

REPORT TO THE TRUST BOARD: PUBLIC 9 JANUARY 2019

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.

Commentary is limited in this report due to the relatively short period since the last Board meeting, and the festive season. A new set of measures for the population health domain have also been developed and will feature in the next report.

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

The Chief Medical Officer and Director of Integrated Care have finalised a small suite of population health outcomes and metrics to provide a clear framework for improving the health of the populations we serve. These will be included in the next report.

In relation to patient experience, there has also been an increase of grade 3&4 pressure ulcers, a decrease in the number of detained patients who are BME, and an increase in IAPT recovery rates. The high number of restraints, and the action being taken, was discussed at the Quality Assurance Committee in December 2018, as was an improved reporting process for pressure ulcers.

For staff experience, highlights are that Phase 2 of the Enjoying Work programme is ending with a celebratory event in February 2019. Twelve of the 18 teams have experienced an improvement as measured by the good day measure. Planning is underway for phase 3 of the programme. Plans are also underway for a respect and dignity campaign to be delivered in 2019. The national staff survey results will be presented in the next report.

There has been improvement in the Trust's financial position. There is underlying year to-date adverse net surplus variance of £1.8m and year to date favourable net surplus variance of £11k after adjusting for phasing of CRES plans and allocating non-recurrent support. This results in an

overall Risk rating of “1” to the end of November 2018, and improves the Trust’s position under the Single Oversight Framework.

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	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

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.

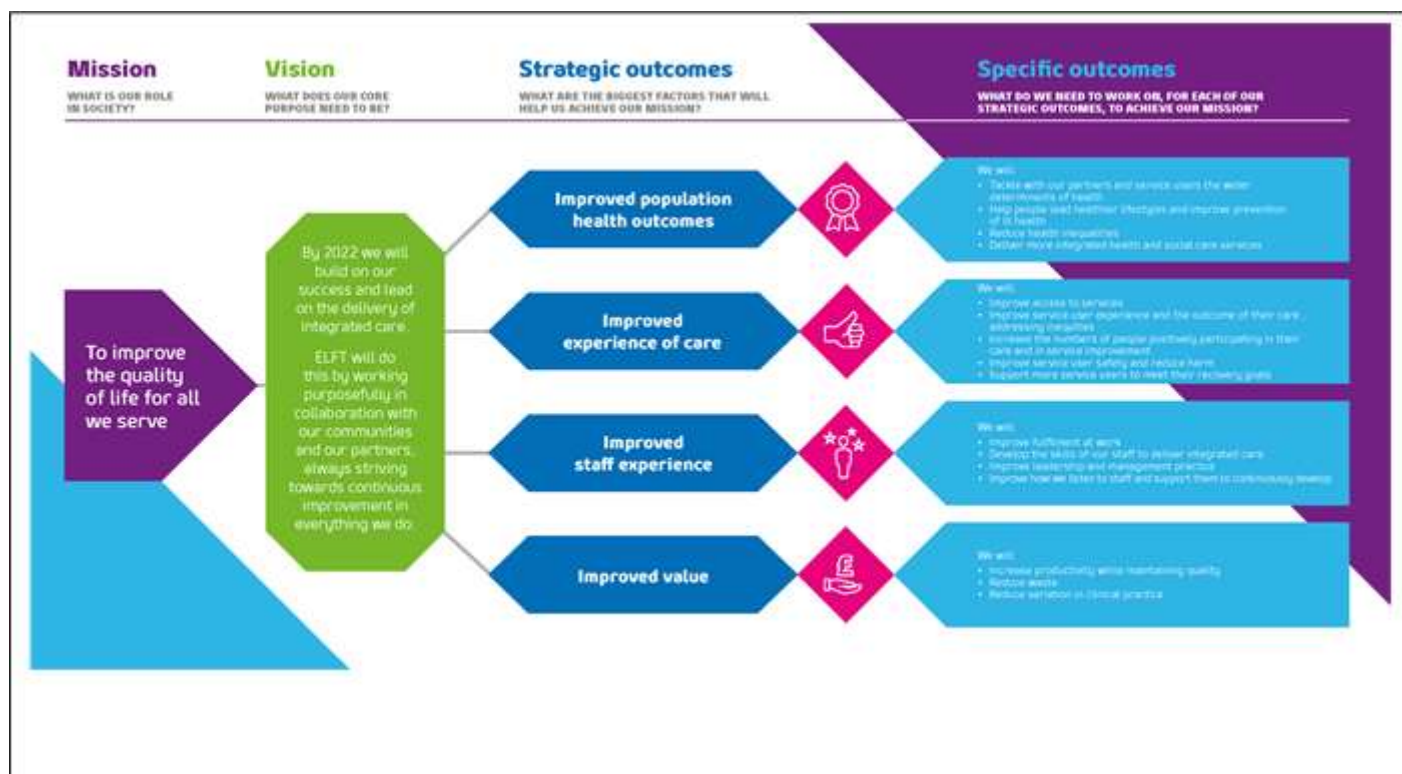
Implications

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 contracts 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 have finalised a small suite of population health outcomes and metrics to provide a clear framework for improving the health of the populations we serve. These will be included in the next report.

One of the primary approaches the Trust intends to deploy to improve population health outcomes will be through our quality improvement work. Each directorate within the Trust

has now identified a population for whom they will undertake a “triple aim” quality improvement project. Executive Directors have been allocated as sponsors to the projects.

Executive commentary - Integrated Dashboard

Whilst the work to finalise the Trusts population health outcomes and metrics, a suite of metrics are presented in the Trust Board Integrated Dashboard as an illustration of potential measures, have been finalised and will appear in the next report.

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	<p>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.</p> <p>Governance structures are in place, and development work undertaken, in each local health system. Further assurance is required in this developing area of governance.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Universal evaluation of data for increased service quality with concomitant decrease in costs to evidence the effectiveness of the new strategies and models of care • Executive leads developing subject-specific plans following the approval of the revised Trust Five-Year Strategy • Internal audit are conducting a review of integrated care system governance, which will be reported to the Audit

			Committee. Consideration is being given to amalgamating R1 and R2.
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 focused on identifying assurance in this area. Consideration is being given to amalgamating R1 and R2.

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

Following the IHI visit, we are going to be focusing on building experience measure in the populations that directorates are focusing on. We have newly published dashboards on reporting services that now enable people to see dialog scores using the aggregated data that we have collected.

As seen in the dashboard, of note is the reduction in CAMHS waiting times, which is due to the impact of the QI collaborative that has been running.

Progress in increasing people participation is set out in the Board assurance table.

Executive commentary - Integrated Dashboard

For the Friends and Family Test, we have implemented a new system of data collection, led by service users, which has increased the number of responses collected. There has also been a change in that Phlebotomy services have been excluded from the data set. We will

need to continue to explore and monitor the feedback received in order to identify issues and trends.

Of concern is the high number of restraints and prone restraints. The use of restrictive interventions including restraint and seclusion is now part of our violence reduction work using the 6 core strategies of learning together, data, leadership, working with service users and families, trauma informed care and rigorous debriefing. This was discussed at the Quality Committee and the Quality Assurance Committee in December 2018.

There has also been an increase of grade 3&4 pressure ulcers, a decrease in the number of detained patients who are BME, and an increase in IAPT recovery rates.

The December Quality Assurance Committee received a report about the revised definition and measurement of pressure ulcers (NHS Improvement 2018) which will support a more consistent approach to pressure ulcer reporting at a local and national level. There is an increase in Bedfordshire services, which we are investigating and there will be a verbal update at the Board.

The decrease in BME patients who are detained will be monitored in order to see whether the trend continues.

The improvement in IAPT recovery rates is positive and includes the new Tower Hamlets service that the Trust commenced manging in October 2018.

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	<p>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.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none">• Develop peer support worker roles: meetings have been taking place with directorates to identify numbers, roles and next steps• Carers strategy: good progress being made - update provided at November Board meeting including priorities for the coming year• Capturing service user experience: as reported at September 2018 QAC being taken forward through the

			<p>service-user led accreditation of services</p> <ul style="list-style-type: none"> • Evaluation of the implementation of CPA and dialog+: on track; data currently being collected and analysed with report expected in the new year which will include identifying actions to be taken forward and the implementation of best practice. <p>The Quality Assurance Committee continues to seek assurance that the level of variation is being reduced.</p>
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	<p>Chief Nursing Officer</p> <p>Quality Assurance Committee</p>	10	<p>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.</p> <p>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.</p> <p>A series of actions are being taken to reduce the risk target score including:</p> <ul style="list-style-type: none"> • The implementation and monitoring of the CQC well-led action plan • The development of external community health peer inspection with providers • Trust-wide learning lessons seminars of themes from SI reports to support reduction in SIs • Review of patient safety processes to improve learning from patient safety incidents and issues • Develop and implement a Trust-wide learning lessons framework to improve learning and sharing of best practice through triangulating feedback/ information. <p>At its meeting on 1 November 2018, the</p>

			<p>Quality Assurance Committee noted that in addition to the CQC quarterly engagement meeting, the CQC have introduced a quarterly report called 'CQC Insight' which is a system that brings together in one place the information CQC holds about services and analyses it to monitor services at provider, location or core service level. This helps to decide what, where and when to inspect as well as providing analysis to support the evidence in inspection reports. The model is one of real-time data. This report is reviewed by Exec leads on quality and at the Quality Committee to identify any risk areas/issues requiring action.</p> <p>QAC have requested the inclusion of implementing relevant NICE guidance to be included in the controls.</p>
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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	Director of Human Resources	March 2019
	Scale up the Enjoying Work QI learning system	Director of Planning and Performance	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

Delivery of annual plan priorities is broadly on track. The Trust's Leadership Committee has been refreshed and is developing a revised approach to our leadership development offer, in order to ensure consistency and coverage across all staff groups. A number of leadership programmes have been commissioned for 2019 and planning is underway.

Core competencies for community health staff to deliver integrated care have been developed. Work is now underway on the next stages, to consider how these can be tailored to apply to all trust staff, and to develop a programme of rolling this out across

teams. A business case is being developed. Work is also underway to align the Trust's recruitment process with the Trust strategy and the required competencies.

Phase 2 of the Enjoying Work programme is ending with a celebratory event in February 2019. Twelve of the 18 teams have experienced an improvement as measured by the good day measure. Planning is underway for phase 3 of the programme.

Plans are also underway for a respect and dignity campaign to be delivered in 2019.

The equalities plan was presented to the November Board meeting and is being revised in line with feedback from the Board.

