in the report by exception, in relation to 7 day follow up, 28 day assessments, and care plans in date.

Strategic priorities this paper supports (please check box including brief statement)

Improved patient experience	☒	The report is structured around the four strategic priorities and the sections set out progress in each area.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

| Date	Committee and assurance coverage
Various	This report is submitted to the Service Delivery and Trust Board. Information is also submitted to commissioners and national systems.

Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's equalities workstream.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of April 2018 and provides data on key Compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The NHSI return, CQUIN report and contract compliance summary will highlight the areas where targets have not been met or areas of noncompliance against the main contacts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

1. Introduction

This report provides assurance to the Trust Board and Executive Directors on Trust wide quality, performance and compliance matters.

It is structured in line with the strategic outcomes in the Trust's strategy, along with information about regulatory compliance. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.
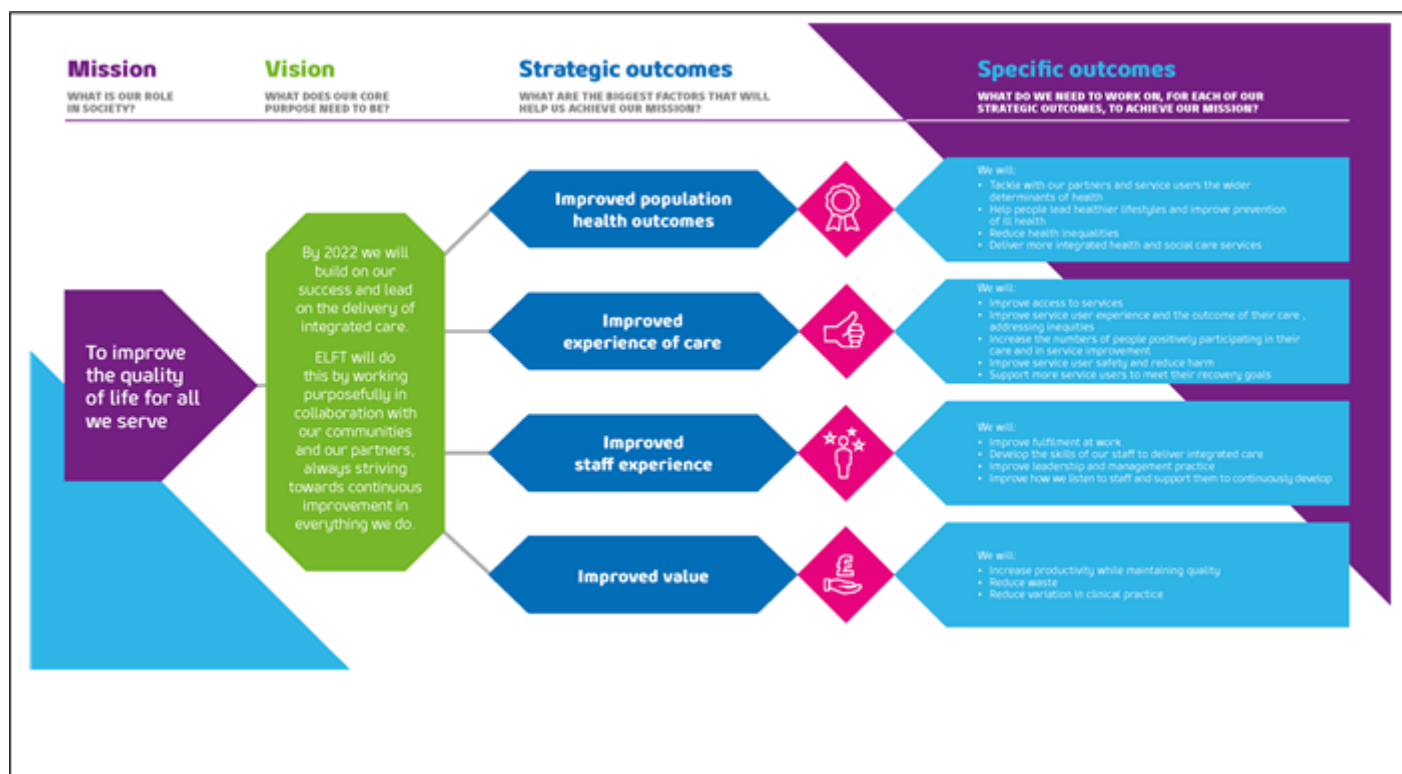
The structure of the report follows the strategic outcomes:

- Improved population health outcomes
- Improved experience of care
- Improved staff experience
- Improved value

This is followed by a section which sets out compliance with national targets, and exception reporting of other performance issues.

2. Improved population health outcomes

Programme governance

Executive leads: Chief Medical Officer, Director of Integrated Care

Lead executive committee: Service Delivery Board

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Identifying, developing/collecting the full range of measures for this outcome, and agreeing associated workstreams	The Trust does not currently have the information for many metrics relevant to this outcome, and must also consider which areas are most important for focused workstreams	Director of Integrated Care	December 2018
Undertaking population health work in Tower Hamlets	The Trust has commenced working with partners in Tower Hamlets, utilising quality improvement methodology, to improve outcomes for selected population groups	Chief Quality Officer	March 2019
Developing employment services	The Trust has been successful in obtaining funding for development of Individual Placement Support services, and will establish these services in 2018	Chief Operating Officer	October 2018
Delivering a physical health plan for people with serious mental illness, including improved smoking interventions	The work set out in the Trust's Physical Health plan, as well as CQUIN plans will be priority areas of work for the year	Chief Medical Officer	March 2019

Executive Commentary – Annual Plan Priorities

As the new area of the Trust Strategy, the executive leads (Chief Medical Officer and Director of Integrated Care) are working with Chief Quality Officer and Director of Planning and Performance, and the Institute for Healthcare Improvement to develop an implementation plan for improving population health outcomes across the five years of the Trust strategy.

The Chief Medical Officer and Director of Integrated Care are currently working with clinical leads to determine the specific draft population health outcomes the Trust wishes to achieve across the course of the five years, with associated metrics, with the intention that a final set of draft outcomes and metrics is brought to the Board in the Autumn. Ensuring that the outcomes and metrics are inclusive of all the populations the Trust serves, across the various geographies in which we work and services we provide, and which address the various dimensions of population health is a key consideration. In addition, there is a consideration regarding the extent to which data to support reporting against the final set of population health outcomes and metrics is available to the Trust. Whilst this work is underway, a number of outcomes and metrics are presented in the Trust Board Integrated Dashboard as an illustration of potential measures, to be finalised.

One of the primary approaches the Trust intends to deploy to improve population health outcomes will be through our quality improvement work, and we are already building our capability in using the IHI "triple aim" approach to improving population health outcomes in Tower Hamlets, where the Trust has been funded by Tower Hamlets Together to support the partnership to undertake three "triple aim projects, for adults with frailty and/or complex needs, for children with asthma, and reproductive health of women aged 15 to 44.

Each Directorate Management Team is now planning a triple aim project as part of their 2018/19 annual plan, with a variety of populations and projects currently being taken forward.

Executive commentary - Integrated Dashboard

The Trust continues to develop and refine a set of high level outcomes and outcome indicators with data definitions against the new population health domain of the Trust Strategy. The control charts included in the population health dashboard are illustrative, and represent the incremental progress being made.

Additional metrics have been added in relation to Community Health Services, and will be further reviewed in order to provide a balanced portfolio of measures.

At present all indicators are showing common cause variation, with the exception of smoking rates of service users, which is showing special cause variation in April 2018. This is being investigated.

In IAPT Services, for the percentage of people measured as unemployed special cause has deceased in the last four months. This is being investigated. All IAPT services are meeting national targets for access and recovery rates.

With regards to the outcomes & metrics in the Trust Board Integrated Dashboard, a number of specific initiatives are underway, including the deployment of significant new Individual Placement Support capacity in Bedfordshire, Luton, Tower Hamlets and Newham, to support people with serious mental illness into employment. The Trust's Physical Health Strategy has been refreshed, and a workplan is in place, with a focus on improving physical health checks and assessment. The Trust has now implemented an electronic referral system in order to refer patients to stop smoking services.

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
Strategic risk 1: Lack of agreement across local health and care partnerships regarding major plans results in failure to achieve quality and financial objectives	Director of Integrated Care Trust Board	12	The Trust is dependent on partners including in particular regulators, STPs, CCGs, Councils, GP Confederations and acute and community health providers, to deliver its strategic objectives. The Trust is also likely to undertake significant service developments that may require partner agreement or approval to proceed. Governance structures are in place, and development work undertaken, in each local health system. Further assurance is required in this developing area of governance. Internal audit are conducting a review of integrated care system governance, which will be reported to the Quality Assurance Committee in October.
Strategic risk 2: Failure to effectively engage with local agencies and communities prevents the development of services and the delivery of improvement initiatives	Chief Medical Officer Trust Board	12	The Trust is increasingly working with local partners in order to deliver care and make improvements. Local system working requires the Trust to effectively engage with, and provide support to, partners. For example the Trust is providing support for partners to utilise quality improvement methodology. Risk is mitigated by executive engagement, local system governance, and the support of IHI. Assurance is required that partnerships are developing and achieving stated outcomes. The IHI annual evaluation in October 2018 will focus on identifying assurance in this area, and will be reported to the Board.

