

REPORT TO THE TRUST BOARD: PUBLIC

13 MARCH 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.

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

In relation to improved population health outcomes, the new set of metrics have been signed off and are summarised in the report. Work is commencing to develop our Trust wide approach to improvement against the metrics. It is proposed that the first area of focus will be on employment and loneliness, led by Dr. David Bridle, Medical Director for London Mental Health. Of concern is that flu immunisations of Trust staff are currently at 60%, against a target of 75%. Further flu clinics and roadshows are scheduled in order to increase the vaccination rate.

For improved patient experience, there is very positive progress in the performance of the Tower Hamlets IAPT service, and in psychology waiting times. On 12 February 2019 the Chief Nurse, Head of Quality Assurance and Care Quality Commission had their quarterly engagement meeting on Ash Ward, Oakley Court. The discussion was regarding the leadership of the ward bearing in mind changes, incidents and the Trust plans for relocation of the ward.

In relation to improved staff experience, there is generally good progress across the annual plan priorities, and key metrics such as vacancies, turnover and labour stability remain positive. The 2018 national staff survey results have been published. The Trust has generally maintained its overall positive scores, and the overall staff engagement score remains at 3.91. A report that pulls together a number of sources of data on staff experience will be submitted to the next Board meeting, including the national staff survey results.

For improved value, it is exciting to see that implementation of Rio mobile has now commenced following an extended pilot phase, with very positive initial feedback from teams. The Trust's overall financial performance remains at "1" under the NHSI single oversight framework. The key risk remains delivery of CRES. As at 14th February, the Trust has identified CRES schemes worth

£10.4m, with £1.9m left to identify. As at Month 10, the Trust has achieved £7,465k of CRES savings against an internal plan of £10,133k. The shortfall of £2,668k is due to £1,108k of slippage against identified schemes and £1,560k 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. Discussions have begun with commissioners in East London with regard to possible schemes for 2019/20.

In relation to other performance issues for escalation, performance against the standard of assessing patients referred to mental health services from GPs declined sharply in January 2019. This is largely due to difficulties in getting sufficient medical staffing in some directorates, including locums. All clinical directors have recruitment plans in order to mitigate this risk, but recruitment remains difficult in some areas. Performance has improved in February.

The Trust remains in category “1” of the Single Oversight Framework overall, as it has met all national targets and the financial rating is also “1”.

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

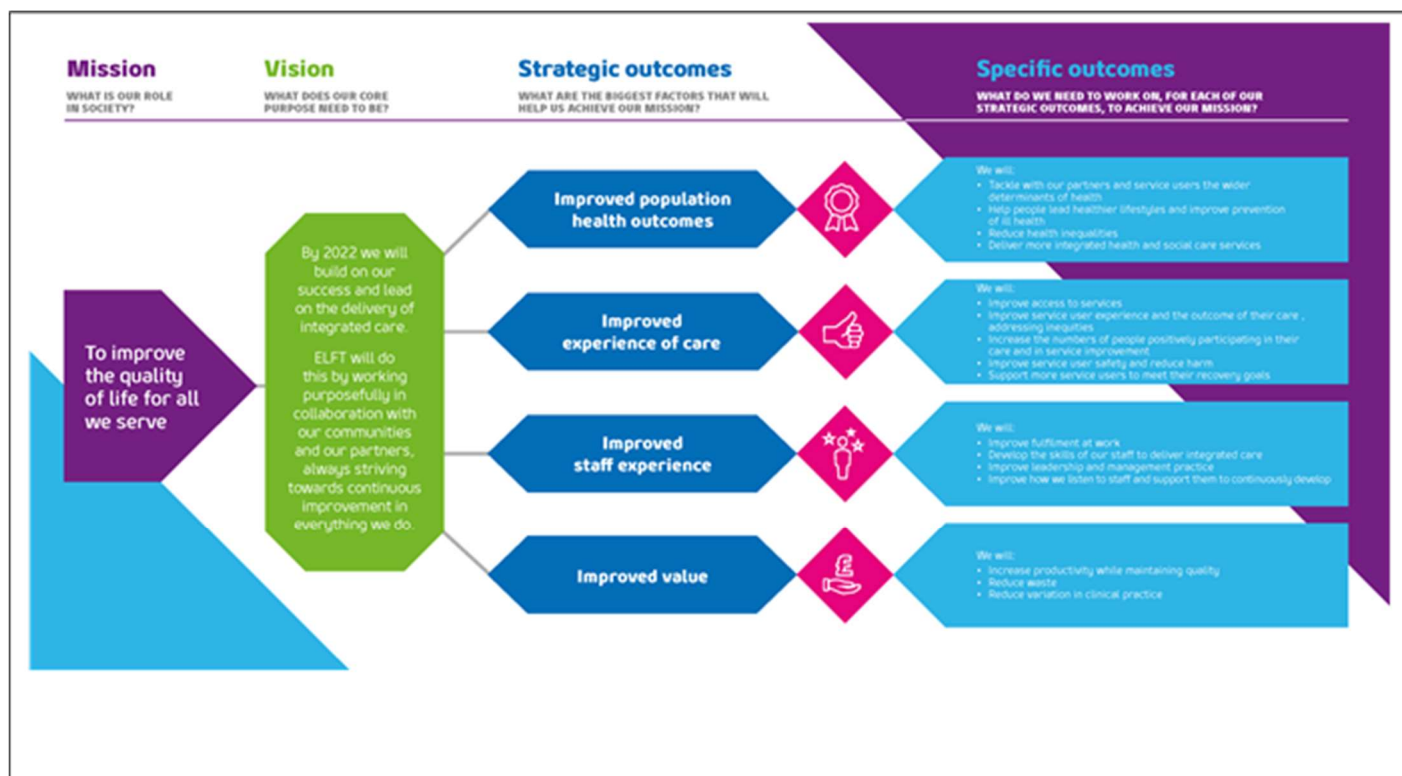
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's equalities work stream.
Risk and Assurance	This report and 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.

Impact	Update/detail
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 Complete
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 In progress
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 Complete
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 In progress

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. This was also subject to Board discussion at the February Board Development Event, as summarised in the Strategy Update paper.