Executive commentary - Integrated Dashboard

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

Staff sickness rates continue to be below the mean, as are turnover and vacancy rates, with particular improvement in Luton & Bedfordshire in recruitment of Band 5 nurses. Agency spend continues to be fairly constant, but should reduce with the improvement in recruitment. The number of apprentices continues to increase.

The initial results of the 2018 annual staff survey will be included in the next report in order to provide a richer picture of staff experience.

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	<p>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.</p> <p>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.</p> <p>Actions being taken to reduce the risk target</p>

			<p>score include regular reports on Workforce Planning to both the Workforce Committee and Appointments & Remuneration Committee where progress is assessed and that appropriate controls are in place and operating effectively.</p> <p>In recognition of the significant work that has been undertaken, the Committee will review the scoring of this risk at its meeting in February 2019.</p>
<p>Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover</p>	<p>Director of Planning and Performance</p> <p>Appointments & Remuneration Committee</p>	12	<p>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.</p> <p>The Appointments & Remuneration Committee receives regular updates at its meetings to seek assurance in this area, e.g. the Committee received a detail update and assurance on the progress with the actions identified from the staff survey 2018 and discussed the Equality & Diversity Plan for staff at its meeting in Oct 2018.</p> <p>A 'deep dive' review is to be undertaken by an external analyst who will also triangulate all HR data; this will help to inform our approach to addressing bullying and harassment issues.</p>

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 new data warehouse has been procured and a project board commences in January in order to develop the system. The Digital Board continue to receive progress reports on the aspects of the Trust's digital strategy and also feedback from directorates.

Executive commentary - Financial performance

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

- Underlying operating surplus (EBITDA) to end of November 2018 of £12.4m (4.6%) compared to plan of £14.4m (5.3%).
- Underlying net surplus of £2.7m (1.0%) compared to planned net surplus of £4.4m (1.6%).
- Underlying year to-date adverse net surplus variance of £1.8m.
- Reported year to date favourable net surplus variance of £11k after adjusting for phasing of CRES plans and allocating non-recurrent support.
- Overall Risk rating of "1" to the end of November 2018.
- Cash balance of £78m as at the end of November 2018.

Operating Income

Operating income at Month 8 is behind plan by £1.5m, and assumes the Trust fully delivers all CQUIN and outcome elements of contracts.

The position includes £1.9m PSF income to November 2018, since the Trust has met the control total at the end of quarter 2 and expects to meet the control total in 2018/19.

The Month 8 position includes a reduction of £432k against East London Mental Health contracts in recognition of slippage against 2018/19 investments, net of QIPP plans not identified. There is an equal reduction in reserve provision in the expenditure budget, so there is no overall net impact on the Trust position.

The other main reasons for the adverse variance include underperformance against non-contract activity (-£301k) and spot purchase income (-£1,048k), offset in part by income from associate commissioners (+770k).

The overseas income target has been increased to reflect expected performance. This has offset the £1.3m CRES target identified for spot purchase income. As a result of this adjustment, the Trust is now reporting overseas income as on plan against the new budget.

The Trust has signed contracts for the remainder of the year that should improve the run-rate against Spot Purchase income over the remainder of the financial year.

Activity data submitted to the end of September 2018 indicates an underperformance against the CAMHS element of the NHSE Specialist Commissioning contract. This is sufficient to trigger the overall +/- 2% risk share built into the contract. The financial impact is £333k calculated on Month 7 activity, and would be £381k if applied at Month 8.

Operating expenditure

The Trust is reporting an underlying adverse variance of £486k against operating expenditure at 30th November 2018.

The variance against expenditure budgets has improved by £1.4m against Month 7. This is largely due to year to date allocation of CRES targets identified in C&H and Tower Hamlets against the overseas income budget (£0.83m), backdated IT income receivable for support contracts (£0.4m), and allocation of reserves against cost pressures already reported that has enabled a reduction in the overall reserves accrual (£0.20m).

The key driver of the Trust overspend remains performance against the CRES plan as detailed below.

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 £828k to the Month 8 overspend, the majority being in Newham Community Services.

The reported overspend in Bedfordshire CHS 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.

The continued high level of overspend in this service presents a risk in that it reduces the funds available to meet the costs of restructuring the service.

CRES programme

The delivery of the overall financial plan is predicated upon achieving the requirements of the Trust's 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 11th December, the Trust has identified CRES schemes worth £10.4m, with £1.9m 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 8, the Trust has achieved £6m of CRES savings against an internal plan of £8m. The shortfall of £2m has reduced since Month 7, and is due to £701k of slippage against identified schemes and £1.2m from schemes not identified.

Income schemes identified for 2018/19 in Tower Hamlets and C&H are now assumed not to be deliverable in year. The impact is offset in total by increased income from overseas visitors, which will deliver above the allocated budget.

The Trust continues to work to identify further CRES schemes and to ensure delivery of those schemes already identified, including Executive Director level oversight. Discussions have begun with commissioners in East London with regard to possible schemes for 2019/20.

NHSI Agency Ceiling

The Trust has an agency ceiling of £14.1m for 2018/19.

Agency expenditure to Month 8 was reported at £13.1m, which is £3.7m above the agency ceiling (39.2%).

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. Under the new process, all requests for temporary medical and AHP cover that cannot be filled via staff bank should be made using the new process.

Agency staff working in Bedfordshire CHS are not at present booked on the iNGAGE system, and the Trust is considering when the change in process will be introduced.

All agency bookings above the NHSI price caps and/or via an off-framework agency require a formal waiver agreed by an Executive Director of the Trust. This is to ensure the Trust is compliant with NHSI agency rules.

Summary

The revised plan submitted to NHSI for 2018/19 is consistent with this report and is based on achieving a rating of “1” under the Risk Assessment Framework by March 2019. This is in line with the revised NHSI control total of £8.9m (including PSF income of £3.4m).

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
<p>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</p>	<p>Director of Commercial Development</p> <p>Finance, Business and Investment Committee</p>	<p>20</p>	<p>Failure to maintain financial sustainability would have a significant adverse impact on the organisation and the achievement of its objectives.</p> <p>The CRES Gap has been closed to £2.4m as a result of a lower control total and reserves review for 18/19. Further work is taking place with the Chief Operating Officer and directorates to track delivery of schemes.</p> <p>The FBIC is regularly monitoring progress in this area..</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Developing a communications and engagement plan for staff and service users to ensure awareness of the CRES challenge • Ongoing discussions at Executive Management weekly meetings to identify plans to address the 2018/19 CRES gap as well as at FBIC, Board meetings and Board development sessions • An update on the financial impact of the opportunities/ options was presented to the FBIC in December which included both efficiencies and income generation including risks and benefits. <p>In the light of the above work, the Committee will review the risk scoring at its next meeting.</p>
<p>Strategic risk 8: Poor quality data and information systems affect the ability of staff to provide high quality care, and create duplication and waste</p>	<p>Chief Finance Officer</p> <p>IT Working Group</p>	<p>10</p>	<p>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.</p> <p>The mitigation for the risk around quality data is focussing currently on systems</p>

			<p>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.</p> <p>Actions being taken to reduce the risk score include:</p> <ul style="list-style-type: none"> • Procurement for data warehouse and data visualisation software is under way with the aim to make improvements in performance reporting as well as access to data for clinical and operational teams. The Trust will partner with an external provider to deliver these projects rather than develop in-house as previously occurred • Significant investment is being made in the underlying IT infrastructure to support the Trust's digital ambitions. This is being managed through the Trust's capital programme and includes provision for hardware, software and cyber security • The mitigation for risk around quality data is focussing currently on systems, data stability and how the use of systems are being maximised to their fullest capacity with a focus on training, behavioural and cultural change • Director of Commercial Development chairs a weekly board with informatics to improve the robustness of data reporting • Digital Programme Board is reviewing the Trust's digital ambition (which links into estates strategy). <p>In the light of the above work, the Committee will review the risk scoring at its next meeting.</p>
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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.

The main change has been the improvement in financial performance.

Theme	Current Rating	
Quality of Care		No Concerns
Finance and Use of Resources		<p>Underlying year to-date adverse net surplus variance of £1.8m.</p> <p>Reported year to date favourable net surplus variance of £11k after adjusting for phasing of CRES plans and allocating non-recurrent support.</p> <p>Overall Risk rating of "1" to the end of November 2018.</p>
Operational Performance		<p>The Trust has not met the target for the Data Quality Maturity Index in previous quarters, due to issues with reporting CAMHS and IAPT information to national systems.</p> <p>The Trust has now resolved the reporting issues.</p> <p>There is one remaining issue to resolve in order to meet the target, improvement of ethnicity recording in Tower Hamlets community health services. An action plan is in place and improvement is expected by the end of February 2019.</p>
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

The Trust would therefore be placed in segment 2, with the expectation of moving to segment 1 in Q4.

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. The score has increased to 89% and is expected to meet the target of 95% in Q4.

Of note is the continued high performance in the Trust's IAPT services, with services significantly exceeding access targets, and exceeding recovery rate targets. This includes the Tower Hamlets service, which the Trust only commenced managing in October 2018. Significant work is taking place to improve waiting times.

There have been zero out of area placements since July 2018.

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. Detailed breakdowns of breaches and actions being taken is discussed in monthly performance meetings with directorates. A new approach is being piloted in order to improve performance in cases that are not assigned to a community team.

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. This target is currently being reviewed with commissioners, and may be expanded to include all referrals (the current target only includes GP referrals).

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. The main areas for improvement are in Luton & Bedfordshire services, and this is a focus of monthly performance meetings.