3. Improved patient experience

Programme governance

Executive leads: Chief Operating Officer, Director of Commercial Development

Lead executive committee: Quality Committee

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Implementing patient reported outcome measures across services	The Trust currently uses patient reported outcomes (Dialog) in some services. This will be expanded across a wider range of mental health and community health services	Chief Operating Officer	March 2019
Increased people participation in service planning and delivery	We plan to increase involvement in local services, in quality improvement projects, and also increase the number of peer support workers	Service and Clinical Directors	March 2019
Improving access to services	Continue to improve access and flow across CAMHS and psychological therapy services in the Trust, as part of the QI programme	Chief Operating Officer	December 2018
Patients will be more empowered	Implementation of the recovery approach, reduction of restrictive practice and violence	Chief Operating Officer	March 2019

Executive commentary – Annual Plan Priorities

The roll out of Dialog continues, with additional training being offered, and audit work on the quality of plans being produced in the CPA care plan work. Analysis of initial data suggests some improvement in experience of care as a result of the use of the Dialog tool. Carers work continues to develop, with new Quality Improvement projects beginning over the last two months, in Bedfordshire and Luton in particular. Plans to expand Peer Support worker roles are being reviewed with directorates to help build a more coherent career pathway within the organisation.

Work continues on Improving Access to services in the CAMHS and Psychological Therapies services. CAMHS services are routinely achieving waiting time targets, and

seeing improvements in a number of services in the amount of time waited (from an average of 214 days to start treatment to 90 days in City and Hackney ADHD service for example). Progress in Psychological Therapies services has been more mixed, although there are indications that changes to more group approaches to assessment and treatment are beginning to have an impact on access to services, whilst retaining good service user experience and outcomes.

Within recovery, there has been a continued improvement in reported satisfaction from staff and service user in the first wave of teams (Newham and Tower Hamlets). Teams from City and Hackney, Luton and Bedfordshire mental health services have now joined the collaborative and are developing PDSAs. Two Recovery Leads for the Trust have also been appointed to help develop our work further in this area.

Work on reducing violence and aggression continues as in the previous update, with the focus on quality control in services other than Bedfordshire and Luton, where all teams continue to focus on reliably implementing all elements of the ELFT safety culture bundle (Brøset violence checklist, safety huddles, safety cross and safety discussion in community meetings). As an overall system, Luton and Bedfordshire are now observing a 60% reduction in the rate of physical violence. Work on reducing restrictive practice is also underway.

Executive commentary - Integrated Dashboard

In the current reporting period, those recommending services to friends and family is showing special cause variation. This is related to the inclusion of a different range of services within the data collected and teams are working on action plans to address issues raised through this mechanism. The number of episodes of restraint is also showing special cause variation – related to levels of acuity within specific services. The increase in reported numbers of pressure ulcers reflects increased levels of reporting from Bedfordshire Community Health services.

A specific area of work both within the QI community services collaborative and for the newly appointed Trust Recovery Leads will be the number of patients reporting positive to the question about having control over their care, which is currently reporting at very low levels.

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
Strategic risk 3: Failure to effectively work with patients and local communities in the planning and delivery of care results in services that do not meet the needs of local communities	Chief Operating Officer Quality Assurance Committee	12	There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services. The People Participation Committee oversees work programmes, which include development of peer support roles, increased involvement in QI projects, and implementation of the Carers Strategy. The Quality Assurance Committee will seek assurance that the level of variation is being reduced.
Strategic risk 4: Failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm	Chief Nursing Officer Quality Assurance Committee	10	The Trust has recently received a positive evidence of assurance in the form of the outcome of the CQC well-led inspection that took place in April 2018. The Trust has maintained its outstanding rating, and the CQC were assured that action had been taken to address issues raised in the 2016 comprehensive inspection. Forensic services were upgraded from good to outstanding. The main area where further assurance is required is in relation to community health services, due to the Trust's expansion in this area and because the services were not visited as part of the recent inspection. The outcome of internal and external reviews of the service will be submitted to the Quality Assurance Committee in December 2018. Further assurance is also required that the Trust is learning from themes identified in the annual serious incidents review, including mortality reviews. There is a paper on the September Board agenda on this topic. In addition, further assurance is also required that there is a Trust-wide learning lessons framework that triangulates intelligence, findings/ feedback and data to enhance the learning across the Trust.

4.   Improved staff experience

Programme Governance:

Executive leads: Director of Planning and Performance, Director of Human Resources, Chief Quality Officer

Lead executive committee: Workforce Committee

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Delivery of a revised leadership programme	The Trust has reviewed its leadership programmes and plans to deliver a more equitable range of courses, and incorporating principles regarding integrated care and system leadership in all programmes	Director of Human Resources	October 2018
Developing core competencies for community health staff to deliver integrated care	The Trust has received funding to develop a set of core competencies for the delivery of integrated care in community health services. The learning will be used to inform competencies for all staff for year 2.	Director of Human Resources	November 2018
Deliver specific workstreams to address issues of staff experience	Deliver a revised health and wellbeing plan for staff Scale up the Enjoying Work QI learning system	Director of Human Resources Director of Planning and Performance	March 2019 July 2018
Deliver the revised workforce equalities plan	The Trust is currently revising its Equalities Strategy, and the workforce component of this will specifically address areas of staff experience	Director of Human Resources	March 2019

Executive commentary - Annual Plan Priorities

The Trust's Leadership Steering Group is meeting in September to discuss proposals to improve the Trust's leadership development programme. This includes a proposal to ensure all staff in leadership positions attend a development programme in their first six months, and inclusion of system leadership principles in specific programmes. The Trust's collective leadership and medical leadership programmes are currently running.

The Trust health & wellbeing plan continues to be implemented, with regular wellbeing sessions being held in directorates. Communications activity has been revised in order to provide clearer information to staff on actions that have been taken in response to issues raised in the staff survey.

The Enjoying Work QI programme is underway, with 21 teams from across the Trust represented, including the executive team. Teams are collecting daily measures of staff satisfaction, and developing change ideas. Two learning sets have been held in order to share progress and learning.

The Equalities Strategy is being developed and a draft will be presented to the next Board meeting. The four staff networks (BAME, Disabled, LGBTQ and Women) are all meeting regularly and have workplans for the year, which are coordinated by a network lead and are supported by an executive sponsor. The Trust's Workforce Race Equalities Standards (WRES) report is on the agenda for the September Board meeting.

Executive commentary - Integrated Dashboard

The metrics which are being focused on are related to recruitment and retention, staff experience, and wellbeing.

Staff turnover and sickness decreased in July 2018, and there was a corresponding increase in labour stability.

Staff vacancies and agency spend remain relatively constant. Work is underway to convert long standing bank and agency workers to permanent roles, and particularly within community health services. In addition, an extensive recruitment campaign is being launched in September for consultant recruitment across Luton & Bedfordshire.

The numbers of staff going through organisational change is currently 27, with a further 143 staff affected by TUPE transfers. This level of activity is usual, as most organisational change takes place at the start of the financial year.

We currently have 79 apprentice posts identified. 60 apprentices are working in clinical and administrative roles across the Trust. 24 more apprentices are in the recruitment process with nine ready to start in the next few weeks.

The teams in the Enjoying Work QI programme now collect daily information, and this will be incorporated into the report in future.

Board Assurance

Risk description:	Executive/ Committee lead:	Current score:	Executive Commentary:
Strategic risk 5: Failure to effectively plan for and attract the right numbers and skills of staff required will impact on the Trust's ability to deliver safe, high quality integrated care	Director of Human Resources Appointments & Remuneration Committee	16	The Trust has historically had a low vacancy rate and this is seen as crucial in providing safe and high quality services. Workforce shortages have become more apparent in the past two years, and with particular challenges in a number of roles. The Trust also now needs to plan for a workforce that can deliver high quality integrated care. There needs to be a clearer picture of the workforce capacity required in future years, and the plans required to attract and retain that workforce. The Workforce Strategy sets out the direction of travel, and directorate plans will set out the detailed work that needs to take place each year. The Workforce Committee has oversight of this work and will monitor progress of strategic initiatives. The Appointments and Remuneration Committee will assess progress in October 2018, and will seek assurance that these controls are in place and operating effectively.
Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover	Director of Planning and Performance Appointments & Remuneration Committee	12	The Trust's results from the 2017 staff survey highlight a number of areas for improvement, and there is emerging concern about staff health and wellbeing. There has been much discussion across the Trust about the results and the action required, with work underway in teams and directorates. In order to mitigate this risk, we need to have more regular information about staff experience, and also more regular assurance that action is being taken to address the issues raised. The implementation of a quarterly pulse survey (in addition to the "good day" measure used by teams in the Enjoying Work programme), will help to address this, and the Workforce Committee needs to receive regular assurance that action plans are being progressed, and communicated back to staff. The Appointments and Remuneration Committee received an update at its August meeting, and will continue to seek assurance in this area.

5.   Improved value

Programme governance:

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Developing a data visualisation platform	Develop a platform on which key data is available in real time to staff	Chief Finance Officer	March 2019
Utilisation of mobile working	Roll out mobile working solutions (Rio and EMIS mobile)	Chief Information Officer	December 2018
Delivering the efficiency savings programme	Identifying an additional £6m of CRES savings and delivering to plan	Director of Commercial Development	March 2019
Increased space utilisation	Further reduction of floor space per member of staff through modern working and estates utilisation	Director of Estates	March 2019

Executive commentary – Annual Plan Priorities

The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. A suitable supplier to act as a partner in the development of the solution is being sourced. The development of the new data warehouse is underway with completion due in December 2018. The project board is monitoring progress with no exceptions to report.

EMIS mobile has been rolled out across Newham and Tower Hamlets community services (District Nursing) with extremely positive feedback. A Rio mobile platform pilot is under way and due to complete at the end of September. System One is used in Bedfordshire Community, the provider of the system does not have a developed mobile solution at present but discussions with them are underway. The system is being used with networked laptops but a tablet/smart phone based solution would be beneficial.

The space utilisation work is spanning both estates and IT. This is in its infancy and not yet at a true design phase for the Trust as a whole. Newham Community services are starting a project which moves away from more traditional ways of using office space. This is linked to the mobile working deployment described above.