A small suite of population health outcomes and metrics have been developed, to provide a clear framework for improving the health of the populations we serve. The outcomes framework has been developed from the priorities raised during the Big Conversation (which led to the development of the Trust Strategy), and further consideration by service users, carers and staff. The proposed outcomes are as detailed below:

Demonstrably improving population health outcomes (focussing on a small number of priority areas)

In ten years time we want to be able to say.....		
Impact	Outcome	Metric
People the Trust serve will live longer, healthier, lives	Children will have a better start in life	Access rate to CAMHS services
	More people that the Trust serves will lead healthier lifestyles	% of people with a trust contact who smoke; People with SMI with BMI of 25+; successful completion rate for opiate users; people with SMI and LD who have had a physical health check
	More people with long term conditions will be in regular & sustained employment	People with SMI who are in employment, people with LD who are in employment; People who use IAPT who are in employment
	Fewer people that the Trust serves will feel lonely	People who report satisfaction with friendships (Dialog)
	More people that the Trust serves will have a decent home	People with SMI living in stable accommodation, people with LD living in stable accommodation
	People from the different communities we serve will have improved access to services	% of people from BME communities & older people accessing talking therapies; % of people from black communities admitted under MHA in London
	Fewer people will take their own lives	Suicide rate
	People with mental health problems will experience less stigma	People trained by the Trust in Mental Health First Aid; Attendances at recovery colleges
	People who are frail or who have dementia will be able to stay at home for longer	Emergency admission rate for people aged over 65; dementia diagnosis rate; delayed transfer of care
	People will have improved end of life care	People who die in their place of choice
Metric		
Under 75 mortality for people with SMI		
Under 75 mortality for people with LD		
Healthy life expectancy		
	Carers will feel more supported	Carers offered an assessment
	Young people will be better prepared for adulthood	TBD

The metrics selected represent a consensus view on the best proxies for the outcomes, where data is currently available. Work is underway to develop the Board dashboard against the metrics, with most available for reporting directly by the Trust. One metric is still to be determined (young people will be better prepared for adulthood), and work is underway on a small number of metrics where data needs to be sourced externally to the Trust (e.g. emergency admissions for people aged over 65, and suicide rate).

Work is commencing to develop our Trust wide approach to improvement against the metrics. It is proposed that the first area of focus will be on employment and loneliness, led by Dr. David Bridle, Medical Director for London Mental Health.

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 framework has been underway, a suite of metrics is presented in the Trust Board Integrated Dashboard as an example of measures.

Flu immunisations of Trust staff are currently at 60%, against a target of 75%. Further flu clinics and roadshows are scheduled in order to increase the vaccination rate.

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)

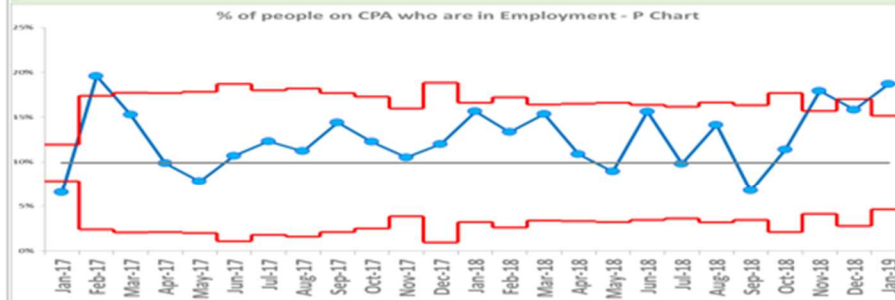
Controlled growth in emergency admissions for people at high risk of admission (or 65+)

Controlled growth in care home admissions

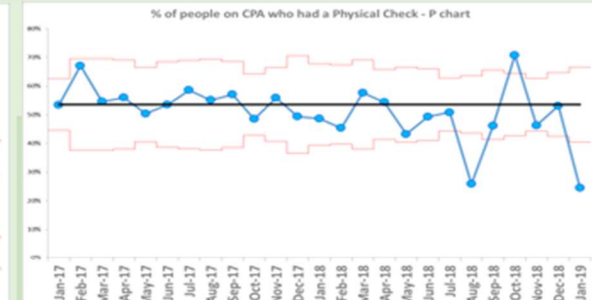
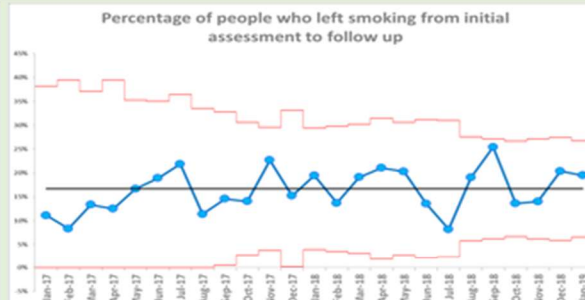
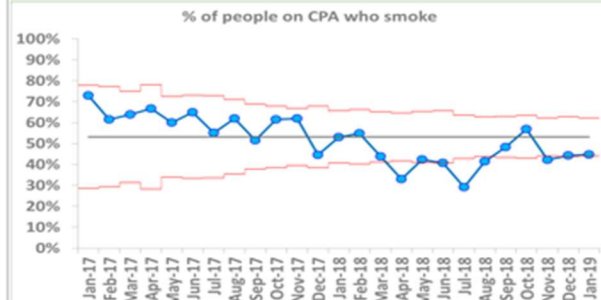
Number of presentations/admissions for self-harm and deliberate injuries in children and young people

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



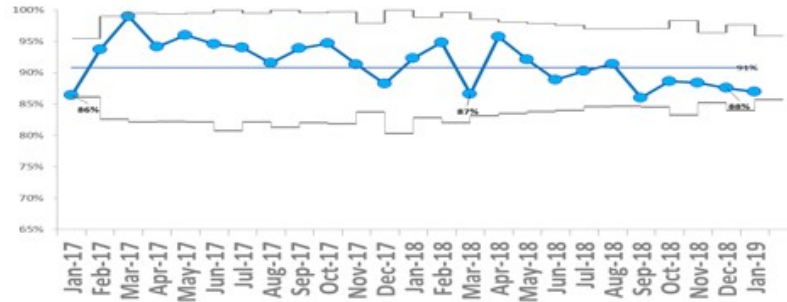
More people that the trust serves will lead healthier lifestyles



IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

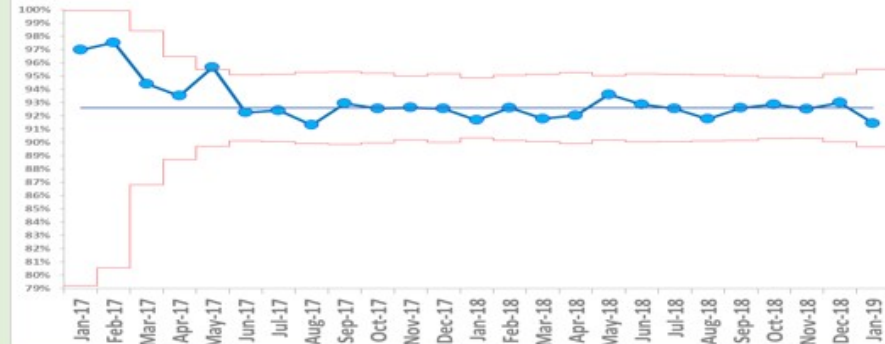
More people that the trust serves will have a decent home