7.0 Recommendations and Action Being Requested

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

Service Delivery Report

Single Oversight Framework Operational Performance Metrics



NHS
East London
NHS Foundation Trust

November 2018

NHSI Single Oversight Framework Operational Performance Metrics

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

Reporting Month : Nov 18

Target : 50%

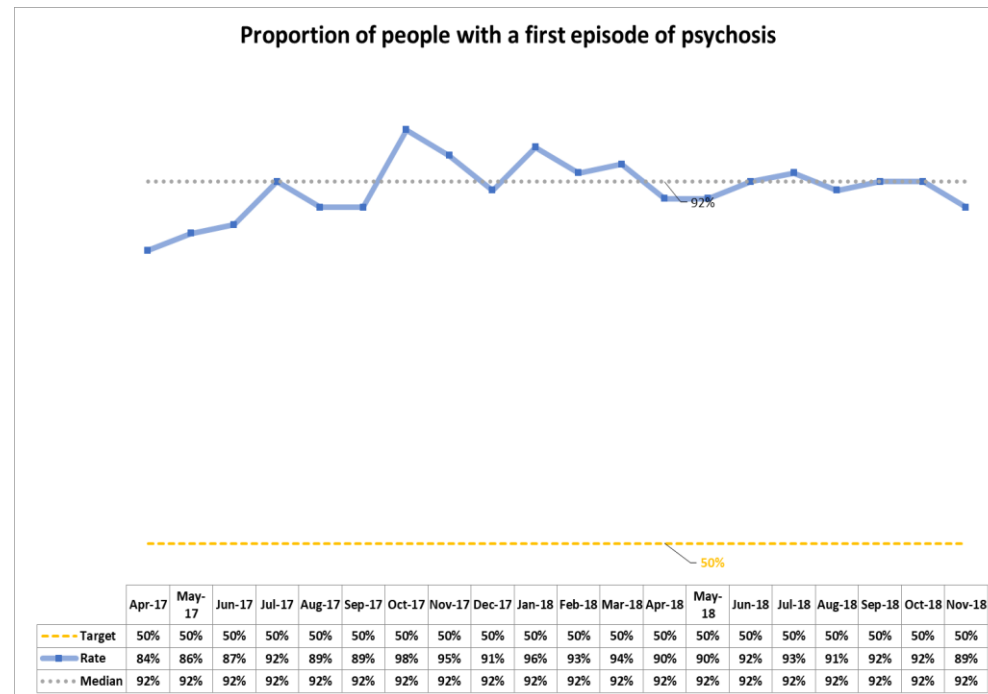


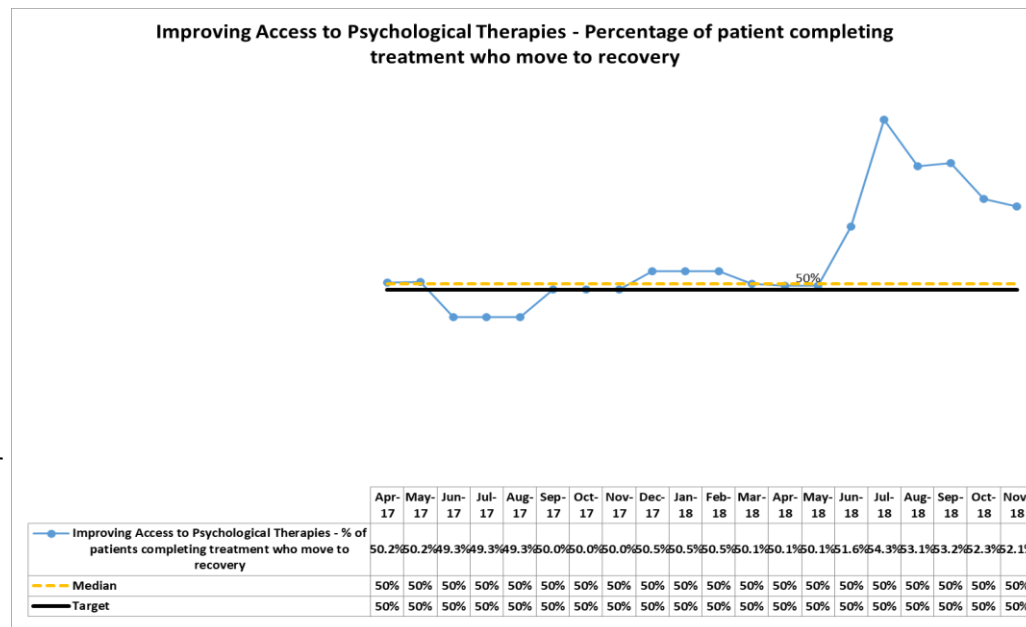
	Month Nov 18
Number of people starting treatment within 2 weeks of Referral	93

Total Waiters	104
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% of people starting treatment within 2 weeks of Referral	89.42%
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Whilst this indicator is not demonstrating improvement or decline, performance is well above the target for the Trust.





NHSI Single Oversight Framework Operational Performance Metrics

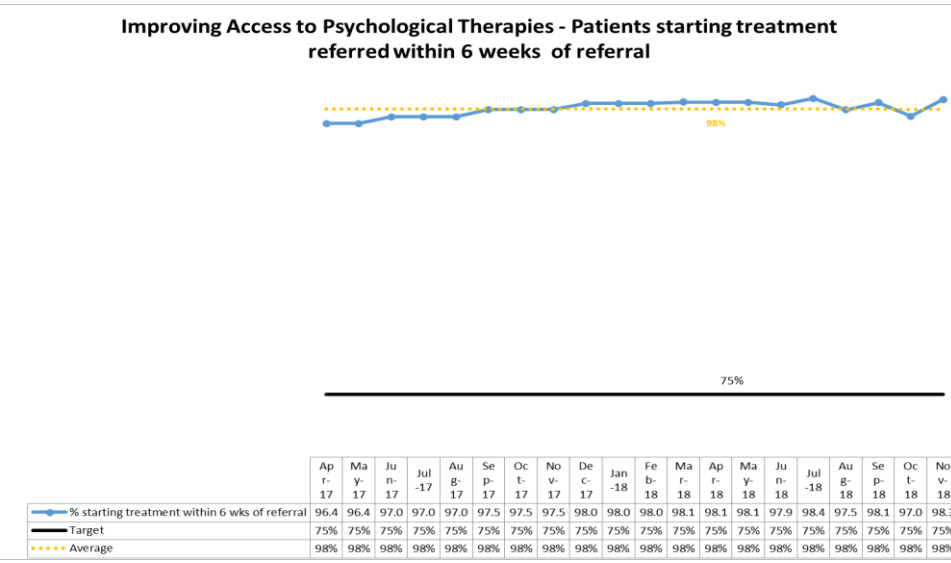
Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under IAPT



Reporting Month : Nov 18 Target : 75%

% of patients having Treatment within 6 weeks of referral	Current Month November 18 98.3%	October 18 97%
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For this indicator both current performance and average performance for the period is above target. This indicator is showing improvement with 6 months above the median.



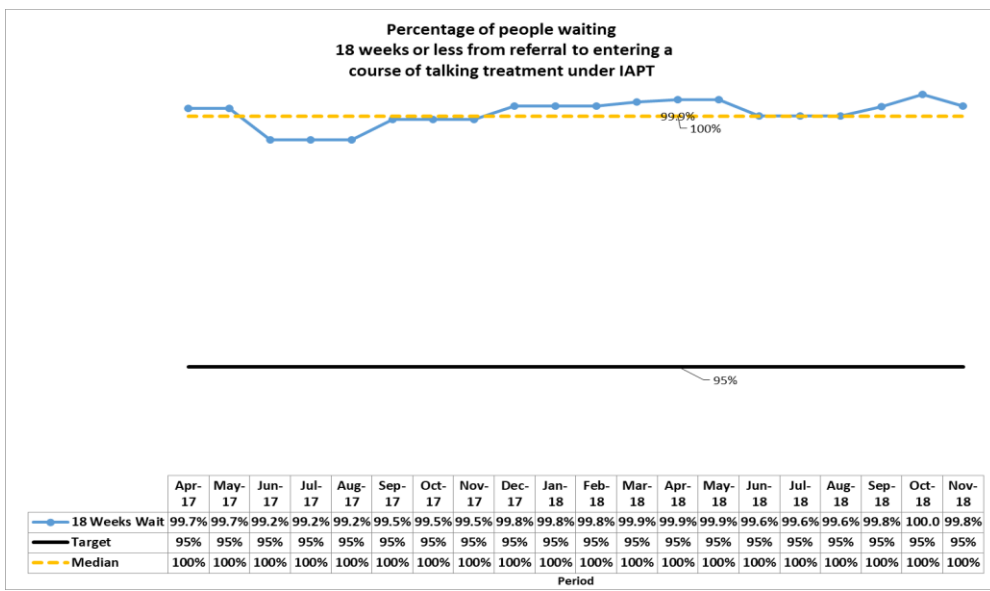
Percentage of people waiting 18 weeks or less from referral to entering a course of talking treatment under IAPT



Reporting Month : Nov 18 Target : 95%

% of patients having Treatment within 18 Weeks of referral	Current Month Nov 18 99.8%	Oct. 18 100 %
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For this indicator both current performance and average performance for the period is above target. This indicator is not showing improvement or decline in November 2018.



NHSI Single Oversight Framework Operational Performance Metrics

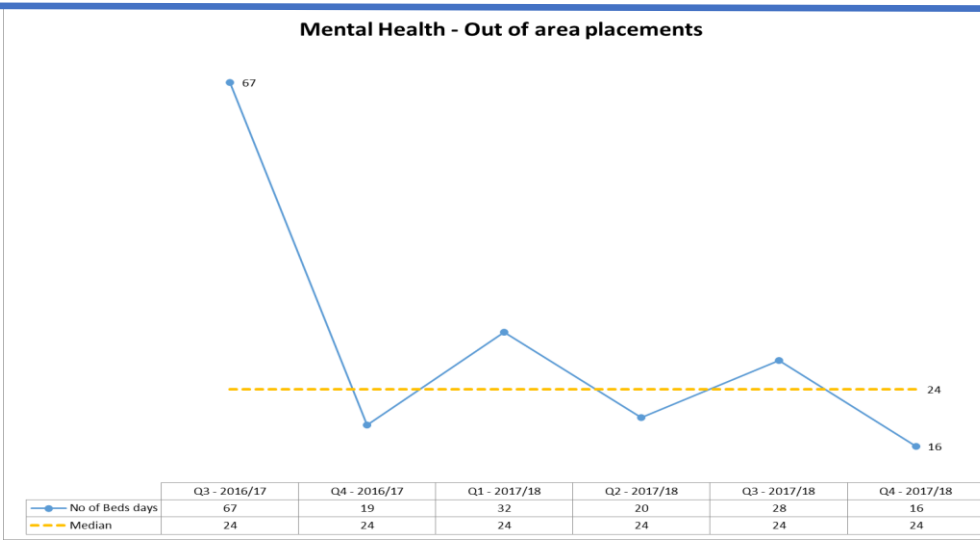
Out of Area Placements – Number of Occupied Bed Days

Reporting Month : Nov 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. No Data from July onwards.