Executive commentary - Financial performance

The Trust's overall financial performance can be summarised as follows:

- Underlying operating surplus (EBITDA) to end of July 2018 of £4,444k (3.4%) compared to plan of £6,096k (4.6%).
- Underlying net loss of £487k (-0.4%) compared to planned net surplus of £1,103k (0.8%).
- Underlying year to-date adverse net surplus variance of £1,590k.
- Reported year to date favourable net surplus variance of £27k after adjusting for phasing of CRES plans and allocating non-recurrent support.
- Overall Risk rating of "2" to the end of July 2018.
- Cash balance of £76.4m as at the end of July 2018.

Operating Income

Operating income at Month 4 is behind plan by £501k, and assumes the Trust fully delivers CQUIN and outcome elements of contracts, and that new investment is fully utilised. The position includes £743k PSF income to July 2018, since the Trust has met the control total at the end of quarter 1 and expects to meet the control total in 2018/19.

The main reason for the adverse variance is underperformance against non-contract activity (-£229k) and spot purchase income (-£666k), offset in part by income from associate commissioners (+291k) and expected performance against the overseas income target (+£167k). The CRES plan assumes a total of £1.3m expected form additional spot contract placements, with year to date slippage of £0.3m. This is included in the CRES slippage, rather than as part of the spot income shortfall identified above.

Operating expenditure

The Trust is reporting an underlying adverse variance of £1,152k against operating expenditure at 31st July 2018. The key driver of the overspend is the performance against the CRES plan.

QIPP savings have been removed from Trust contracts for 2018/19. The Trust will need to work with CCGs to agree schemes to reduce expenditure at the QIPP values in the contract. The impact of these targets contributed £414k to the Month 4 overspend, the majority being in Newham Community Services.

There is a reported overspend in Bedfordshire CHS which results from the budget allocated to services mirroring the bid submitted by the Trust. A transformation process is planned that will bring expenditure in line with the allocated budgets on a recurrent basis. This was anticipated during the bidding process and is within the expected parameters.

The Month 4 position assumes an offsetting expenditure assumption against CCG developments as part of the Reserves position, which will offset any slippage against new developments.

CRES programme

The delivery of the overall financial plan is predicated upon achieving the requirements of the Trusts Cash Releasing Efficiency Saving (CRES) plan. Following submission of the revised plan, the total CRES requirement to achieve the 2018/19 control total is now £12.3m, of which £4.1m relates to the recurrent impact of CRES not delivered in 2017/18.

As at 9th August, the Trust has identified CRES schemes worth £10.2m, with £2.1m left to identify.   Targets have been devolved to Directorates where 2018/19 plans are identified, and there is no remaining residual CRES balance in the Reserves position.

As at Month 4, the Trust has achieved £2,459k of CRES savings against an internal plan of £3,695k. The shortfall of £1,236k is due to £539k of slippage against identified schemes and £697k from schemes not identified.

The Trust continues to work to identify further CRES schemes and to ensure delivery of those schemes already identified, including Executive Director level oversight.

NHSI Agency Ceiling

The Trust has an agency ceiling of £14,156k for 2018/19. Agency expenditure to Month 4 was reported at £6,545k, which is £1,826k above the agency ceiling (38.7%).

If the Trust exceeds the agency cap by 50%, the agency risk rating would change from "3" to "4". If this were to happen the overall Trust risk rating would deteriorate to "3". Control of agency expenditure is critical to maintaining an overall risk rating of "2" or higher.

The Trust has partnered with iNGAGE and Pulse to provide a managed solution and master vendor arrangement for Medical and AHP temporary staffing. Incumbent AHP staff are being transferred onto the system during August. The Trust are working with iNGAGE to resolve some outstanding implementation issues, and additional resource has been provided by iNGAGE to help troubleshoot problems as they arise. Under the new process, all requests for temporary medical and AHP cover that cannot be filled via staff bank should be made via the Fieldglass system. There are currently a number of areas that are non-compliant with the new process.

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
Strategic risk 7: Failure to identify and deliver CRES plans for 2018/19 adversely affects the Trust's financial sustainability, access to revenue streams and reputation	Director of Commercial Development Finance, Business and Investment Committee	20	Failure to maintain financial sustainability would have a significant adverse impact on the organisation and the achievement of its objectives. Further work is taking place with the Chief Operating Officer and directorates to track delivery of schemes. The CRES Gap has been closed to £2.4m as a result of a lower control total and reserves review for 18/19. However, there are currently no plans in place that reduce the residual risk – therefore the risk remains high. The FBIC is regularly monitoring progress in this area.
Strategic risk 8: Poor quality data and information systems affect the ability of staff to provide high quality care, and create duplication and waste	Chief Finance Officer IT Working Group	10	There is regular feedback from staff that poor quality data and information systems impact on service delivery. Procurement is underway for both the data warehouse and the data visualisation system in order to make improvements on this area. The mitigation for the risk around quality data is focussing currently on systems and data stability. However, there is also a risk around the quality of data entry that needs further, longer term work, and consideration of the source and level of assurance required.

6.   Regulatory compliance

NHS Improvement Single Oversight Framework

Trusts are segmented under the Single Oversight Framework (SOF) based on the level of support each provider needs which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. NHS Trusts are placed on 1 of 4 "segments", with 1 being the lowest risk, and 4 being the highest risk.

The Framework is divided into 5 themes. See table below for the Trust's current rating against each theme.

Theme	Current Rating	
Quality of Care	🟩	No Concerns
Financial and Use of Resources	🟥	The Trust has a year to date adverse net variance of £1.6m and a risk rating of "2".
Operational Performance	🟧	The Trust has not met the target for the Data Quality Maturity Index, but this will be resolved by the end of Quarter 2.
Strategic Performance	🟩	No Concerns
Leadership and Improvement Capability	🟩	No Concerns

The Trust would therefore be placed in segment 2.

NHS Improvement operational performance metrics

Performance against nationally mandated operational performance metrics are set out below.

The Trust is currently meeting all targets, with the exception of the Data Quality Maturity Index Score. This is due to a change in national reporting systems. Infomatics have developed the new data set and the index score will be compliant by the end of Quarter 2.

Of note is the high performance in the Trust's IAPT services, with services significantly exceeding access targets, and exceeding recovery rate targets. Due to a processing error in the national reporting system, however, the Trust's performance will be wrongly reported in national reports. This is being addressed with NHS Digital and commissioners.

Other performance issues for escalation

There are three performance issues for escalation. Summaries of performance are set out below.

7 day follow up - as the Board are aware, the definition for this indicator changed, and services have been putting in place systems to ensure that all inpatients are contacted within 7 days. There has been some improvement over the past three months, which needs

to be sustained in order to show an improvement. Detailed breakdowns of breaches and actions being taken is discussed in monthly performance meetings with directorates.

Assessments within 28 days – performance declined during 2017/18, primarily due to restructures of community services in Luton and Bedfordshire, as well as some staffing hotspots in other services. The figure for July 2018 increased to 92%.

CPA care plans in date – as above, performance for this indicator declined due to service restructures, as well as the changeover in the care planning system. This is being addressed in monthly performance meetings with services.

7.0 Recommendations and Action Being Requested

7.1   The Board is asked to **RECEIVE** and **DISCUSS** the report.

Trust Board Integrated Dashboard

IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

People with serious mental illness will live longer, healthier lives

| Life expectancy for people with severe mental illness – | Staff trained in Making Every Contact Count |

People who are frail or who have dementia will be able to stay at home for longer

| Controlled growth in emergency admissions for people at high risk of admission (or 65+) | Controlled growth in care home admissions | Number of presentations/admissions for self-harm and deliberate injuries in children and young people | Reduce readmissions for people at high risk of admission (or 65+) |

More people with long-term mental and physical health problems will be in regular employment