% of People on CPA in Settled Accomodation - P Chart



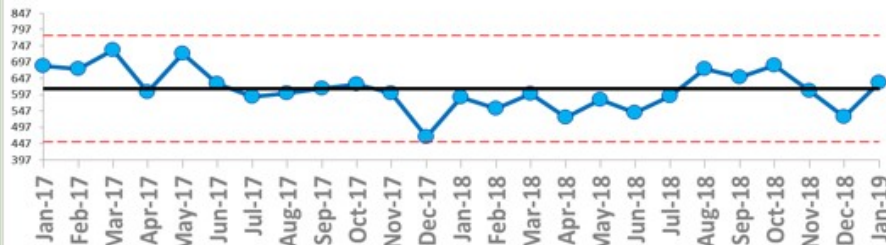
Fewer people that the trust serves will feel lonely

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

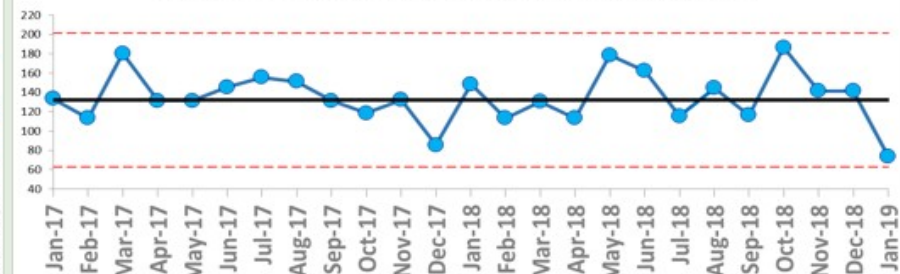


People from the different communities we serve will have improved access to services

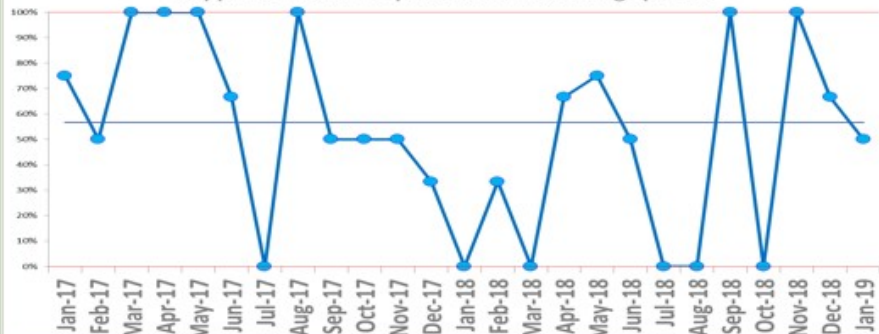
Number of people accessing talking therapies from BME communities - I Chart



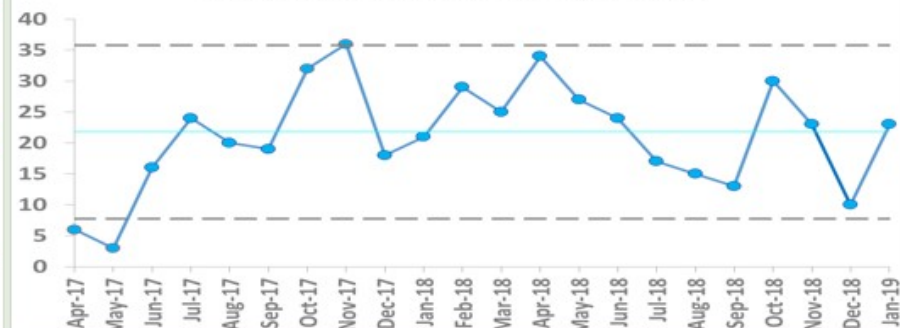
Number of older people accessing talking therapies - I Chart



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



Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
<p>Strategic risk 1: Lack of agreement across local health and care partnerships regarding major plans results in failure to achieve quality and financial objectives</p>	<p>Director of Integrated Care</p> <p>Trust Board</p>	<p>12</p>	<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 • An internal audit of the Trusts engagement with STPs and place based partnership has recently been completed, and action planning underway. The opinion is that “reasonable assurance” can be provided.
<p>Strategic risk 2: Failure to effectively engage with local agencies and communities prevents the development of services and the delivery of improvement</p>	<p>Chief Medical Officer</p> <p>Trust Board</p>	<p>12</p>	<p>The Trust is increasingly working with local partners in order to deliver care and make improvements. In particular the Trusts strategy requires us to engage more intensively with</p>

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
initiatives			<p>the communities and populations we serve.</p> <p>Risk is mitigated by executive engagement, local system governance, and the support of IHI in developing our approach to community engagement.</p> <p>Consideration will be given to amalgamating R1 and R2 at the March Board development event due to the overlap across these two risks.</p>

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 In progress
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 In progress
Improving access to services	Continue to improve access and flow across CAMHS and psychological therapy services in the Trust	Chief Operating Officer	December 2018 Complete
Patients will be more empowered	Implementation of the recovery approach, reduction of restrictive practice and violence	Chief Operating Officer	March 2019 In progress

Executive commentary – Annual Plan Priorities

Dialog dashboards have been further developed, giving team and individual level information on people's satisfaction and experience, as well as enabling the tracking of any changes in this.

Since the last report there has also been significant improvement in waiting times in secondary care psychological therapies services. This builds on the progress in CAMHS services reported in the last Board report. For example, the percentage of patients being seen for assessment within 11 weeks of referral in Tower Hamlets has increased from 56% in September 2018 to 99% in January 2019, and the percentage of patients being seen for treatment within 18 weeks of referral has increased from 34% to 91% in the same period.

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

On 12 February 2019 the Chief Nurse and Head of Quality Assurance had their quarterly engagement meeting on Ash Ward, Oakley Court. Prior to the meeting Jane Ray, CQC

Lead for Mental Health (London) had met with the Ash Ward leadership team and was shown the ward environment. The visit was not an inspection visit and therefore would not have a report or rating. The discussion was regarding the leadership of the ward bearing in mind changes, incidents and the Trust plans for relocation of the ward.

Executive commentary - Integrated Dashboard

The number of restraints and levels of violence remain a concern. The use of restrictive interventions including restraint and seclusion remains 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.

There continues to be a decrease in the number of detained patients who are BME, and a sustained achievement of IAPT recovery rates. The performance of Tower Hamlets IAPT in this context is notable – the service is now achieving both access and recovery targets for the first time since the Trust starting providing the service in October 2018.

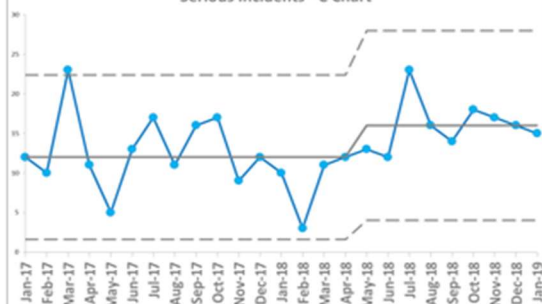
The decrease in BME patients continues to be monitored in order to see whether the trend continues.