National and Local Indicators

7 day Follow up Adult Services

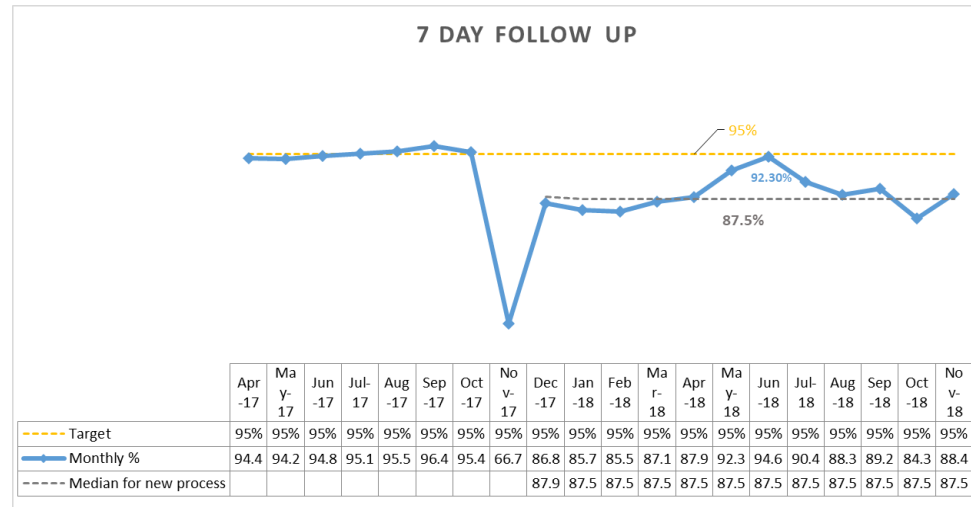
Reporting Month : Nov 18

Target : 95%



	Month Nov 18	Previous Month Oct 18
Discharged	448	414
Follow Up	396	349
% Follow Up	88.39	84.3

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



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 87.5% - below the target of 95%. This indicator is not yet showing signs of improvement or decline against the new median, but with five months above the median there were signs of improvement, November data shows an increase by 4% approximately.

ADULT CMHT Assessment Done within 28 Days of Referral

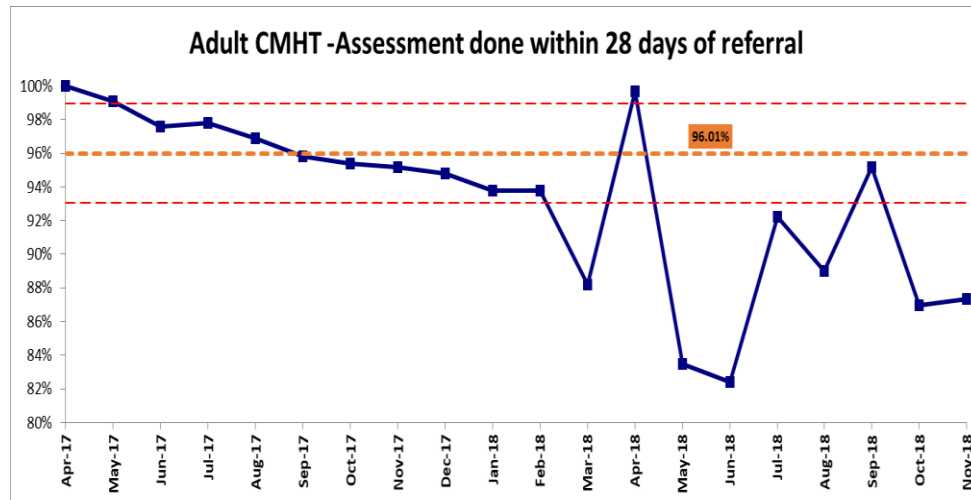
Reporting Month : Nov 18

Target : 100%



	Current Month Nov 18	Previous Month Oct 18
Assessment Done within 28 days of Referral	87.37%	86.9%

May to August 18 have shown a concerning decline with four months below the lower process limit. The last 2 months of data are now showing common cause variation.



National and Local Indicators

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

Reporting Month : Nov 18

Target : 95%

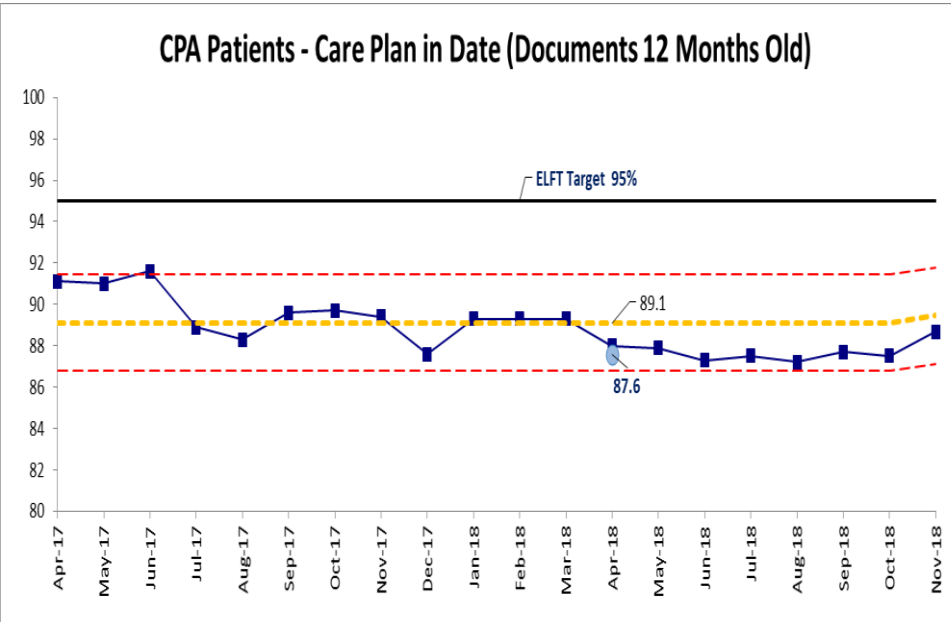


Care Plan In Date
Document 12 Months Old

Current Month	Previous Month
Nov 18	Oct 18
88.66%	87.5%

Average is 89.1%

In the last 6 months the figures are below the average, showing signs of decline but not significant yet.



Trust Board Integrated Dashboard

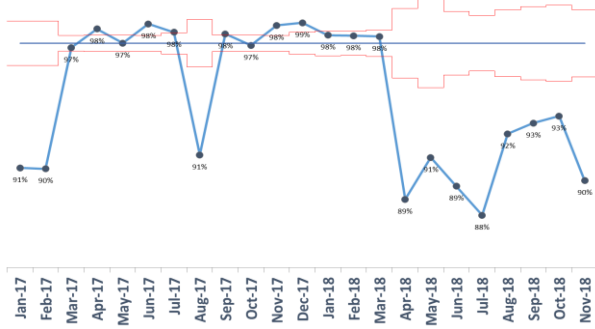


November 2018

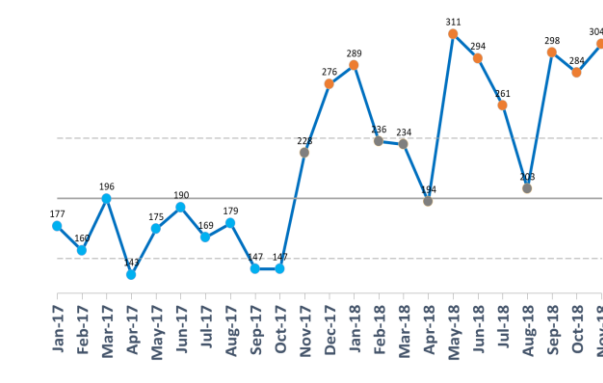
IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services

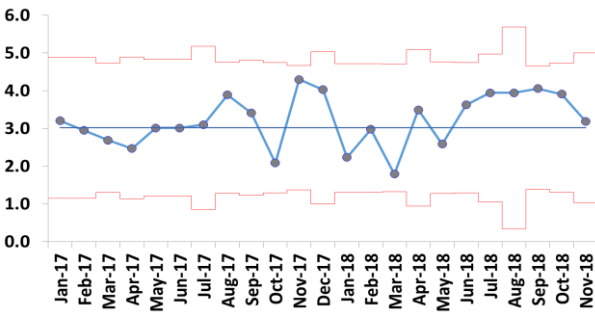
Would you recommend the service to friends and family? - P Chart



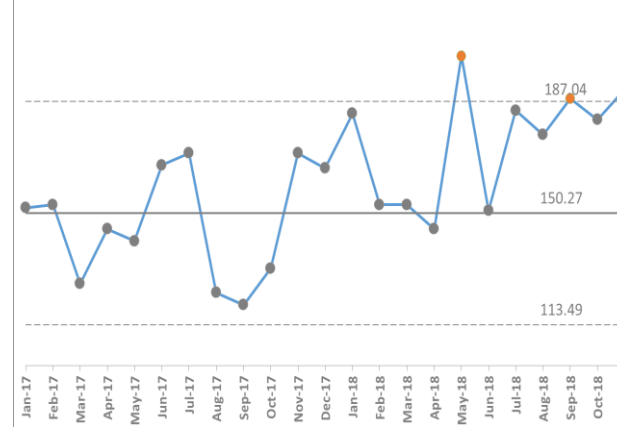
Episodes of Restraint - C Chart



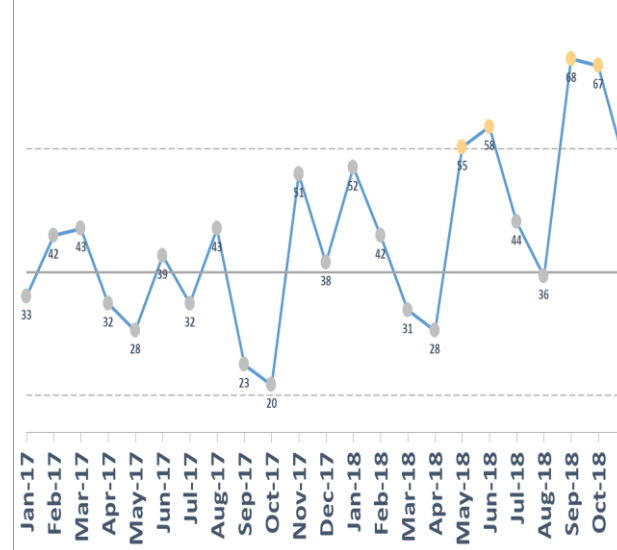
Proportion of BME Service Users who experience restraint - U Chart



