

**REPORT TO THE TRUST BOARD - PUBLIC
9 MAY 2018**

Title	Strategic Activity Update
Author	Mason Fitzgerald, Director of Planning and Performance
Accountable Executive Director	Mason Fitzgerald, Director of Planning and Performance

Purpose of the Report:

The aim of this report is to provide the Trust Board with an update on key areas of the Trust's strategic decision-making, planning and management.

Summary of Key Issues:

National reports from the Care Quality Commission on the mental health act, and NHS England on workforce race equality, are being reviewed in order to inform the Trust's work in these areas.

In the Sustainability & Transformation Partnerships, the main developments are as follows:

North East London

- Development of an estates plan
- Bid to be a local health and care record exemplar
- Successful bid for Individual Placement Support services funding
- Bid for perinatal services funding
- Plans to deliver the mental health five-year forward view.

Bedford, Luton & Milton Keynes

- Development of the primary care home model
- Successful bid for Individual Placement Support services funding
- Bid for perinatal services funding
- Plans to deliver the mental health five-year forward view.

The Trust's Operational Plan for 2018-19 has been submitted to NHS Improvement. This is a refresh of the two-year plan submitted last year.

A separate paper follows regarding the development of the Trust's five-year strategy.

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

Improved patient experience	<input checked="" type="checkbox"/>	This paper covers the Trust's strategic planning process and strategy development, and therefore supports all of the Trust's strategic priorities.
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/Meeting
18 April 2018	Service Delivery Board

Implications:

Equality Analysis	The service developments in this paper, particularly the development of IPS and perinatal services, are specifically designed to address inequalities for service provision and outcomes for people with mental health problems
Risk and Assurance	The developments in this report provide assurance that the Trust is effectively engaging with external partners, developing services to improve patient care and outcomes, and maintaining value for money.
Service User/Carer/ Staff	The service developments in this report should have a direct beneficial impact on service users and carers. They also provide increased opportunities for the development of staff, through the provision of specialist services.
Financial	The acquisition of additional income has positive financial benefits for the Trust.
Quality	Service developments are specifically designed to improve quality.

1.0 Background/Introduction

- 1.1 The Trust operates in an increasingly more complex and diverse health and social care economy which is continually changing and developing the landscape of health and social care commissioning and service provision.
- 1.2 This report includes horizon scanning, which involves the systematic examination of potential threats, opportunities and likely future developments in order to assess the trust's readiness to respond to threats and opportunities and to ensure it remains both resilient and opportunistic.
- 1.3 The external drivers for change place increasing demands upon the Trust's capacity for strategic decision-making, planning and management. The pace and volume of change is increasing and it is therefore important that senior decision-makers within the Trust are kept abreast of strategic developments, both internally and externally. This report aims to fulfil this requirement.
- 1.4 The Trust is part of two Sustainability and Transformation Plan (STP) footprints: North East London; and Bedfordshire, Luton & Milton Keynes. The footprints are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and local other health and care services who together have developed Sustainability and Transformation Plans (STPs) for accelerating the implementation of the Five-Year Forward View (5YFV).
- 1.5 The main purpose of STPs is to set out how each local area will, by 2021:
 - Close the health and wellbeing gap.
 - Close the care and quality gap.
 - Close the financial and efficiency gap.
- 1.6 As part of its commitment to the STPs, the Trust is required to develop and submit a two-year operational plan, aligned to each of the STPs. This is referred to as the Operational Plan 2017-19.

2.0 Update on the National Context: Emerging Themes, Policies and Initiatives

- 2.1 Care Quality Commission: 'Monitoring the Mental Health Act in 2016/17'

This annual report which uses data from monitoring and inspection visits undertaken during 2016/17, reports limited or no improvement in the key concerns that have been raised in previous years. It concludes that mental health services are not doing enough to ensure that people whose liberty has been restricted under the Mental Health Act are able to exercise their rights and that this situation is not improving.
- 2.1.1 The report concluded that there has been:
 - No improvement in aspects of care-planning that are important to supporting the recovery of patients and their discharge from inpatient services. These include involving patients in developing their care plans (32% found no evidence); making sure the views of patients are considered (31% found no evidence); whether clinicians had considered less restrictive options for supporting patients (17% found no evidence); or, making a record of the plans for discharging patients back home (24% found no evidence).