IMPROVED PATIENT EXPERIENCE

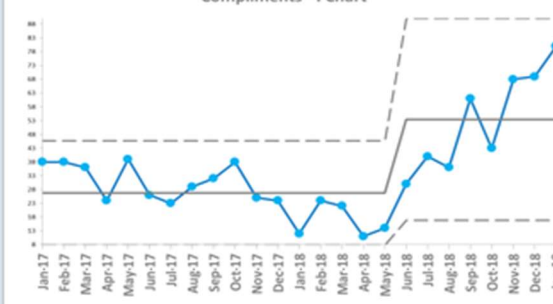
All patients will experience improved access to services

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

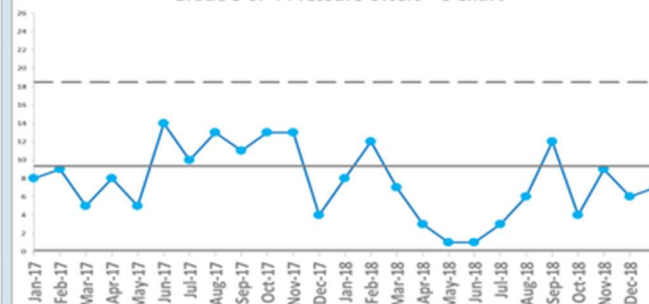
Serious Incidents - C Chart



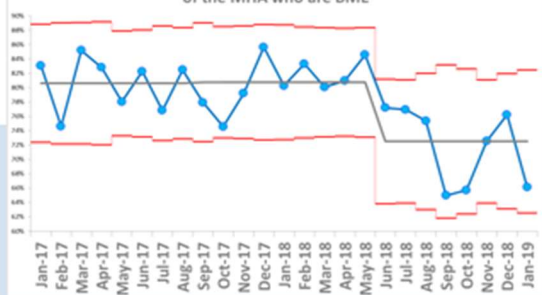
Compliments - I Chart



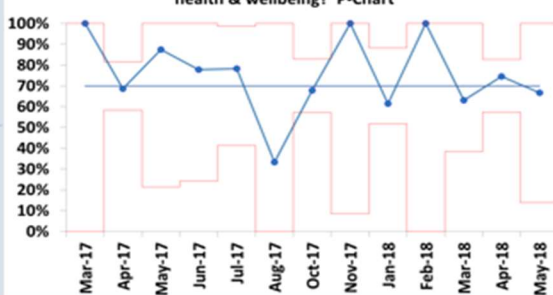
Grade 3 or 4 Pressure Ulcers - C Chart



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

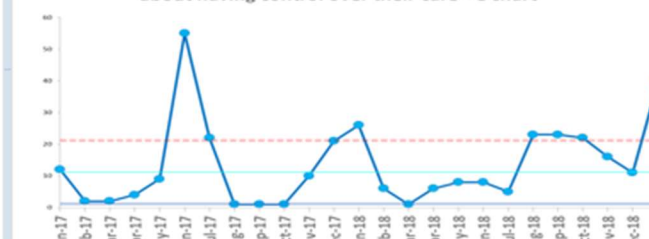


SULSA - Do you feel encouraged to engage with your health & wellbeing? P-Chart



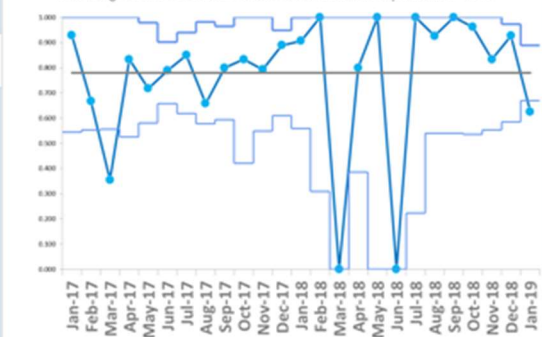
All patients will have more control over what is happening in their care and why

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

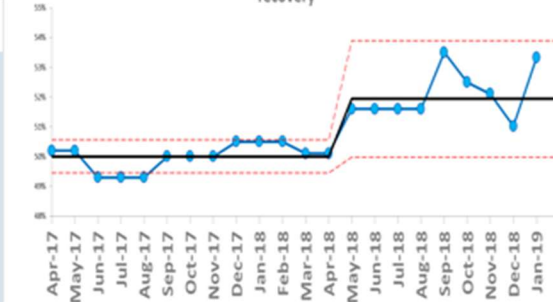


All our services will be designed and developed with service user input

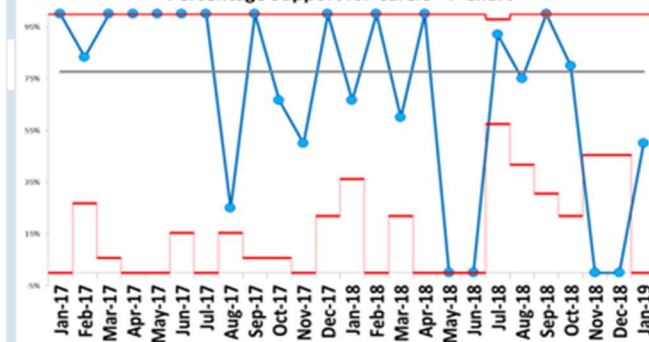
Percentage of Service Users who are satisfied with the care provided - P Chart



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

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. Next update to be provided November 2019 • Capturing service user experience: being taken forward through the service-user led accreditation of services. This framework has been approved and a pilot due to commence in Beds • Evaluation of the implementation of CPA and dialog+: this has been completed, data collected and analysed. A working group has been established to oversee and guide the next phase of the eCPA process including consistency of its use.
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	<p>A series of actions are being taken to reduce the risk target score including:</p> <ul style="list-style-type: none"> • CQC Inspection: The date for the CQC inspection for 2019 has not yet been confirmed. However, plans have already commenced in preparation for the visit which also takes account of feedback from 2018. Good progress has been made with the 'should do' actions with the majority of actions completed. The next step is to audit the impact of the implemented actions. • Community Health CQC Review Programme: Initial discussions taken place and best practice/experience

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
			<p>shared but due to changes in senior leads at Barts and Frimley Park, peer review has not been undertaken. There is still value in undertaking a peer review and the Chief Nurse and Director of Nursing are considering how to progress particularly taking account of the practical challenges when undertaking peer reviews and also acknowledging that this is not necessarily a prime focus for each organisation</p> <ul style="list-style-type: none"> Patient Safety Review: An external review has been commissioned to review patient safety systems and as part of this review, work is being undertaken on a Trust-wide learning lessons framework that triangulates intelligence, findings/feedback and data to enhance the learning across the Trust as well as looking at governance requirements. The review commenced in January 2019 and is expected to be completed by September 2019. There are no major issues or concerns with regards to patient safety within the Trust. Learning is currently undertaken through localised areas and consideration will also be given to systems/digital solutions Monitoring: Through the CQC quarterly engagement meeting and CQC intelligence monitoring any areas of concern/issues/risks can be identified which require action.
Risks 3 and 4			<p>The Quality Assurance Committee continues to seek assurance that the level of variation is being reduced. There are no changes to the risk scoring.</p>

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 In progress
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 Completed
Deliver specific workstreams to address issues of staff experience	Deliver a revised health and wellbeing plan for staff	Director of Human Resources	March 2019 Completed
	Scale up the Enjoying Work QI learning system	Director of Planning and Performance	July 2018 Completed
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 Completed

Executive commentary - Annual Plan Priorities

The Trust's Leadership Committee has been reviewing the Trust's leadership challenges and the current gaps in programmes. The Committee has agreed that the priority gap to address is the development available for first-time leaders. A "Leading People Essentials" course will be commissioned in 2019, and the Trust's collective leadership programme (commencing in April 2019) will also be used to target this group of staff. The second cohort

of our senior clinical leaders programme also commenced in March 2019, with very positive feedback so far.