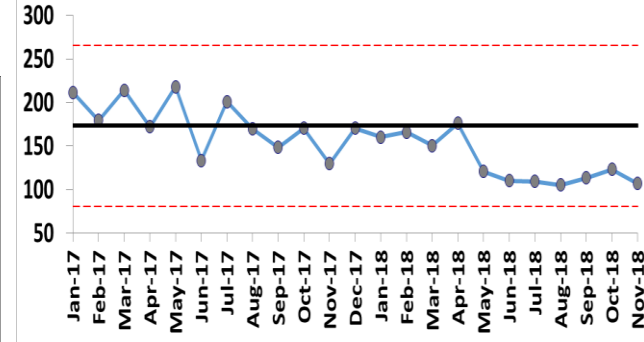
Incidents of Physical Violence - C Chart



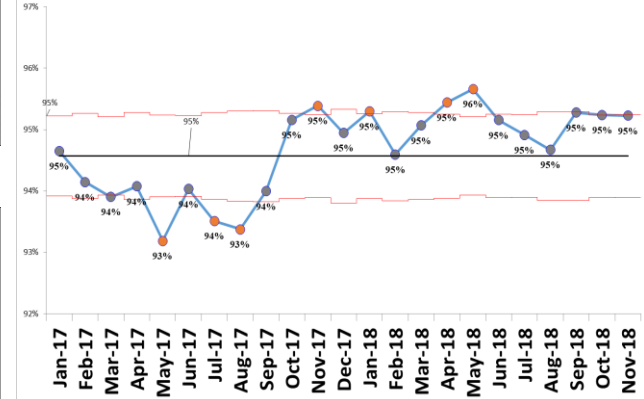
Episodes of Restraint in prone position - C Chart



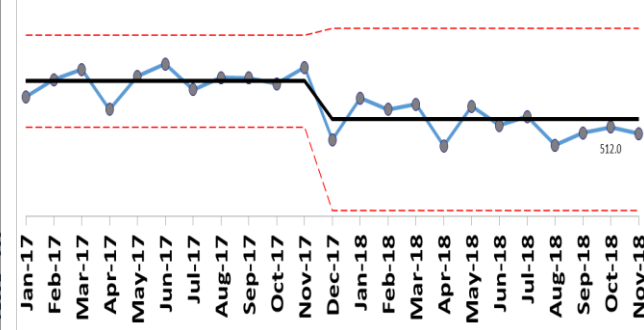
CAMHS - Average Number of Days from Referral to 3rd Contact Seen - I Chart



% Service Users accepted after referral - P Chart



Adult CMHT - Patients seen face to face within 28 days - I Chart

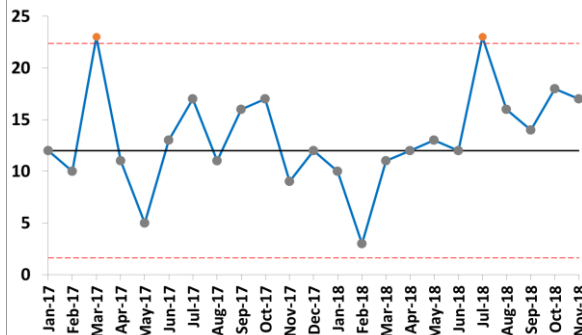


IMPROVED PATIENT EXPERIENCE

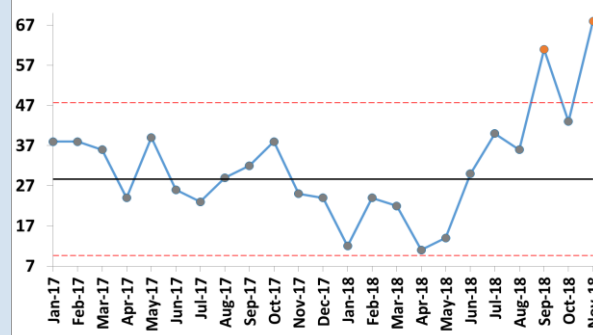
All patients will experience improved access to services

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

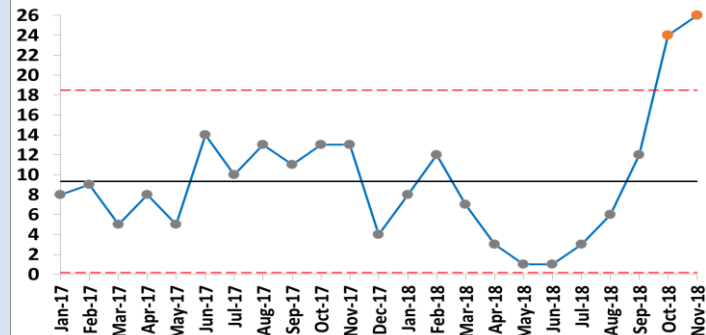
Serious Incidents - C Chart



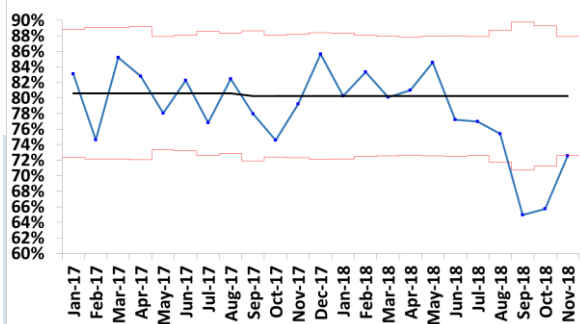
Compliments - I Chart



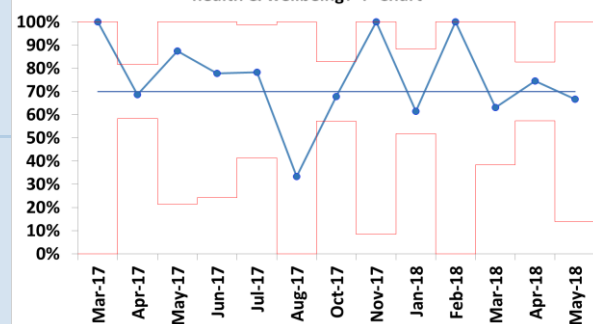
Grade 3 or 4 Pressure Ulcers - C Chart



Percentage of Service Users Detained under sections 2 & 3 of the MHA who are BME

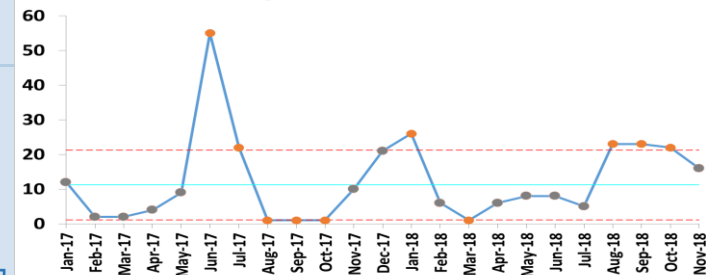


SULSA - Do you feel encouraged to engage with your health & wellbeing? P-Chart



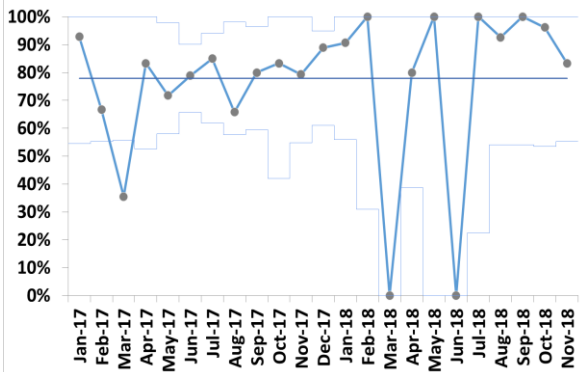
All patients will have more control over what is happening in their care and why

Number of Patients reporting positive to the question about having control over their care - C chart

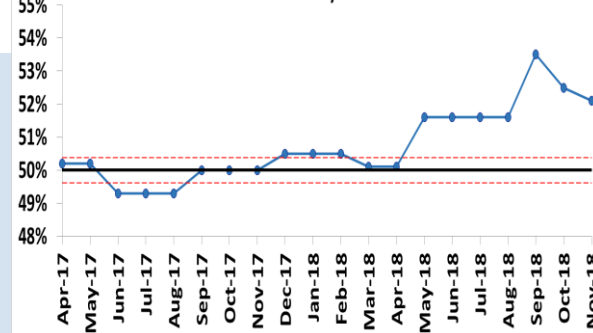


All our services will be designed and developed with service user input

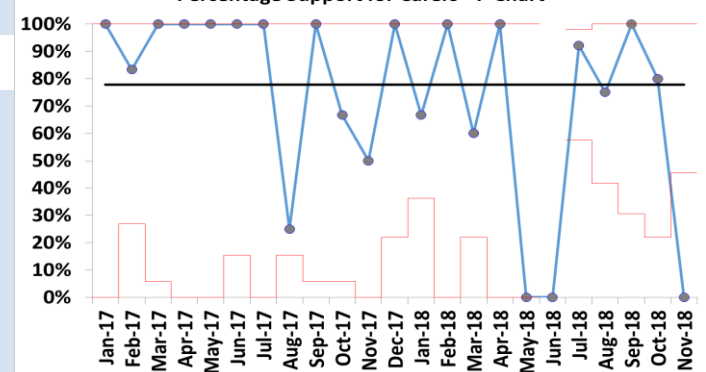
Percentage of Service Users who are satisfied with the care provided - P chart



IAPT - Percentage of patients completing treatment who move to recovery



Percentage Support for Carers - P Chart



KEY

Data available but requires extraction

Measure needs to be defined further

Data not available within Trust

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 – not on our clinical databases

Staff trained in Making Every Contact Count(who can provide this figure)

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+)

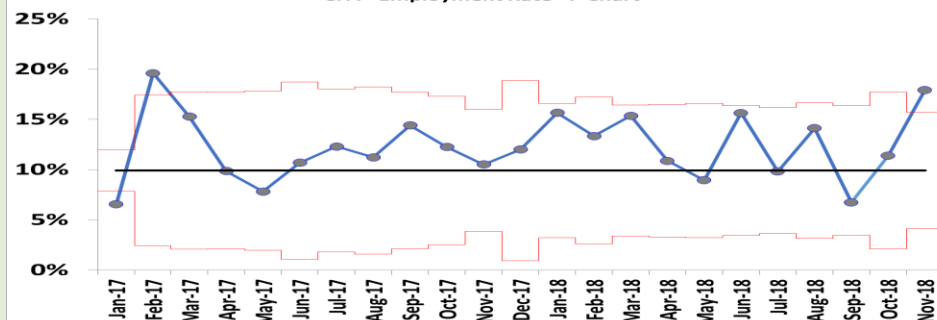
Controlled growth in care home admissions