CPA - Employment Rate – P Chart
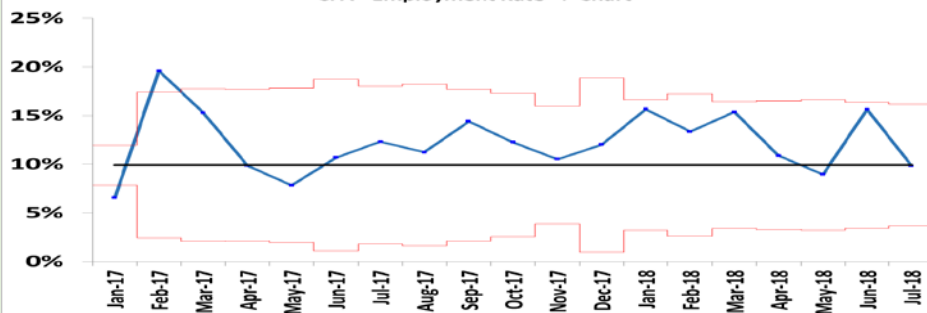
IAPT Services - Percentage of people measured as unemployed at Start of the Treatment and working at the end of the treatment - P Chart
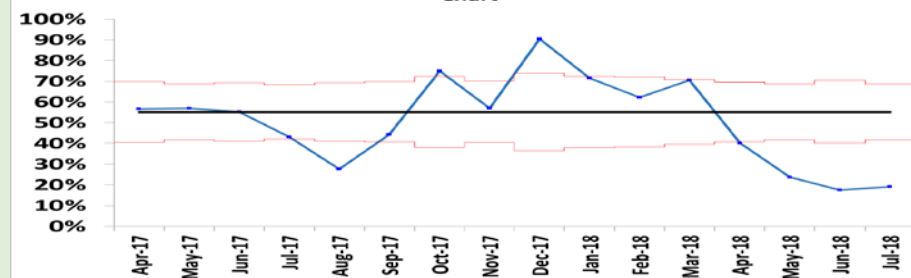
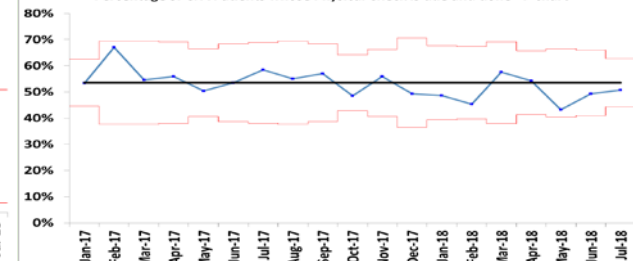**More people that the trust serves will lead healthier lifestyles**
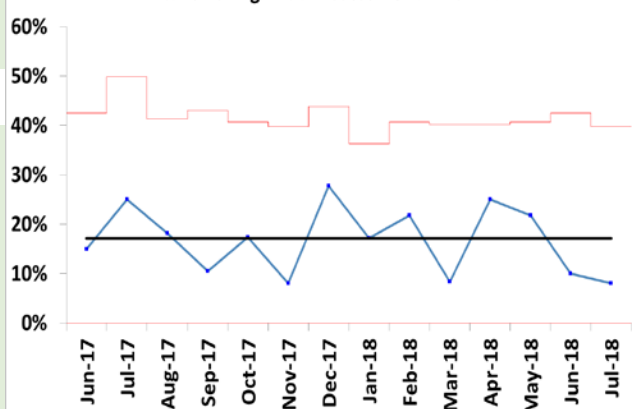
Percentage of CPA Patients who smoke
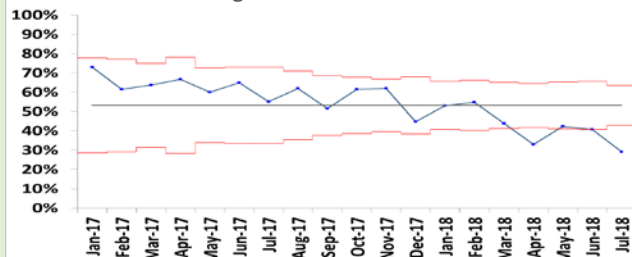
Percentage of CPA Patients who left smoking from initial assessment to follow up
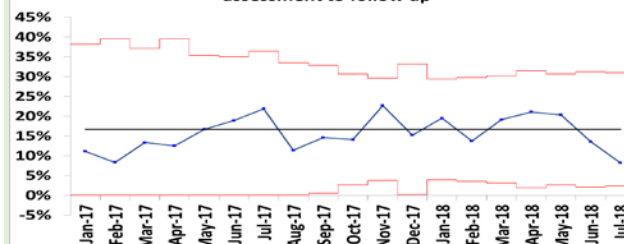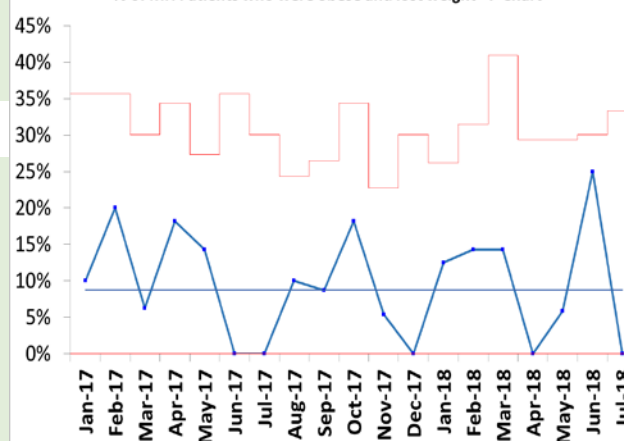
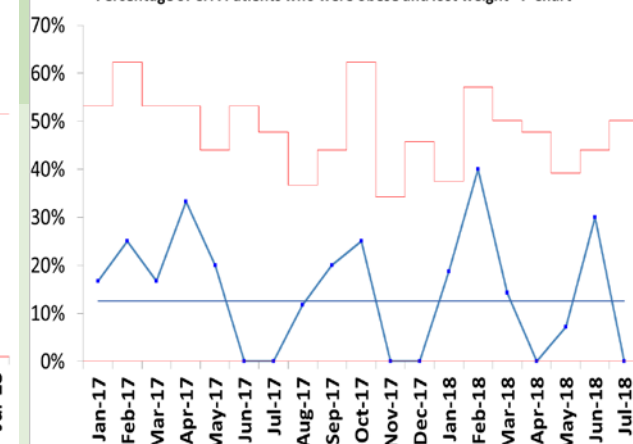Percentage of CPA Patients whose Physical Check is due and done - P chart

% of CPA Patients Identified to have harmful alcohol intake during Initial Assessment - P Chart

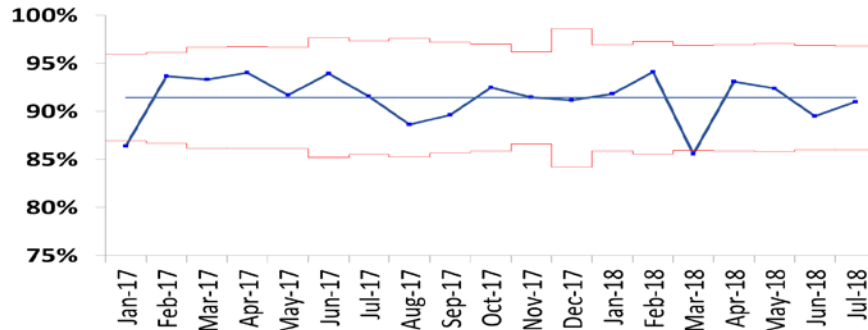% of MH Patients who were obese and lost weight - P Chart

Percentage of CPA Patients who were obese and lost weight - P Chart
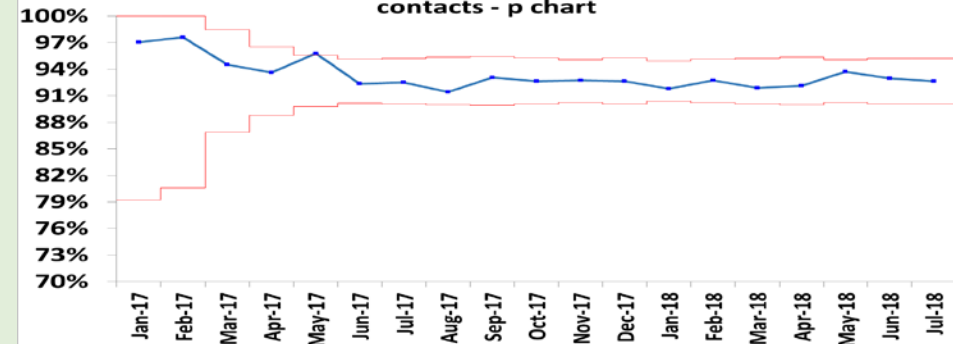
IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

More people that the trust serves will have a decent home

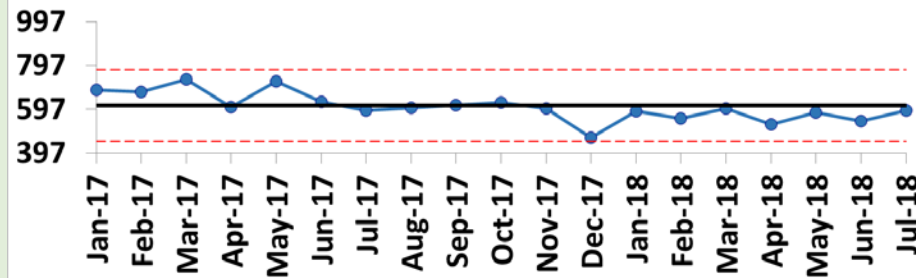**% of CPA Patients who are in Settled Accomodation - P Chart**

Fewer people that the trust serves will feel lonely

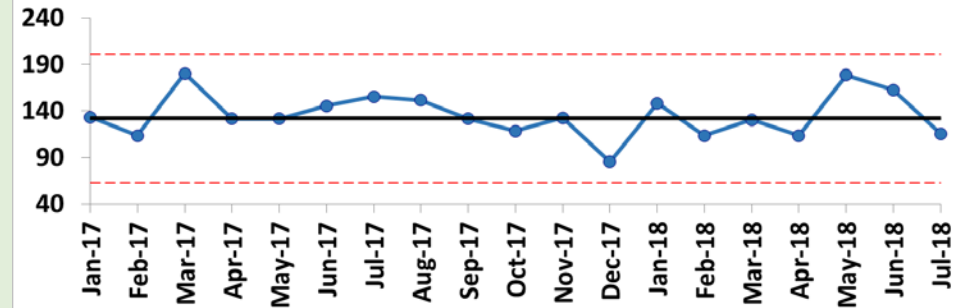**% of Service Users who are satisfied with their social contacts - p chart**

People from the different communities we serve will have improved access to services
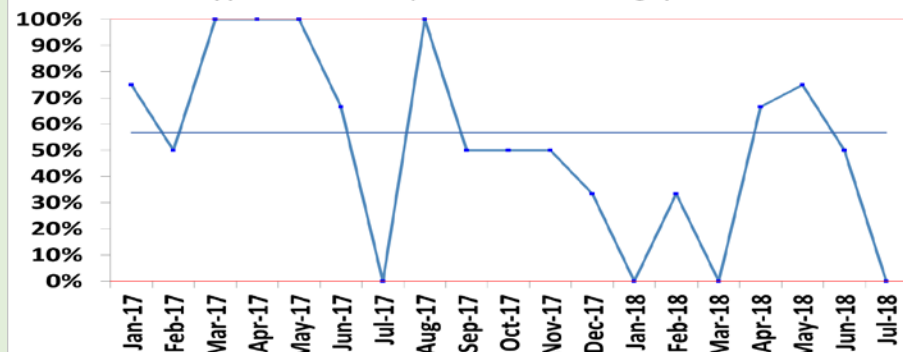
Number of people accessing talking therapies from BME communities - I Chart
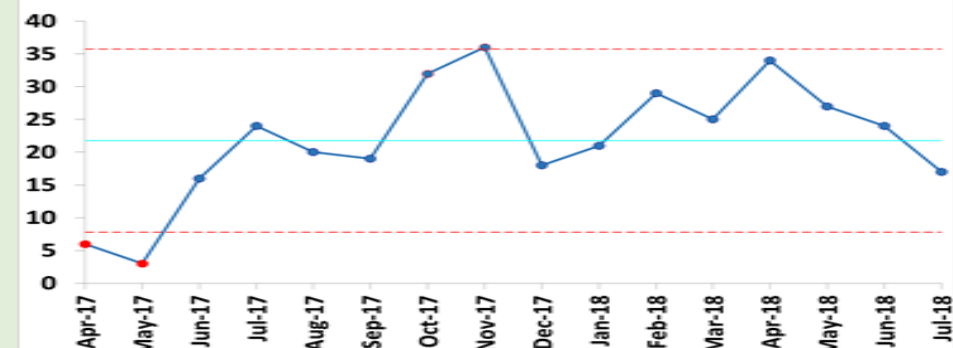