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 and £64,000 of HEE funding has been secured to develop this work with the BLMK STP.

Phase 2 of the Enjoying Work programme ended 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 @ work campaign to be delivered in 2019.

The equalities plan was presented to the November Board meeting and has been revised in line with feedback from the Board, workforce Committee, Joint Staff side Committee (JSC) and Equality network leads. We have already seen an increase in the number of applications for Clinical Excellence Awards (CEAs) from women consultants.

More detail on work undertaken in relation to health & wellbeing and equalities in in the risk tale below.

As noted in the Strategy Update report, the recent DMT away day included a discussion about the population health of our staff, and two priority areas have been identified for further work, staff aged 16-31 and menopausal women.

Executive commentary - Integrated Dashboard

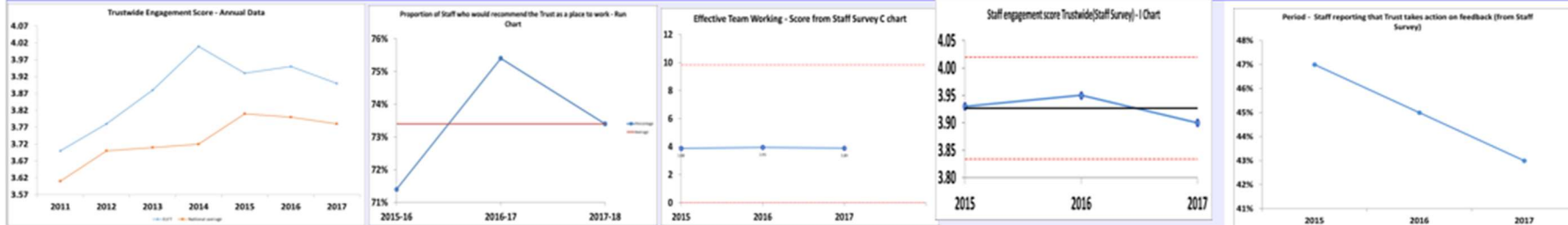
The metrics which are being focused on are related to recruitment and retention, staff experience, and wellbeing.

Staff sickness rates are slightly above the mean, which is usual over the winter period. Vacancy levels and turnover remain relatively low, which increase the labour stability score. Agency spend continues to be fairly constant, but should reduce with the improvement in recruitment. The number of apprentices has increased to 104.

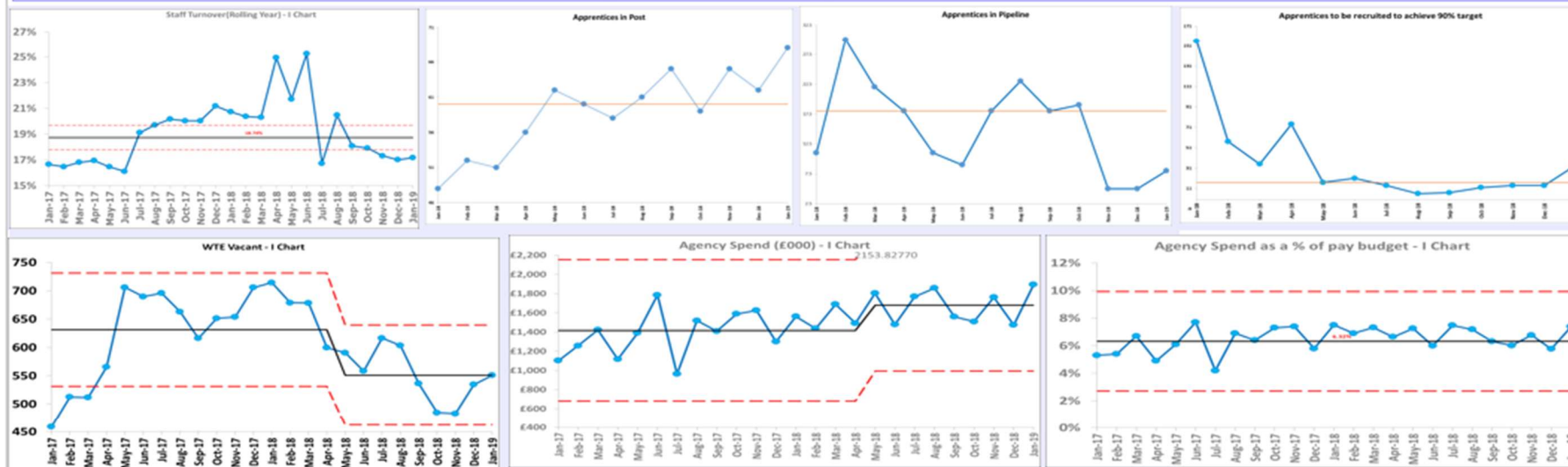
The 2018 national staff survey results have been published. The Trust has generally maintained its overall positive scores, and the overall staff engagement score remains at 3.91. A report that pulls together a number of sources of data on staff experience will be submitted to the next Board meeting, including the national staff survey results.

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

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 score include:</p> <ul style="list-style-type: none"> • Establishment of Workforce Committee which will ensure the delivery of the Workforce Plan • Workforce Plan has been agreed by Board and being implemented; regular updates provided to Appointments & Remuneration Committee from Workforce Committee to provide assurance, identify issues, challenges, etc. • Supporting Equality & Diversity Plan approved • Trust's benefit offering has been reviewed and improved • Focus on retention of staff – current turnover rate has reduced for three consecutive months • Resourcing Team reconfigured to create specific Community Resourcing Teams; work is being undertaken to 'brand' CHS.
Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high	Director of Planning and Performance Appointments & Remuneration Committee	12	2018 Staff Survey response is 48% compared to 50% in 2017. As part of NHS Quest the Trust is exploring a data platform – Go Engage – which will pull together data from different sources including pulse surveys.