Number of presentations/admissions for self-harm and deliberate injuries in children and young people

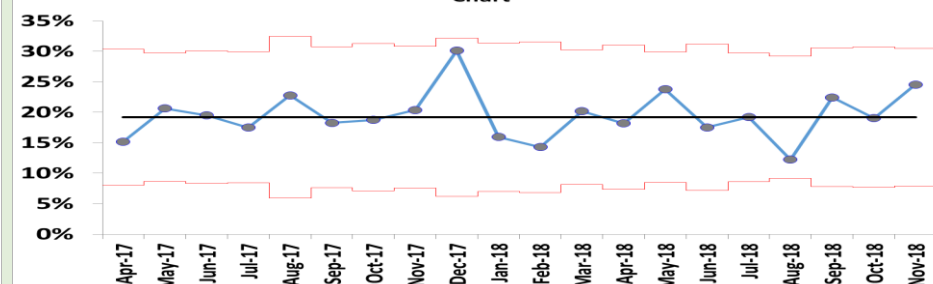
Reduce readmissions for people at high risk of admission (or 65+)

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

CPA - Employment Rate - P Chart

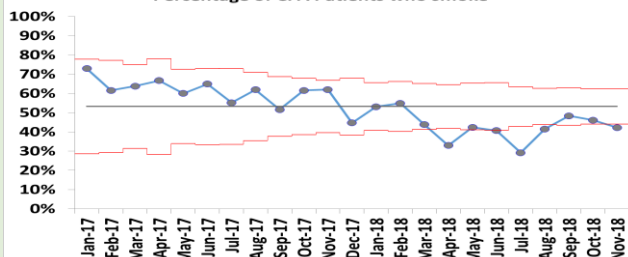


IAPT Services - Percentage of people measured as unemployed at Start of the Treatment and working at the end of the treatment - P Chart

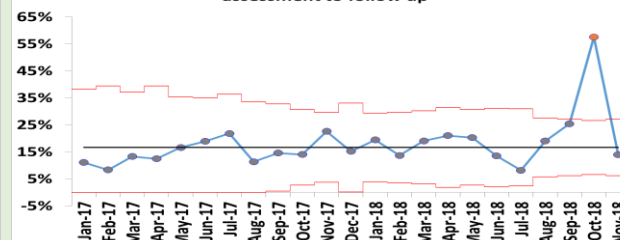


More people that the trust serves will lead healthier lifestyles

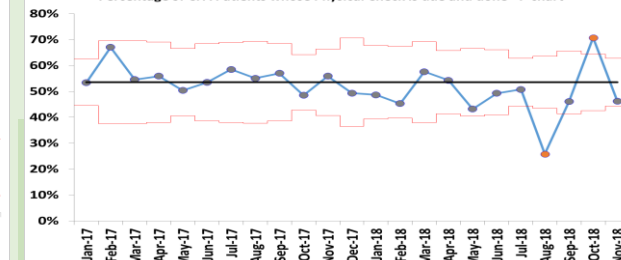
Percentage of CPA Patients who smoke



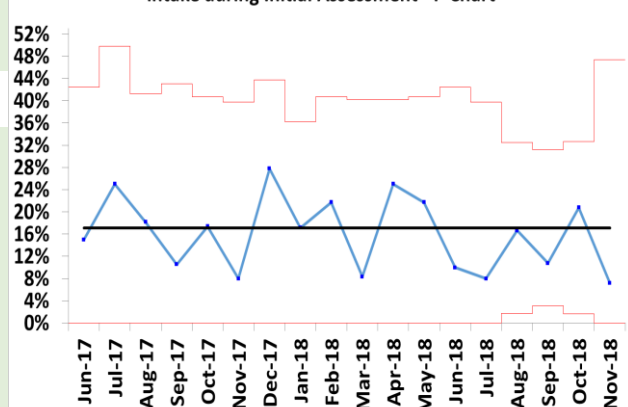
Percentage of CPA Patients who left smoking from initial assessment to follow up



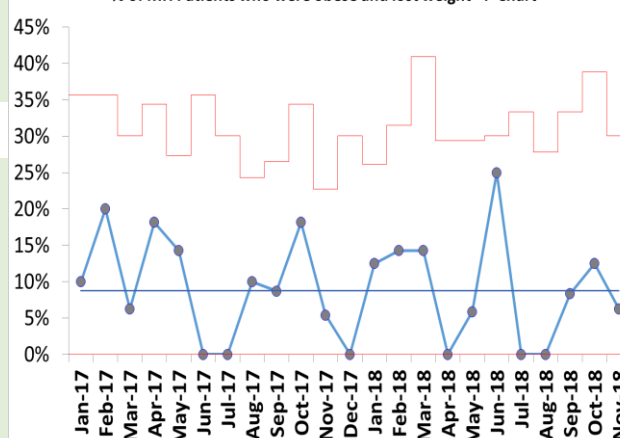
Percentage of CPA Patients whose Physical Check is due and done - P chart



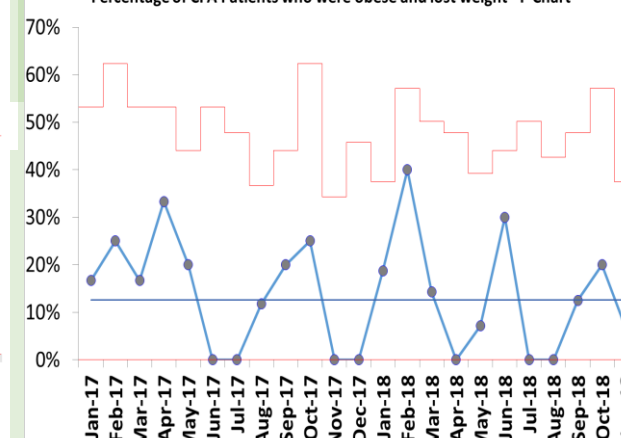
% of CPA Patients Identified to have harmful alcohol intake during Initial Assessment - P Chart



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



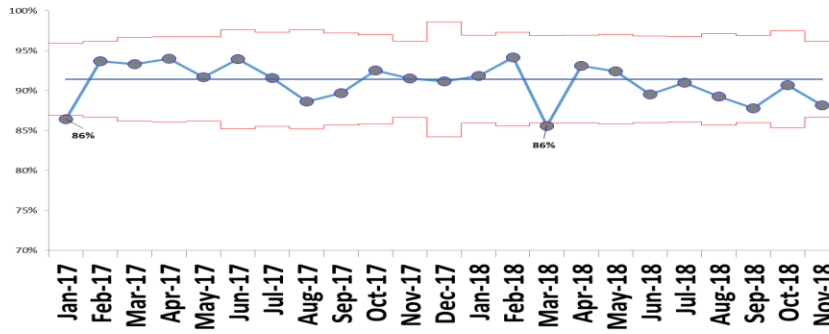
Percentage of CPA Patients who were obese and lost weight - P Chart



IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

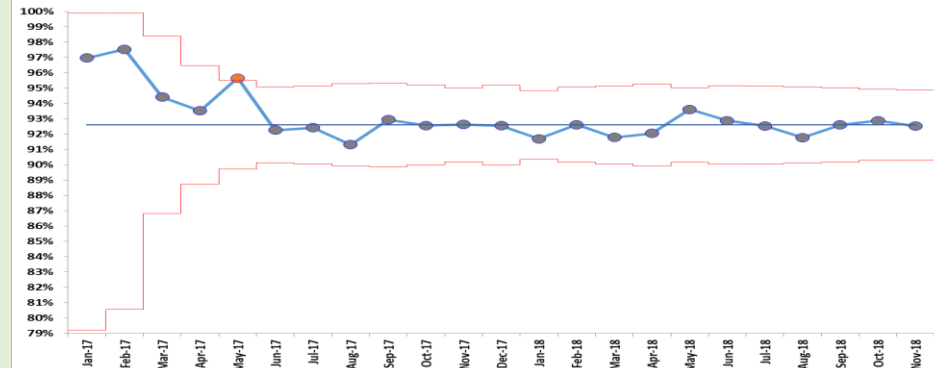
More people that the trust serves will have a decent home

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



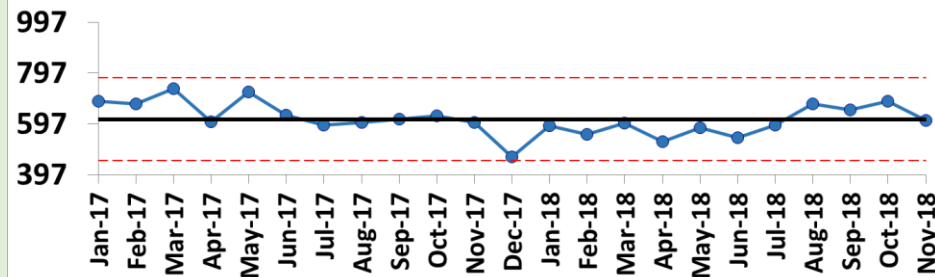
Fewer people that the trust serves will feel lonely

% of Service Users who are satisfied with their social contacts - P Chart

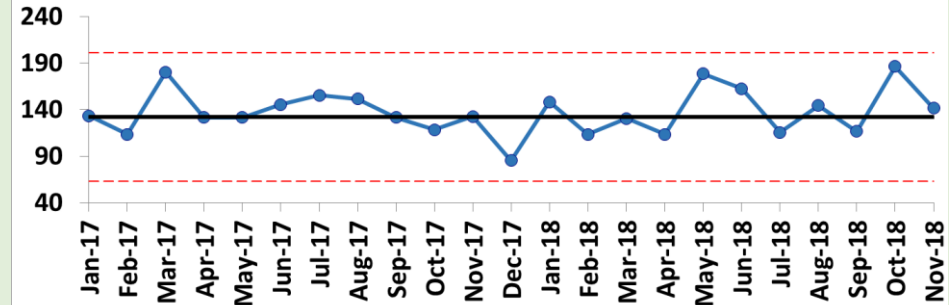


People from the different communities we serve will have improved access to services