Number of older people accessing talking therapies - I Chart

People will have improved end of life care - % of patients who were supported to die in a place of their choosing - p chart

Number of Patients with Learning Difficulties having been Contacted for a Health Action Plan - c Chart

Community Stroke / Neuro Service Newham - % of Patients receiving treatment within 2 weeks of referrals
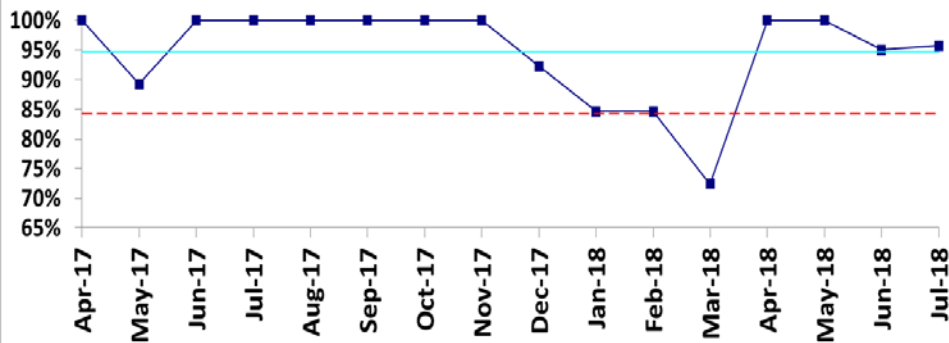
Foot Health Service - % of Urgent Referrals seen within 2 working days
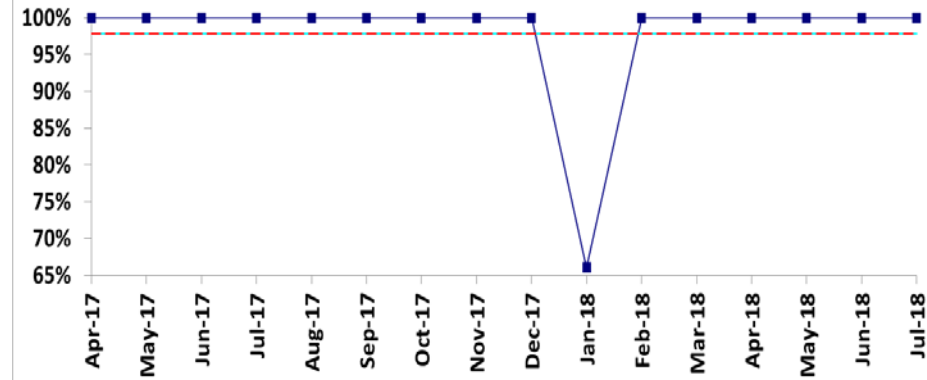
EPCT - Percentage of Urgent referrals responded within 24 hours
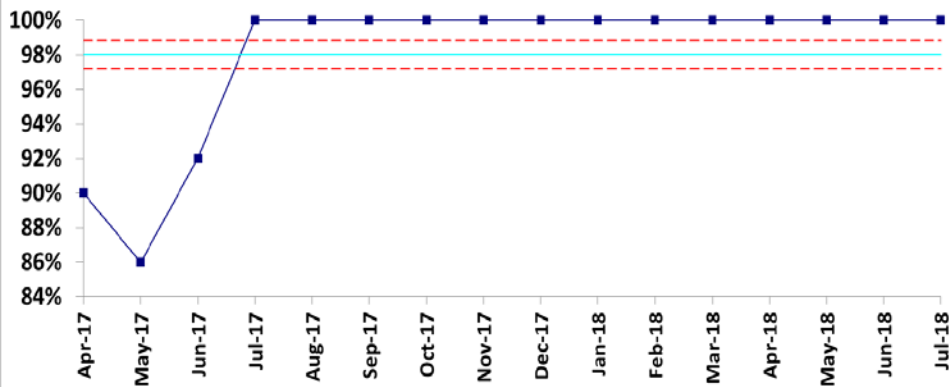
MSK - Routine GP Referrals seen within 30 days
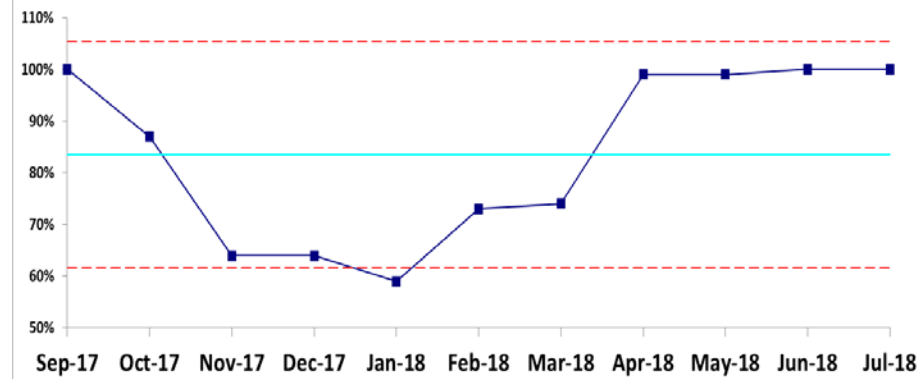
MSK - Urgent Referrals from GP seen by the service within 10 days % Seen
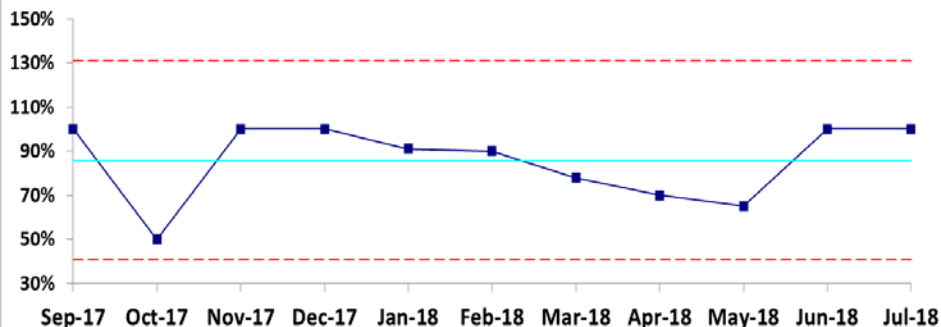
Decrease in the number of patient re-referred back by GPs into the Physio and MSK services within 3 months of being discharged from the service for the same condition

All patients will experience improved access to services

Would you recommend the service to friends and family? - P Chart
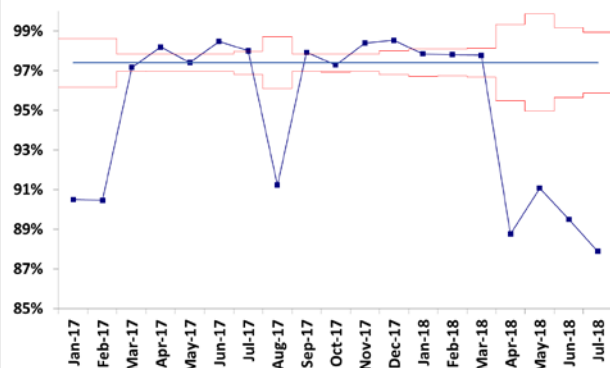
CAMHS - Average Number of Days from Referral to 3rd Contact Seen - I Chart
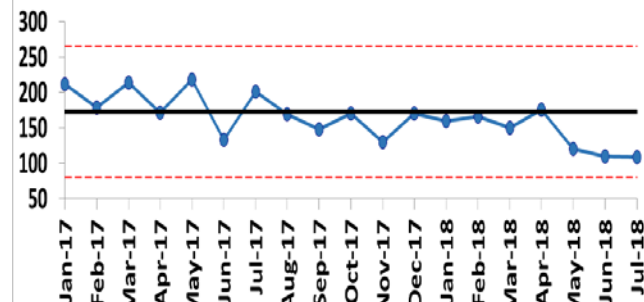
Incidents of Physical Violence - C Chart

Special Cause concern
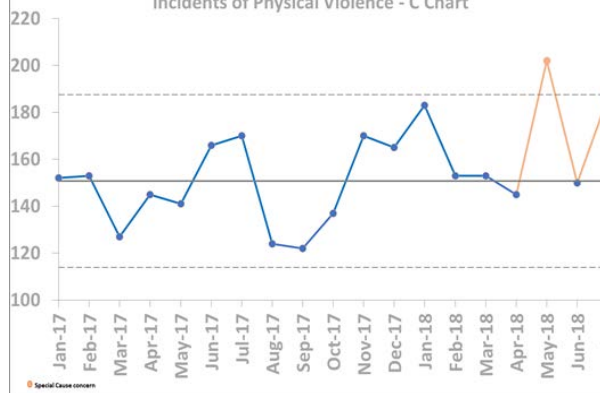
Episodes of Restraint - C Chart
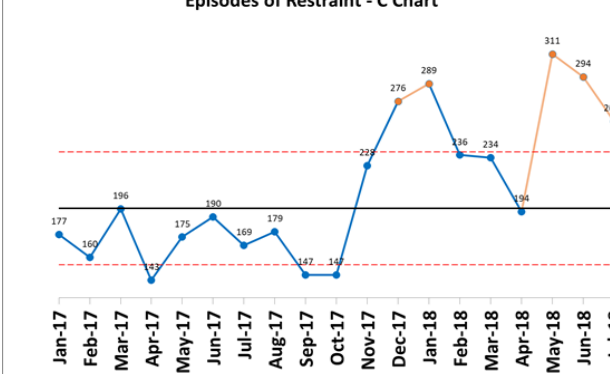
% Service Users accepted after referral - P' Chart