Risk description:	Executive/ Committee lead:	Current score:	Executive Commentary:
staff turnover			<p>The Trust is taking a population health approach to staff wellbeing:</p> <ul style="list-style-type: none"> • This was presented to the Corporate Services DMT meeting on 6 February to seek feedback from key stakeholders • Now have a membership with Cavell Nursing (benevolent fund for midwives, nurses and HCAs) • Exploring other benevolent funds for other staff groups • Financial wellbeing • Salary sacrifice electrical roll out – 48 orders totally £56k in a short window • Lease cars have had a good take-up • Wellbeing video produced to elicit staff feedback re roll out of staff benefits scheme which will educate staff in terms of finances, etc. • Dignity & Respect work project launched • Gender Pay Gap: arranging workshops for consultants who are women and/or BAME • Enjoying Work QI programme • Briefings held for EU staff re EU Exit and resettlement arrangements. Trust initially paid the £65 fee (this has now been scrapped by the Government)
Risks 5 and 6			<p>In recognition of the significant work that has been undertaken, the Committee will review the scoring of this risk at its meeting in April 2019.</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 In progress
Utilisation of mobile working	Roll out mobile working solutions (Rio and EMIS mobile)	Chief Information Officer	December 2018 EMIS – complete Rio – in progress
Delivering the efficiency savings programme	Identifying an additional £6m of CRES savings and delivering to plan	Director of Commercial Development	March 2019 In progress
Increased space utilisation	Further reduction of floor space per member of staff through modern working and estates utilisation	Director of Estates	March 2019 In progress

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 commenced 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.

Implementation of mobile working in community health services in Tower Hamlets and Newham is complete, with very positive outcomes, as reported previously. Implementation of Rio mobile has now commenced following an extended pilot phase, with very positive initial feedback from teams.

Details of the CRES programme are set out in the commentary below.

The Director of Estates and the Chief Information Officer are developing an agile working strategy, and pilots are taking place.

Executive commentary - Financial performance

A summary of financial performance is as follows:

- Underlying net surplus of £5,281k (1.6%) compared to planned net surplus of £6,563k (1.9%).
- Underlying year to-date adverse net surplus variance of £1,283k.
- Reported year to date favourable net surplus variance of £103k after adjusting for phasing of CRES plans and allocating non-recurrent support.
- Overall Risk rating of “1” to the end of January 2019.
- Cash balance of £80.5m as at the end of January 2019.

Operating Income

Operating income at Month 10 is behind plan by £1,401k, and assumes the Trust fully delivers all CQUIN and outcome elements of contracts.

The position includes £2,628k PSF income to January 2019, since the Trust has met the control total at the end of quarter 3 and expects to meet the control total in 2018/19.

The Month 10 position includes a reduction of £447k against East London Mental Health contracts in recognition of slippage against 2018/19 investments, net of QIPP plans not identified and CQUIN not met in Q1. 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 (-£183k) and spot purchase income (-£1,087k), offset in part by income from associate commissioners (+883k).

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 November 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 £444k calculated on Month 9 activity, and would be £493k if applied at Month 10.

The Trust is assuming receipt of income from Barts Health relating to legacy agreements for provision of liaison services. The invoices relating to 2017/18 remain unpaid, and there is an ongoing process involving the two parties and local CCGs to agree how these services should be funded. Should this not be resolved, there is a risk against the reported income position of up to £0.8m YTD.

Operating expenditure

The Trust is reporting an underlying adverse variance of £204k against operating expenditure at 31st January 2019.

The key driver of the Trust overspend remains performance against the CRES plan as detailed under 3.6.

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 £1,035k to the Month 10 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 14th February, 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 10, the Trust has achieved £7,465k of CRES savings against an internal plan of £10,133k. The shortfall of £2,668k is due to £1,108k of slippage against identified schemes and £1,560k 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 £14,156k for 2018/19.

Agency expenditure to Month 10 was reported at £16,602k, which is £4,805k above the agency ceiling (40.7%).

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. 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.

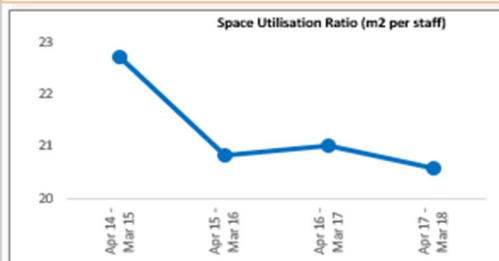
Summary

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).

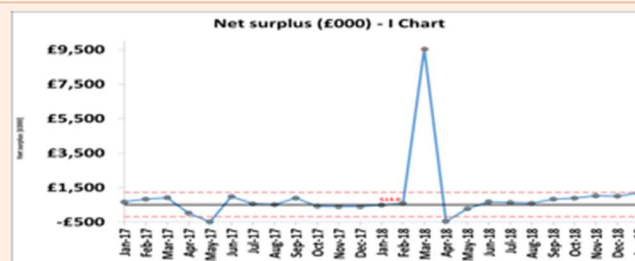
Underlying financial performance at Month 10 is adverse against plan by £1,283k, with a reported favourable variance against plan of £103k after phasing and non-recurrent support adjustments.

IMPROVED VALUE FOR MONEY

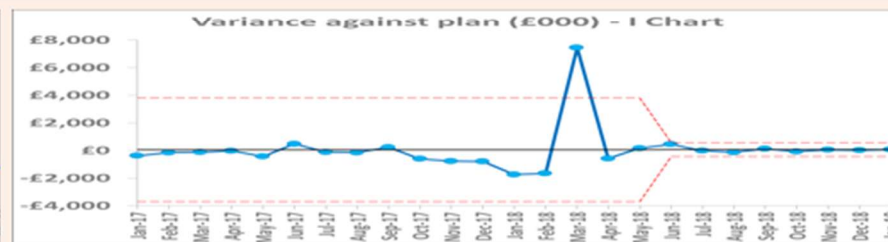
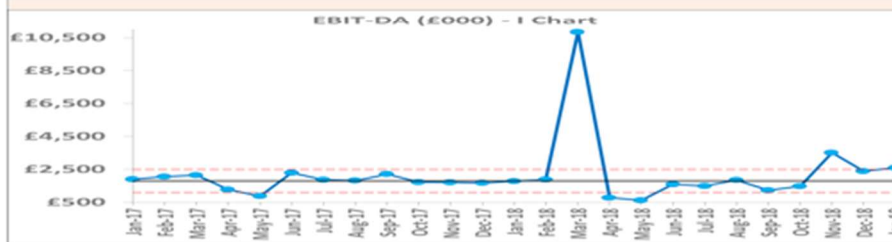
The Trust will improve the utilisation of its estate