- One in ten records showed that people had not been informed of their legal rights on admission.
- Despite the importance of physical health checks for people with serious mental illness, CQC found that 8% of people reviewed had not had a physical health check completed when they were admitted to a psychiatric ward.

2.1.2 The CQC is encouraging individual providers and commissioners to review their practice against the findings and to address the long-running issues that are flagged up every year. Managers of mental health providers are asked to understand how the Act is being used locally, and use this intelligence to improve their services. This is a feature of an organisation that is well-led.

2.1.3 The report will be discussed at the Quality Committee in order to check that the Trust's quality workstreams are addressing the issues raised.

2.2 NHSE: 'Employee engagement, sickness absence and agency spend in NHS trusts'
NHS England have just published new research showing improved staff engagement is linked to lower staff sickness absence and reduced agency staffing costs. The independent research commissioned by NHS England from the Kings Fund linked trust data from 2016/17 (and, for some measures, for the previous year) from the NHS Staff Survey (employee engagement), NHS Digital (sickness absence), and NHS Improvement (agency and bank staff spend). Sickness absence rates vary more than two fold between NHS trusts, and there are also large variations in trusts' staff engagement scores. The analysis concludes that there is clear evidence that trusts with higher engagement levels have lower levels of sickness absence among staff, and also have lower spend on agency and bank staff.

2.2.1 This link is evident from internal Trust data in these areas. A separate report is on the agenda regarding the National Staff Survey.

2.3 Public satisfaction with the NHS and social care in 2017
Since 1983, NatCen Social Research's British Social Attitudes (BSA) survey has asked members of the public about their views on, and feelings towards, the NHS and health and care issues generally. The latest survey was carried out between July and October 2017 and asked a nationally representative sample about their satisfaction with the NHS overall, and satisfaction with individual NHS and social care services.

2.3.1 Satisfaction with the NHS overall:

- Public satisfaction with the NHS overall was 57% in 2017 – a 6% drop from the previous year. At the same time, dissatisfaction with the NHS overall increased by 7% to 29% – its highest level since 2007.
- Older people were more satisfied than younger people: 64% of those aged 65 and over were satisfied with the NHS in 2017 compared to 55% of those aged 18 to 64. Between 2016 and 2017, satisfaction fell among all age groups.
- The four main reasons people gave for being satisfied with the NHS overall were: the quality of care, the fact that the NHS is free at the point of use, the attitudes and behaviour of NHS staff, and the range of services and treatments available.

- The four main reasons that people gave for being dissatisfied with the NHS overall were: staff shortages, long waiting times, lack of funding, and government reforms.

2.3.2 Satisfaction with NHS and social care services:

- Satisfaction with GP services fell to 65% in 2017 – a 7% drop from the previous year. This is the lowest level of satisfaction with GP services since the survey began in 1983 and the first time that general practice has not been the highest rated service.
- Satisfaction with outpatient services was also 65% in 2017. The change from the previous year was not statistically significant.
- Satisfaction with inpatient services was 55% in 2017, down by 5% from 2016.
- Satisfaction with accident and emergency (A&E) services was 52% in 2017. The change in satisfaction from 2016 was not statistically significant.
- Satisfaction with NHS dentistry services was 57% in 2017. The change from the previous year was not statistically significant.
- Satisfaction with social care services was 23% in 2017. The change from the previous year was not statistically significant. At the same time, dissatisfaction with social care services increased by 6% in 2017 to 41%.