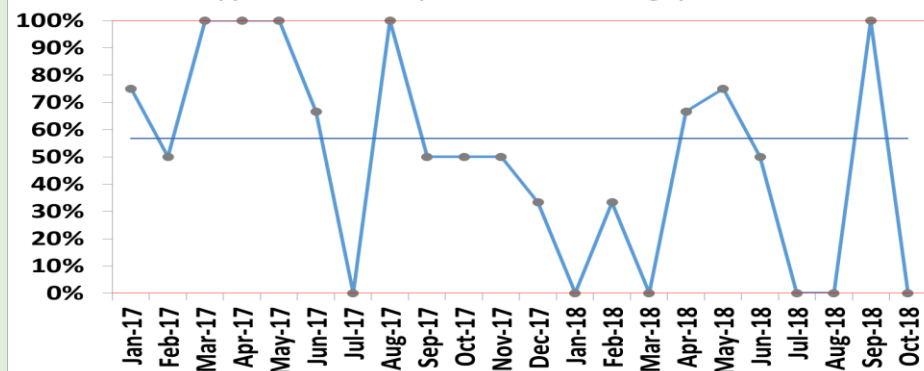
Number of people accessing talking therapies from BME communities - I Chart



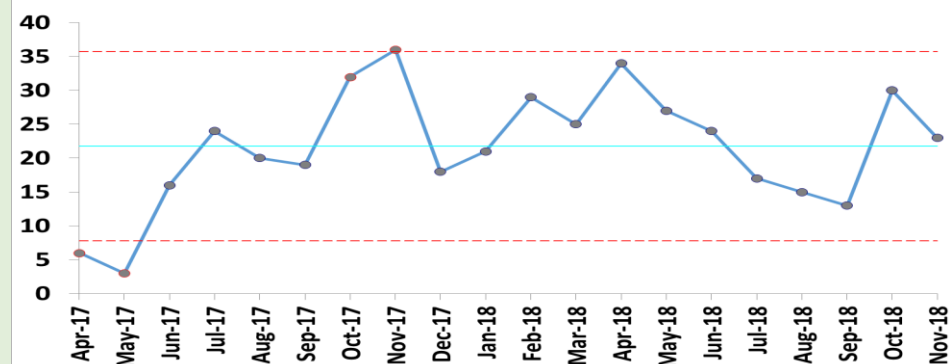
Number of older people accessing talking therapies - I Chart



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

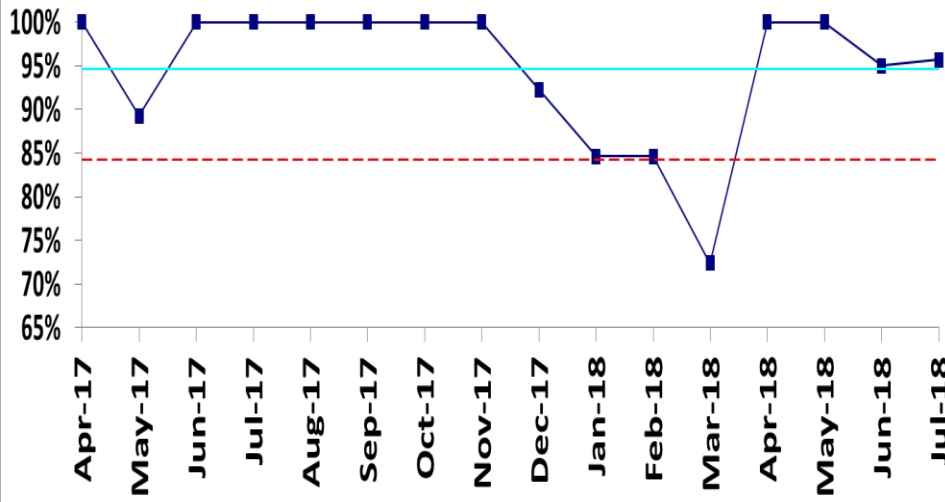


Number of Patients with Learning Difficulties having been Contacted for a Health Action Plan - c Chart

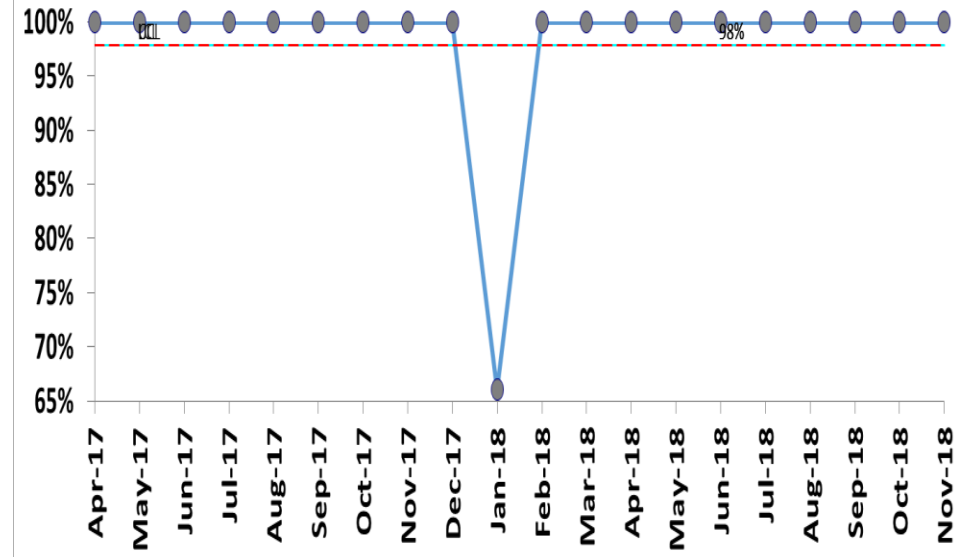


IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

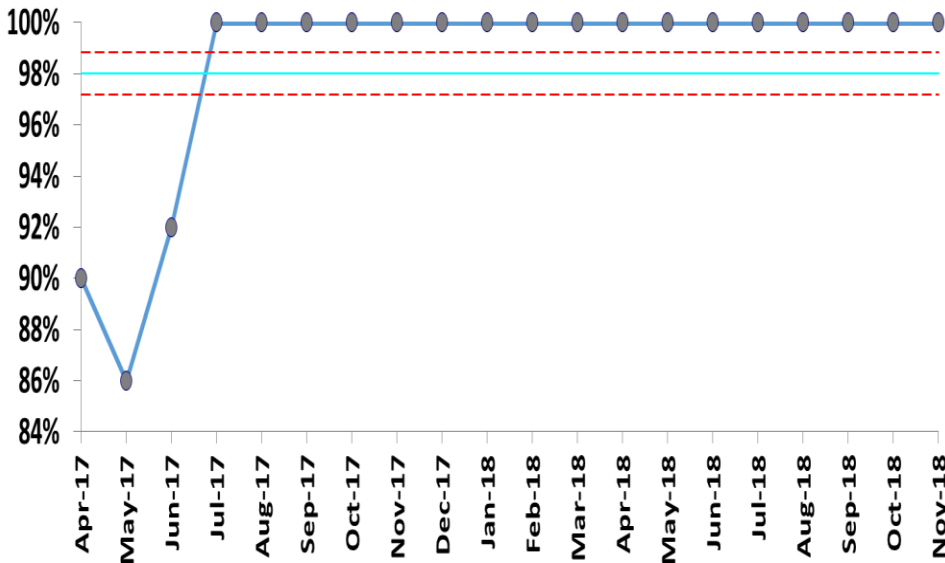
Community Stroke / Neuro Service Newham - % of Patients receiving treatment within 2 weeks of referrals



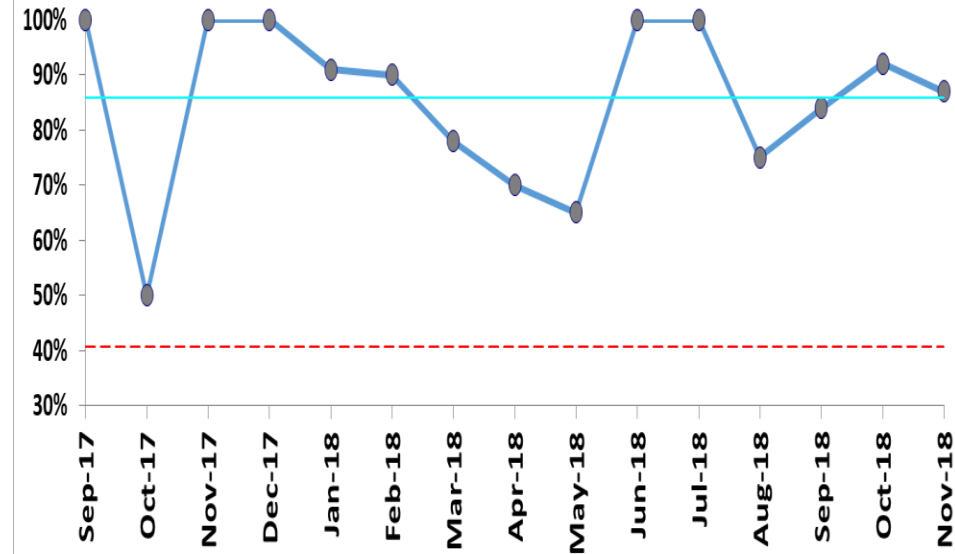
Foot Health Service - % of Urgent Referrals seen within 2 working days