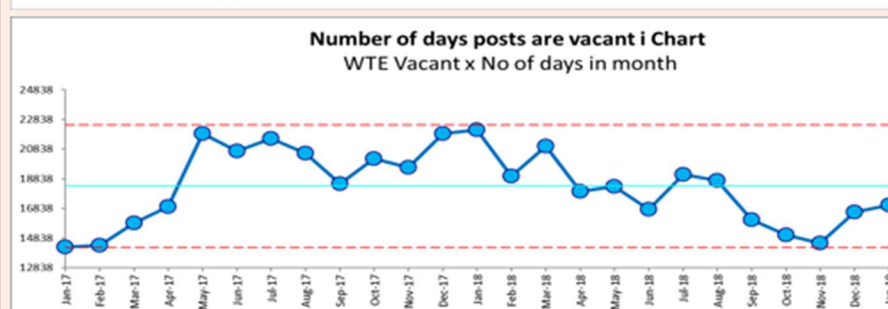
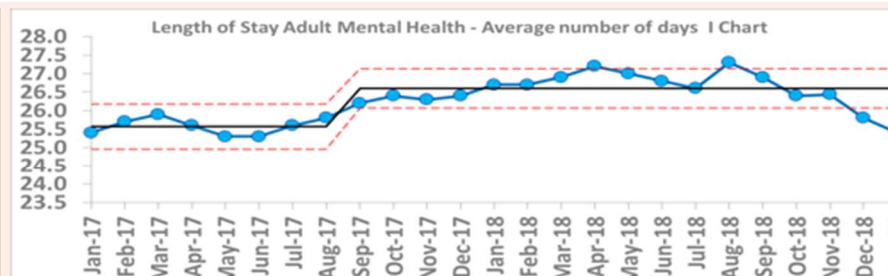
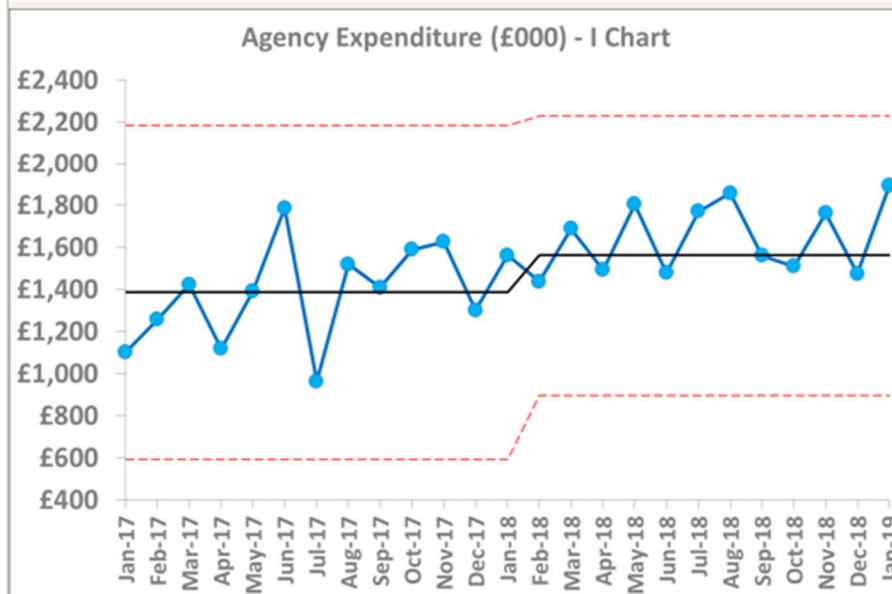
All budget holders will be held responsible for the management of their budgets



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



The Trust will increase the efficiency and effectiveness of resource utilisation



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>Further work is taking place with the Chief Operating Officer and Directorates to track delivery of schemes.</p> <p>The gap to meet financial viability is narrowed with non-recurrent sources to address the gap</p> <p>Paper with details of delivery and plans to address non recurrent sources recurrently is scrutinised at FBIC.</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 financial viability challenge – including a focus on waste reduction Ongoing discussions at Executive Management weekly meetings to identify plans to address the 2018/19 financial gap as well as at FBIC, Board meetings and Board development sessions – as well as for 2019/20. <p>In the light of the above work on the Trust's Financial Viability Strategy, the Board will review the risk scoring at the Board Away Day.</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 and data stability. However, there is also a risk around the quality of data entry that needs further, longer term work, and</p>

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
			<p>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 • There is a risk around the quality of data entry which is being considered • Weekly meetings at an operational level include discussions/updates on informatics to improve the robustness of data reporting • Digital Programme Board is reviewing the Trust's digital ambition (which links into estates strategy). • Programme Board of Digital Visualisation Programme has been established • FBIC received a detailed presentation on the Trust's Digital & Capital Plan. <p>No change to risk rating: the Committee agreed that the actions taken so far will not yet affect/have an impact on the likelihood and consequence scorings.</p>

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		Reported year to date favourable net surplus variance of £103k after adjusting for phasing of CRES plans and allocating non-recurrent support. Overall Risk rating of "1" to the end of January 2019.
Operational Performance		The Trust has now met the target for the Data Quality Maturity Index in previous quarters.
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

NHS Improvement operational performance metrics

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

The Trust is currently meeting all targets. The Data Quality Maturity Index Score has increased from 89% in Q2 to 96% in Q3, and now meets the target.

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.

There have been zero out of area placements since July 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 : Jan 19

Target : 50%



Number of people starting treatment within 2 weeks of Referral

Month
Jan 19
38

Total Waiters

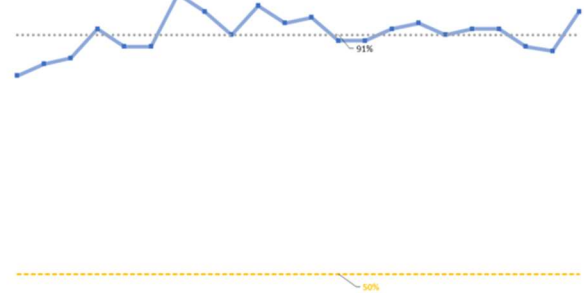
40

% of people starting treatment within 2 weeks of Referral

95%

Performance is well above the target for the Trust.

Proportion of people with a first episode of psychosis



NHSI Single Oversight Framework Operational Performance Metrics

Data Quality Maturity Index

Reporting Month : Jan 19

Target : 95%

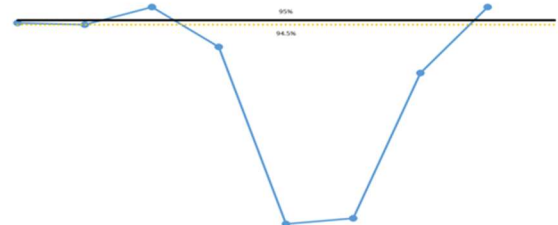


DQMI(%)

	Jul-Sep18	Apr-Jun18	Jan-Mar18	Jul-Sep17
DQMI(%)	96.4	89.3	73.6	92.1

For this indicator the current performance for this current performance is above target. There are clear signs of improvement.