Episodes of Restraint in prone position - C Chart
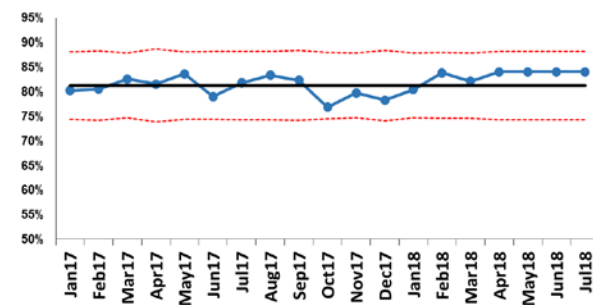
Proportion of BME Service Users who experience restraint - U Chart
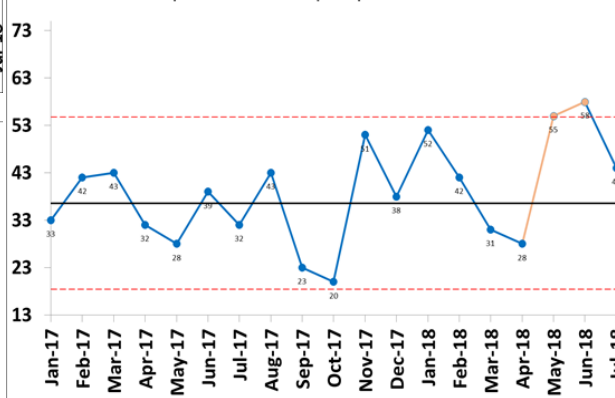
Adult CMHT - Patients seen face to face within 28 days - I Chart
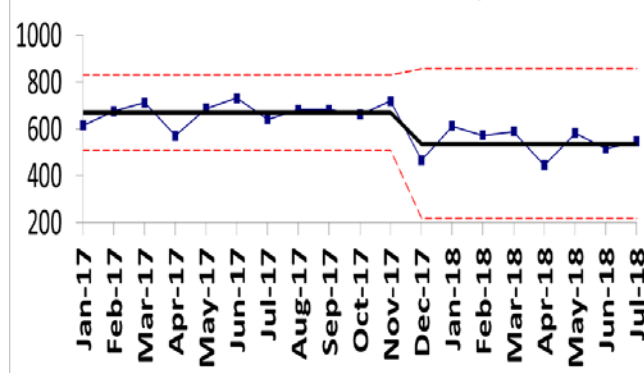
IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services

All patients will report an improved positive experience of contact with services across the patch

Serious Incidents - C Chart
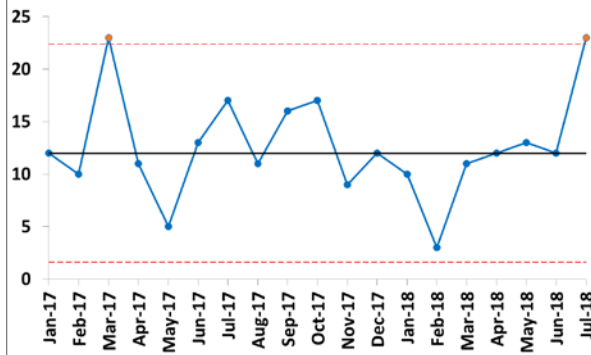
Compliments - I Chart
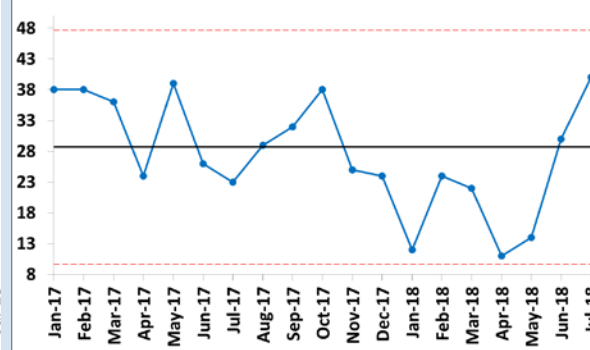
Grade 3 or 4 Pressure Ulcers - C Chart
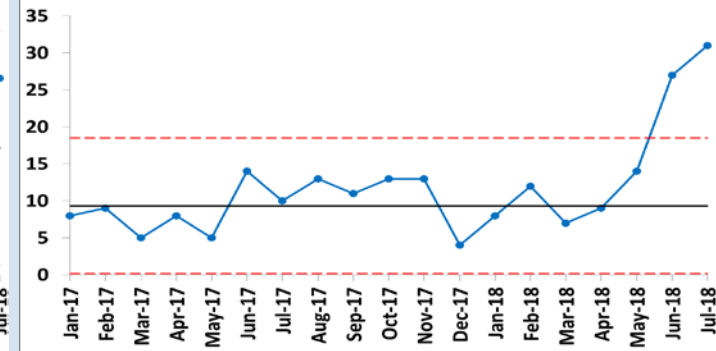
Percentage of Service Users Detained under sections 2 & 3 of the MHA who are BME
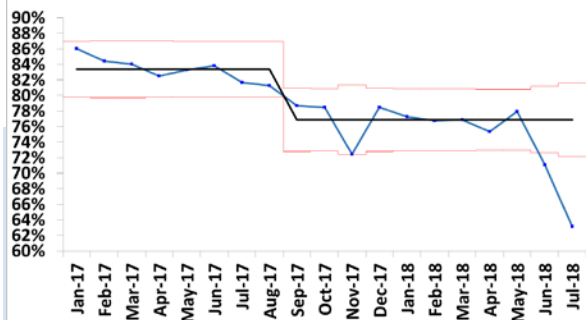
SULSA - Do you feel encouraged to engage with your health & wellbeing? P-Chart
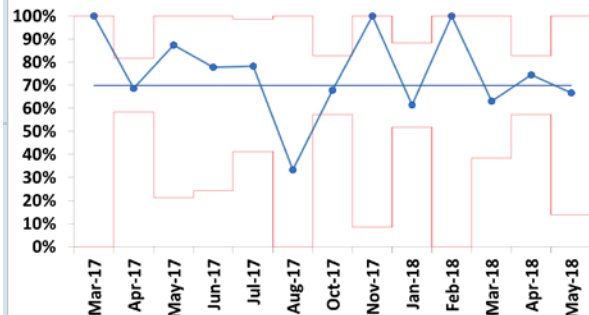
All patients will have more control over what is happening in their care and why

Number of Patients reporting positive to the question about having control over their care - C chart
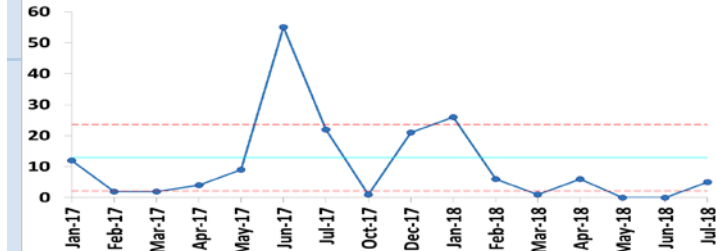
All our services will be designed and developed with service user input

Percentage of Service Users who are satisfied with the care provided - P chart
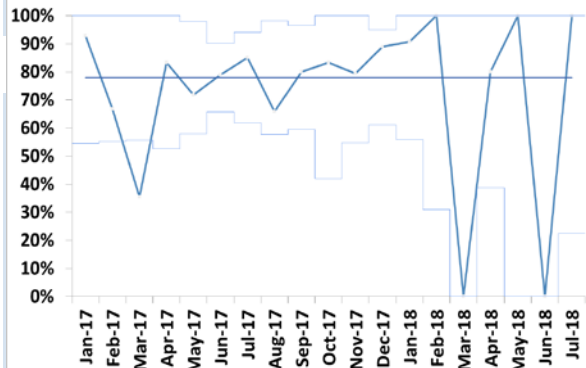
IAPT - Percentage of patients completing treatment who move to recovery
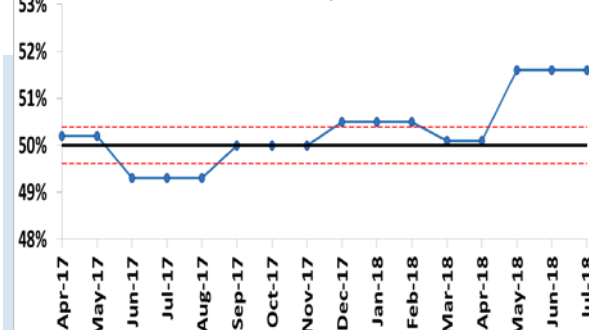
Percentage Support for Carers - P Chart
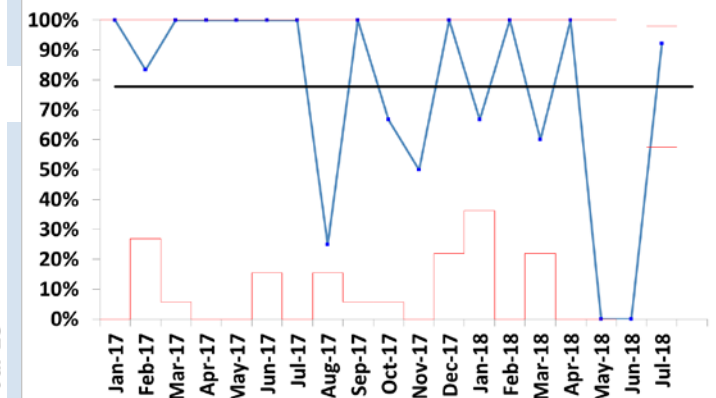
IMPROVED STAFF EXPERIENCE