EPCT - Percentage of Urgent referrals within 2 working days

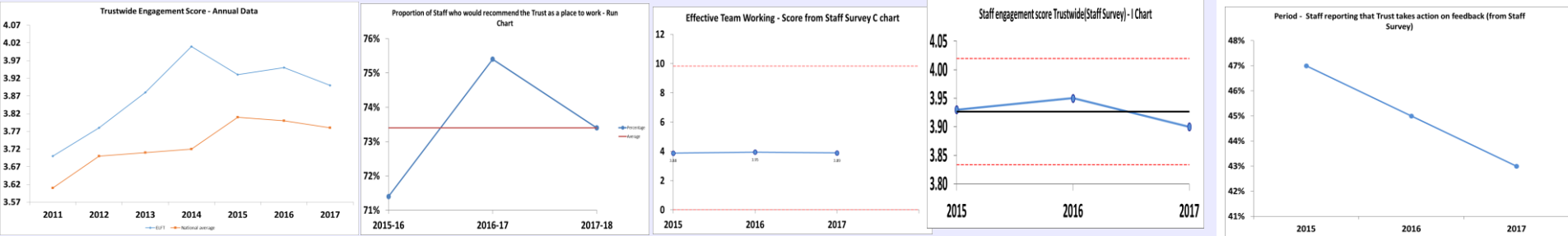


MSK - Urgent Referrals from GP seen by the service within 10 days % Seen

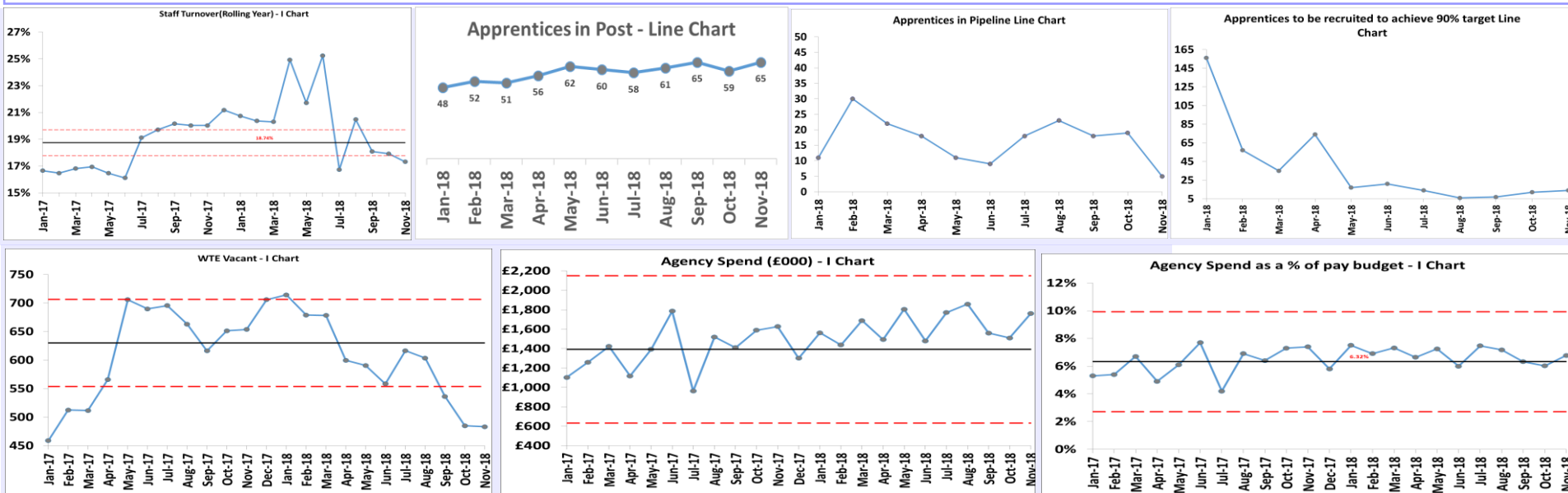


IMPROVED STAFF EXPERIENCE

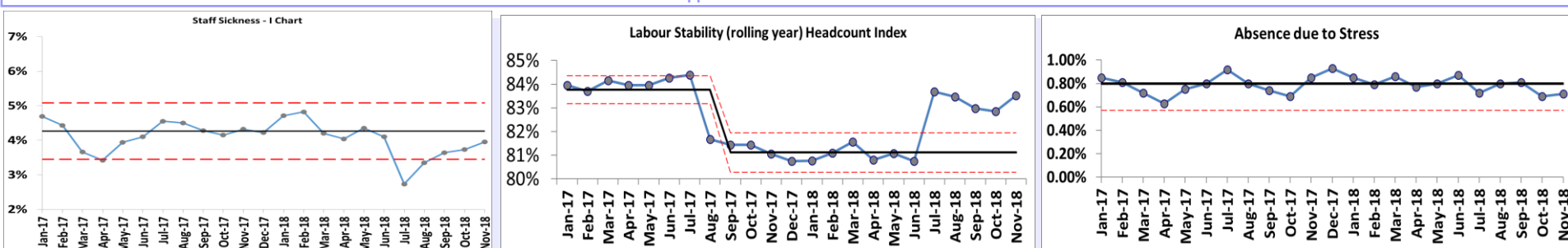
Increased sense of engagement by staff – Annual Figures



The right number of staff with the right skills to provide a service



Staff feel supported and motivated to come to work



KEY

Data available but requires extraction

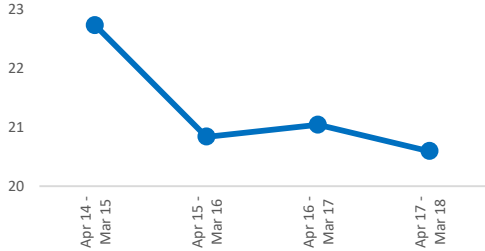
Measure needs to be defined further

Data not available within Trust

IMPROVED VALUE FOR MONEY

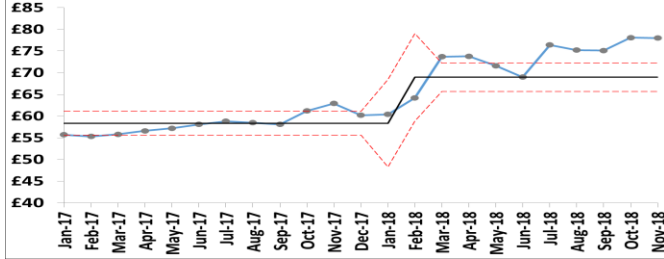
The Trust will improve the utilisation of its estate

Space Utilisation Ratio (m2 per staff)

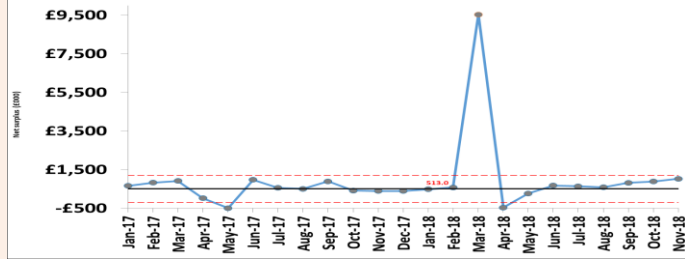


All budget holders will be held responsible for the management of their budgets

Cash in bank (£m) - I Chart

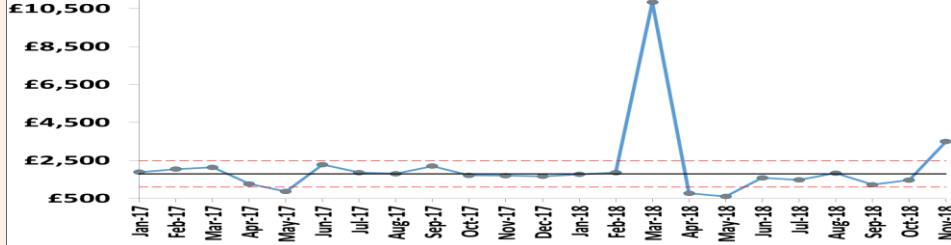


Net surplus (£000) - I Chart

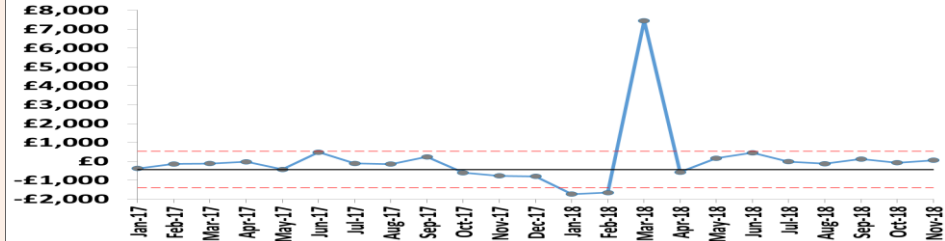


All budget holders will be held responsible for the management of their budgets

EBIT-DA (£000) - I Chart

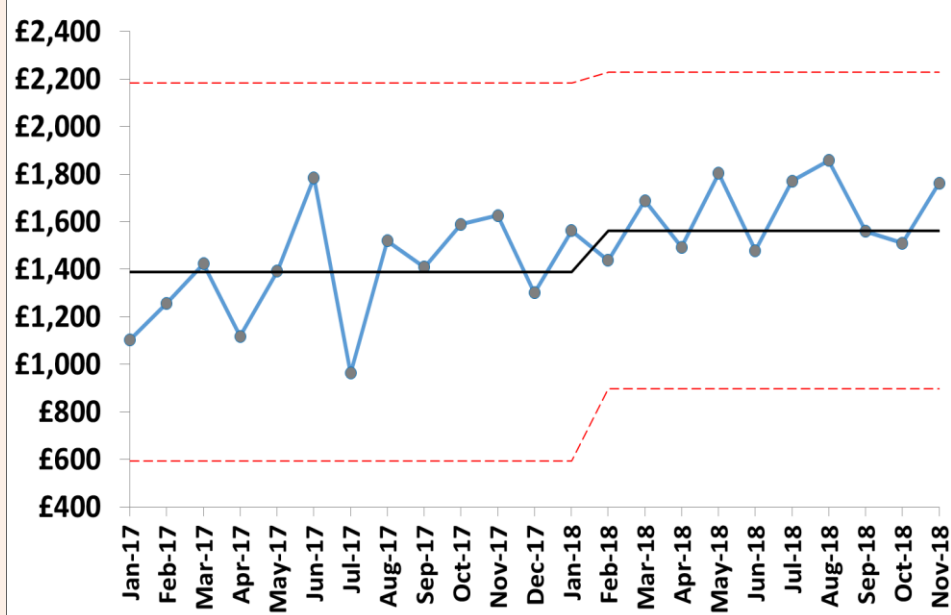


Variance against plan (£000) - I Chart

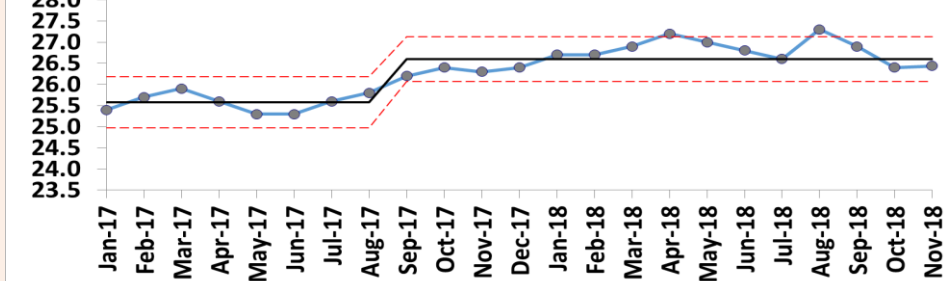


The Trust will increase the efficiency and effectiveness of resource utilisation

Agency Expenditure (£000) - I Chart



Length of Stay Adult Mental Health - Average number of days I Chart



Number of days posts are vacant c Chart
WTE Vacant x No of days in month