Data Quality Maturity Index(DQMI_9)



Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : Jan 19

Target : 50%



% of patients completing a course of IAPT treatment moving to recovery

Current Month
Jan 19
53.0%

Dec18
51.02%

For this indicator both current performance and median performance for the period is above target. There are clear signs of improvement with 11 months above the median

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



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 : Jan 19

Target : 75%

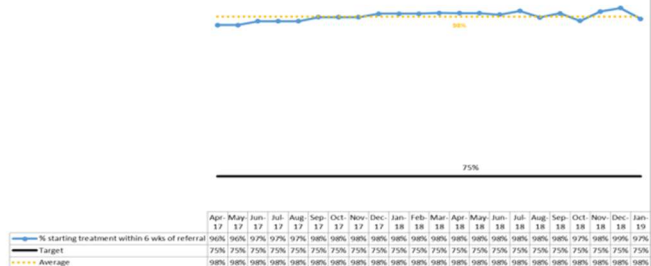
% of patients having Treatment within 6 weeks of referral

Current Month
January 19
97%

December 18
99%

For this indicator both current performance and average performance for the period is above target. This indicator is showing continuous improvement during the last 6 months.

Improving Access to Psychological Therapies - Patients starting treatment referred within 6 weeks of referral



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



Reporting Month : Jan 19

Target : 95%

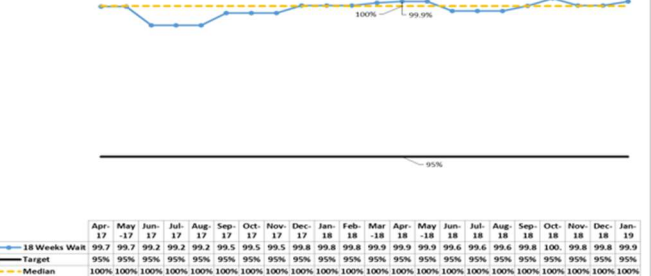
% of patients having Treatment within 18 Weeks of referral

Current Month
January 19
99.9%

December 18
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 January 2019.

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



NHSI Single Oversight Framework Operational Performance Metrics

Out of Area Placements – Number of Occupied Bed Days

Reporting Month : Jan 19

No Target

Out of Area Placement
Number of Bed Days

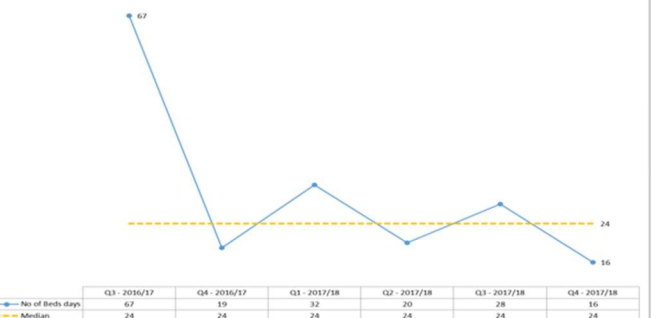
Quarter 1
2018/19
4

Quarter 4
2017/18
16

Quarter 3
2017/18
28

This is a new indicator. There is no target for this indicator. No Data from July onwards.

Mental Health - Out of area placements



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. Some directorates are now meeting the 95%, and more detailed work is being done in areas where performance is below target.

Assessments within 28 days – performance declined sharply in January 2019. This is largely due to difficulties in getting sufficient medical staffing in some directorates, including locums. All clinical directors have recruitment plans in order to mitigate this risk, but recruitment remains difficult in some areas. Performance has improved in February.

CPA care plans in date – as above, performance in this area is largely affected by under performance in some directorates/teams, and detailed plans are in place and monitored in monthly performance meetings. Additional performance meetings have been put in place at team level, chaired by clinical directors.

National and Local Indicators

7 day Follow up Adult Services

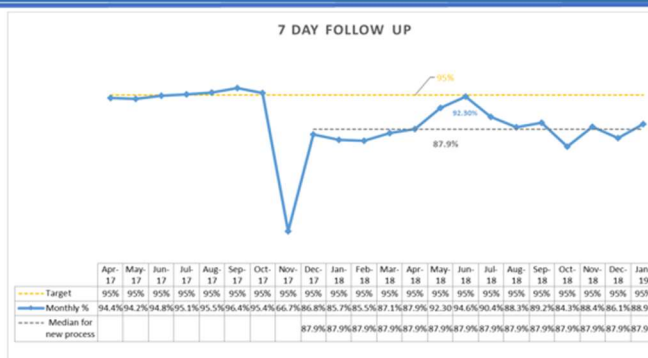
Reporting Month : Jan 19

Target : 95%



	Month Jan 19	Previous Month Dec 18
Discharged	362	333
Follow Up	407	387
% Follow Up	88.94	86.05

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 87.9% - 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, from October to December 18 the figures have declined with December figures below the median. January 19 is within normal variation again.

ADULT CMHT

Patients seen within 28 Days of GP Referrals

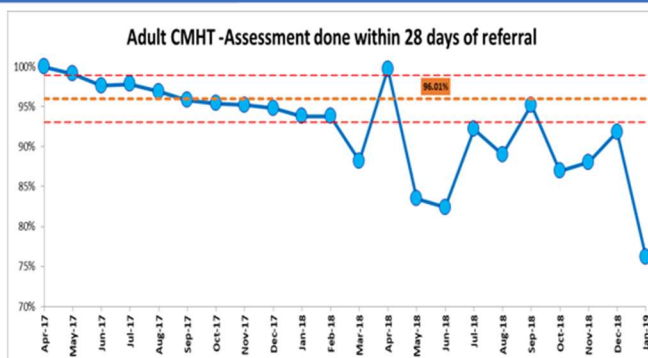
Reporting Month : Jan 19

Target : 100%



	Current Month Jan 19	Previous Month Dec 18
Assessment Done within 28 days of Referral	76.15%	91.08%

May to August 18 have shown a concerning decline with four months below the lower process limit. The last 4 months of data are now showing common cause variation, November and December 18 were showing a slight incline, January 19 is showing quite a significant decrease in the process.



National and Local Indicators

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

Reporting Month : Jan 19

Target : 95%

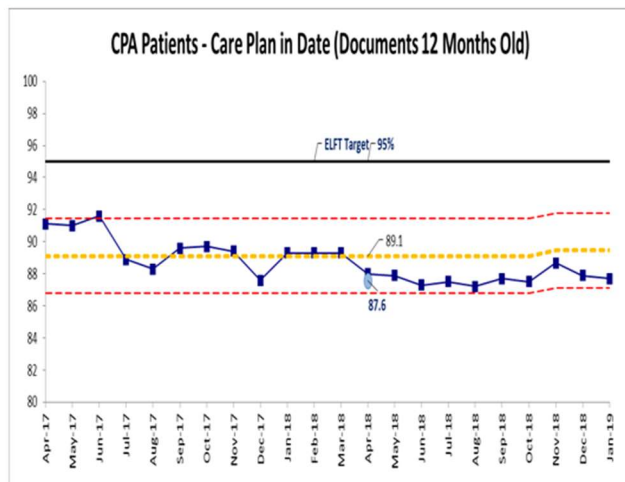


Care Plan In Date
Document 12 Months Old

	Current Month	Previous Month
	Jan 19	Dec 18
	87.7%	87.9%

Average is 89.1%

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



7.0 Recommendations and Action Being Requested

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