Increased sense of engagement by staff – Annual Figures

Trustwide Engagement Score - Annual Data

Proportion of Staff who would recommend the Trust as a place to work - Run Chart

Effective Team Working - Score from Staff Survey C chart

Staff engagement score Trustwide(Staff Survey) - I Chart

Period - Staff reporting that Trust takes action on feedback (from Staff Survey)
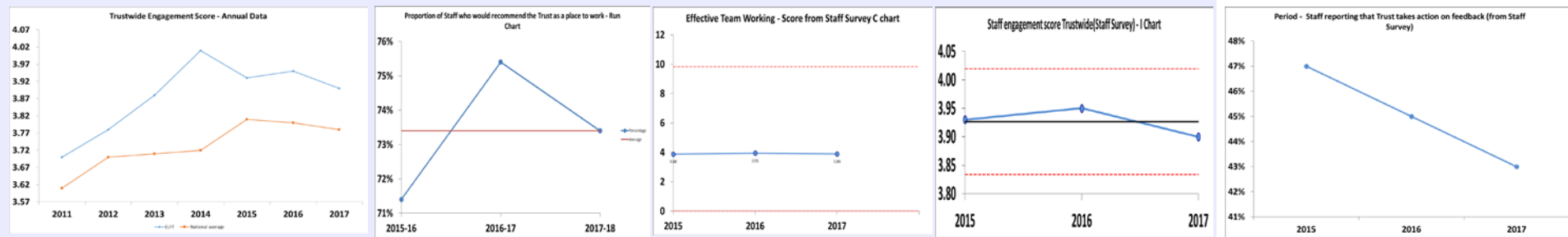
The right number of staff with the right skills to provide a service

Staff Turnover - I Chart

Apprentices in Post - Line Chart

Apprentices in Pipeline Line Chart

Apprentices to be recruited to achieve 90% target Line Chart

WTE Vacant - I Chart

Agency Spend (£000) - I Chart

Agency Spend as a % of pay budget - I Chart
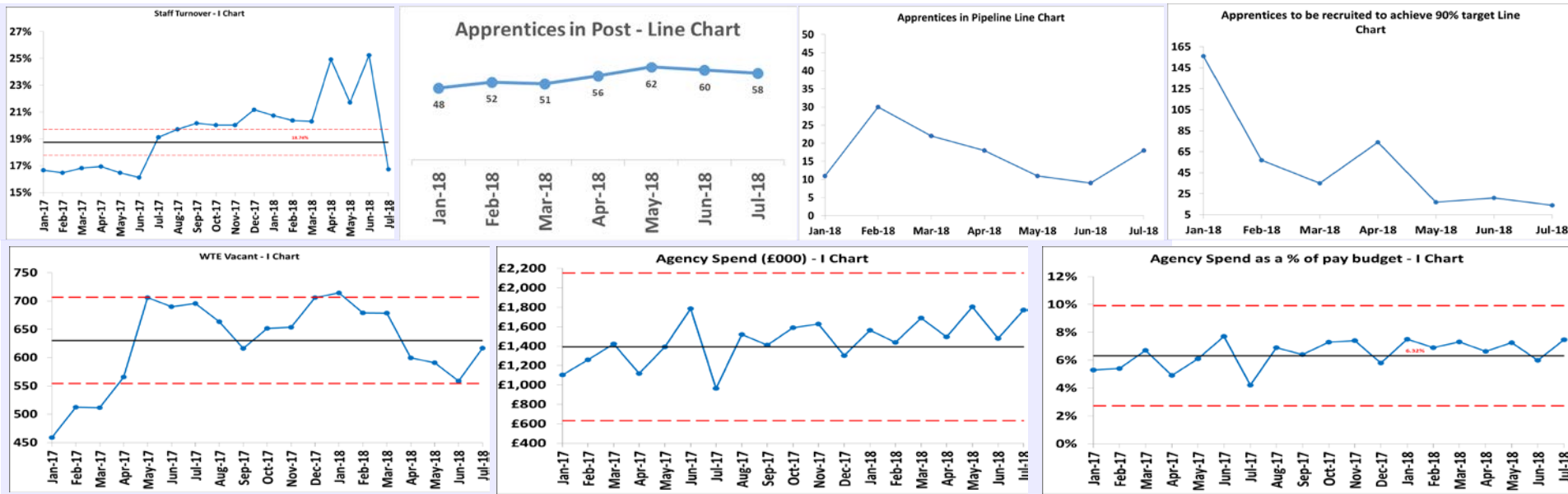
Staff feel supported and motivated to come to work

Number of staff currently going through organisational change - C Chart

Staff Sickness - I Chart

Labour Stability (rolling year) Headcount Index

Absence due to Stress
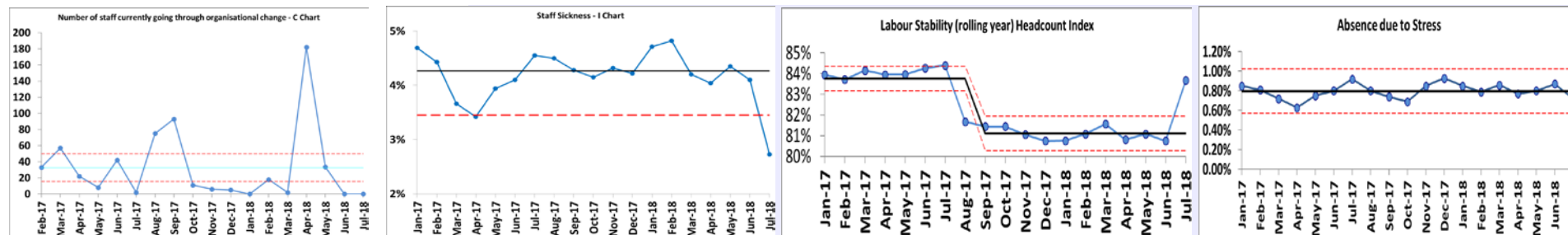
IMPROVED VALUE FOR MONEY

The Trust will improve the utilisation of its estate

Space Utilisation Ratio (m2 per staff)
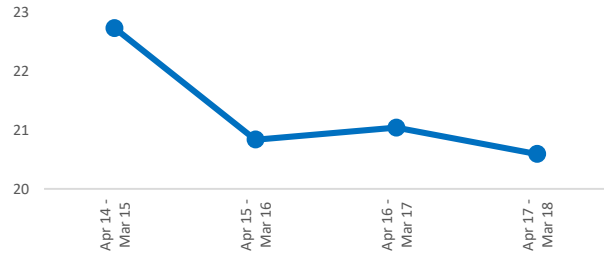
All budget holders will be held responsible for the management of their budgets

Cash in bank (£m) - I Chart
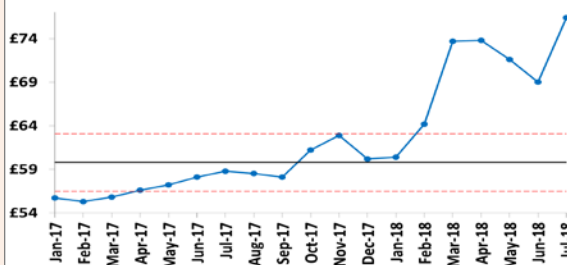
Net surplus (£000) - I Chart
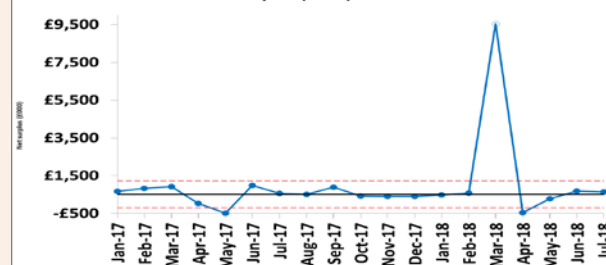
All budget holders will be held responsible for the management of their budgets

EBIT-DA (£000) - I Chart
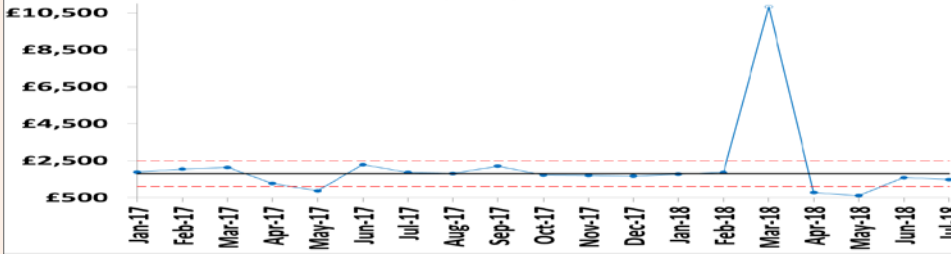
Variance against plan (£000) - I Chart
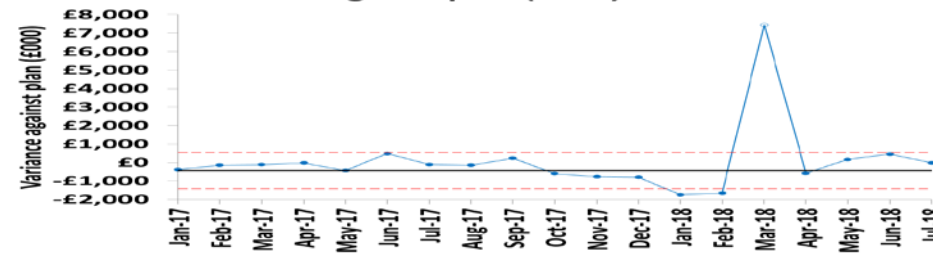
The Trust will increase the efficiency and effectiveness of resource utilisation

Average time to hire (Working Days) - Line Chart
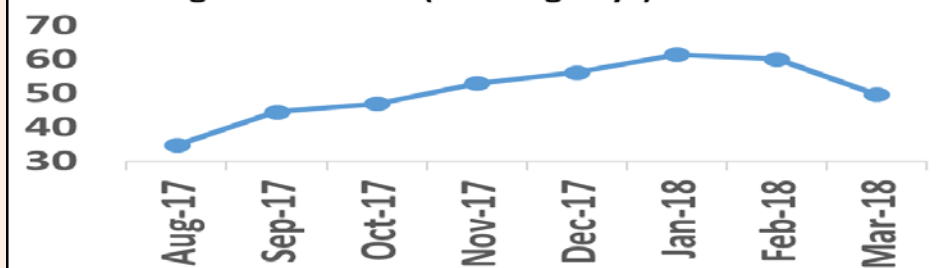
Length of Stay Adult Mental Health - Average number of days I Chart
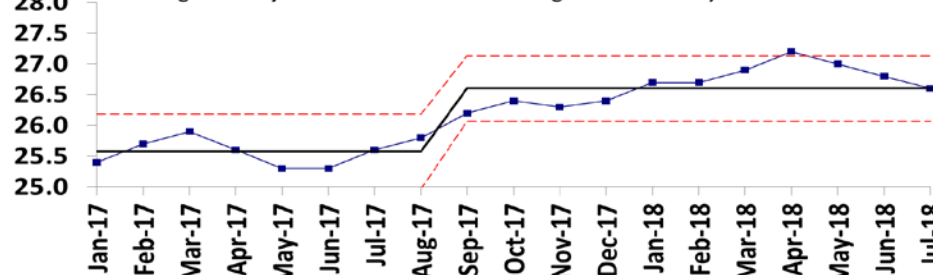
Agency Expenditure (£000) - I Chart
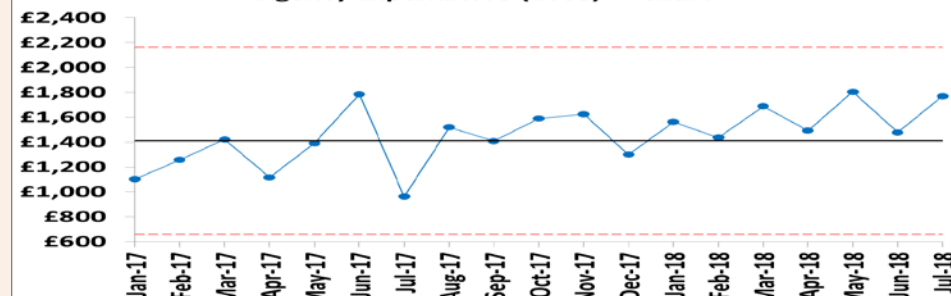
Number of days posts are vacant c Chart
WTE Vacant x No of days in month

People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral

Reporting Month : July 18   Target : 50%

	Month July	Apr – Jun 18
Number of people starting treatment within 2 weeks of Referral	205	
Total Waiters	222	152
% of people starting treatment within 2 weeks of Referral	92%	94%

Whilst this indicator is not demonstrating improvement or decline, performance is well above the target for the Trust.

Proportion of people with a first episode of psychosis

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Rate	84%	86%	87%	92%	89%	89%	98%	95%	91%	96%	93%	94%	90%	90%	92%	93%
Median	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%	91%
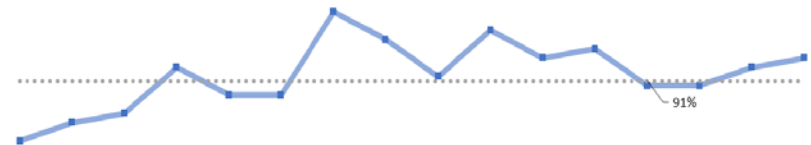
NHSI Single Oversight Framework Operational Performance Metrics

Data Quality Maturity Index

Reporting Month : July 18   Target : 95%

	Jan 18 – Mar18	Quarter 1 (Apr-Jun 17)	Quarter 2 (Jul – Sep 17)	Quarter 3 (Oct – Dec 17)
DQMI(%)	73.6	96.4	92.1	73.0

The run chart shows concerning astronomical data points for the last two quarters as a result of the format of the Children and Young People's Health Services changing . Informatics has now developed the new dataset (June 2018), hence the index will increase in quarter 2 of this year.

Data Quality Maturity Index(DQMI_9) 2017-18_Q3

	Oct-Dec 16	Jan-Mar 17	April-Jun 17	Jul-Sep 17	Oct-Dec 17	Jan - Mar18
%	95	95	96	92	73	73.6
Median	94.5	94.5	94.5	94.5	94.5	94.5
Target	95	95	95	95	95	95

Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : July 18   Target : 95%

% of patients completing a course of IAPT treatment moving to recovery	Current Month July 18	Quarter 2 (Apr – Jun)	Quarter 1 (Jan - Mar)
	51.6%	50.4%	50.4%

For this indicator both current performance and median performance for the period is above target. There are signs of improvement with the last five months above the median but is not significant yet.

Improving Access to Psychological Therapies - Percentage of patient completing treatment who move to recovery

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Improving Access to Psychological Therapies - % of patients completing treatment who move to recovery	50.2%	50.2%	49.3%	49.3%	49.3%	50.0%	50.0%	50.0%	50.5%	50.5%	50.5%	50.1%	50.1%	50.1%	51.6%	51.6%
Median	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%

Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under IAPT

Reporting Month : July 18   Target : 75%

% of patients having Treatment within 6 weeks of referral	Current Month July 18	Quarter 2 (Apr – Jun 18)	Quarter1 (Jan – Mar 18)
	97.9%	98.0%	98.1%

For this indicator both current performance and average performance for the period is above target. This indicator is showing improvement with 8 months above the median.
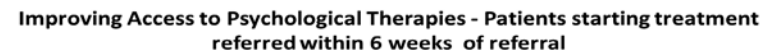
Improving Access to Psychological Therapies - Patients starting treatment referred within 6 weeks of referral

	Apr -17	May-17	Jun -17	Jul-17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan-18	Feb -18	Mar-18	Apr -18	May-18	Jun -18	Jul-18
% starting treatment within 6 wks of referral	96.4%	96.4%	97.0%	97.0%	97.0%	97.5%	97.5%	97.5%	98.0%	98.0%	98.0%	98.1%	98.1%	97.9%	97.9%	97.9%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Average	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%

Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT

Reporting Month : July 18   Target : 95%

% of patients having Treatment within 18 Weeks of referral	Current Month July 18	Last Quarter (Apr – June 18)	Quarter 1 (Jan – Mar 18)
	99.6%	99.8%	99.8%

For this indicator both current performance and average performance for the period is above target. This indicator is not showing improvement or decline in July 2018.
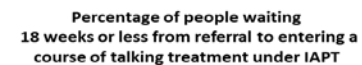
Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
18 Weeks Wait	99.7%	99.7%	99.2%	99.2%	99.2%	99.5%	99.5%	99.5%	99.8%	99.8%	99.8%	99.9%	99.9%	99.9%	99.6%	99.6%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Median	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Out of Area Placements – Number of Occupied Bed Days

Reporting Month : July 18   No Target

Out of Area Placement	Quarter 1 2018/19	Quarter 4 2017/18	Quarter 3 2017/18
Number of Bed Days	4	16	28

This is a new indicator. There is no target for this indicator, but benchmarking information shows that the Trust has one of the lowest figures of out of area placements in the country.

Mental Health - Out of area placements

	Q3 - 2016/17	Q4 - 2016/17	Q1 - 2017/18	Q2 - 2017/18	Q3 - 2017/18	Q4 - 2017/18
No of Beds days	67	19	32	20	28	16
Median	24	24	24	24	24	24

7 day Follow up
Adult Services

Reporting Month : July 18   Target : 95%

	Month July 18	Previous Month June 18
Discharged	448	411
Follow Up	405	389
% Follow Up	90.4	94.6

All adults aged over 18 discharged from Adult Mental Health inpatient units

7 DAY FOLLOW UP

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Monthly %	94.4%	94.2%	94.8%	95.1%	95.5%	96.4%	95.4%	66.7%	86.8%	85.7%	85.5%	87.1%	87.9%	92.30	94.6%	90.4%
Median for new process									87.1%	87.1%	87.1%	87.1%	87.1%	87.1%	87.1%	87.1%

Monthly performance declined in November 17 as a result of the metric changing to include non CPA patients.
From December 2017 performance has stabilised around a median of 87.1% - below the target of 95%. This indicator is not showing signs of improvement or decline against the new median, although the last three months have all exceeded 90%.

ADULT CMHT
Assessment Done within 28 Days of Referral

Reporting Month : July18   Target : 100%

	Current Month Jul 18	Previous Month Jun 18
Assessment Done within 28 days of Referral	92.2%	82.4%

The improvement in April is not sustained as in the last 3 months the data are showing a decline being below the lower process limit. Performance improved in July to 92%.

Adult CMHT -Assessment done within 28 days of referral

National and Local Indicators

Care Plan Approach(CPA) – Care Plan in date Documents 12 Months Old

Reporting Month : July 18   Target : 95%

	Current Month Jul 18	Previous Month Jun 18
Care Plan In Date Document 12 Months Old	87.5%	87.3%

Average is 89.1%

In the last 4 months the figures are below the average, showing signs of decline but not significant yet.

CPA Patients - Care Plan in Date (Documents 12 Months Old)