2.4 NHS England and NHS Improvement: Working Closer Together

NHSE and NHSI recently announced key steps they will be taking to bring their organisations closer together from September 2018. Their aim is to establish the following working arrangements:

- Increased integration and alignment of national programmes and activities – one team where possible
- Integration of NHSE and NHSI regional teams, to be led in each case by one regional director working for both organisations, and a move to seven regional teams to underpin this new approach

A more joined-up approach across the two organisations should enable them to:

- Work much more effectively with commissioners and providers in local health systems to break down traditional boundaries between different parts of the NHS and between health and social care
- Speak with one voice, setting clear, consistent expectations for providers, commissioners and local health systems
- Use their collective resources more effectively and efficiently to support local health systems and the patients they serve
- Remove unnecessary duplication and improve the impact from their work, delivering more for the NHS together than they do by working separately

The two organisations will still have distinctive statutory responsibilities and accountabilities and the legislation means that a formal merger between them is not possible. They will be working with their staff and partners over the coming months on the details of how this new approach will work, designing joint ways of working, and agreeing how they will measure success with all of the organisations that they will affect.

2.5 NHS Workforce Race Equality: a Case for Diverse Boards
NHS England recently published this report which highlights the importance of diversity in NHS board membership and provides guidance on working towards creating inclusive cultures.

2.5.1 The report is being considered as part of the refresh of the Trust's Equalities Strategy.

3.0 Update on Sustainability and Transformation Partnerships (STPs)

3.1 East London Health & Care Partnership (North East London STP)

North East London CCGs continue to develop refreshed governance structures under a single accountable officer. The ELHCP Board will meet on a quarterly basis in 2018/19, with the ELHCP Chief Executive Group meeting monthly to ensure delivery of the North East London Sustainability & Transformation Plan. Recent progress includes the development of the ELHCP estates plan in readiness for capital funding during the summer of 2018 and the development of an ELHCP bid to become a Local Health and Care Record Exemplar.

3.1.1 Waltham Forest and East London System Delivery Board (WELSDB)

The Board is currently determining its work plan for 2018/19, which will include oversight planning for major transformational change into 2019/20. The Transforming Services Together Programme review is nearing completion, with a view to determining the extent to which its scope should change to support improved outcomes and value.

3.1.2 Mental Health Workstream

The ELHCP Mental Health workstream is currently undertaking a review of CCG and provider operating plans to deliver the twenty Five-Year Forward View for Mental Health goals required of STPs by NHS England during 2018/19.

The ELHCP Mental Health workstream was successful in its bid for national funding for rapid expansion of Individual Placement Support, with a focus on the IPS services in Newham and Tower Hamlets. The workstream has submitted a bid for Wave 2 national perinatal funding, and is awaiting the outcome.

The workstream submitted a response to Health Education England on plans to meet the FYFVMH requirements of 19,000 new staff nationally working in mental health by 2021, and is waiting for further feedback from HEE.

3.1.3 City & Hackney

City & Hackney Transformation Board is continuing to develop a neighbourhood model of care. A workshop bringing partners together to consider the role of mental health services and prevention in the neighbourhoods is planned for 3 May 2018.

3.1.4 Newham

The Newham Provider Alliance, to which the Trust is a partner, is currently collaborating to redesign community health services.

3.1.5 Tower Hamlets

Tower Hamlets Together, to which the Trust is a partner, has developed a new governance framework which brings commissioners and providers together to plan and deliver services in a more integrated way, with the Tower Hamlets Together Board supporting the Health & Wellbeing Board with delivering its responsibilities for integration, and supporting the CCG Board with its responsibilities for system management and developing commissioning strategy.

The Trust is supporting Tower Hamlets Together with a triple-aim, population-health improvement project.

3.2 Bedford, Luton and Milton Keynes STP (BLMK)

As a first-wave Integrated Care System, BLMK STP partners have developed a single operating plan. BLMK was a shadow ICS in 2017-18 and is awaiting clarification from NHSE/I as to the exact nature of moving beyond this status in 2018-19. Until further guidance arrives, and the system has considered its options, no decision can be made.

BLMK CCGs are currently considering options for the development of a single accountable officer. The BLMK STP has begun work with the National Association of Primary Care to develop the primary care home model, with launch events held in April. The Trust will be working closely with partners to roll out the model.

3.2.1 Mental Health Workstream

The BLMK STP has received a letter from Claire Murdoch, National Director for Mental Health, indicating that in line with the authorisation process to full ICS, first wave ICSs will be required to develop a mental health investment strategy from Q1 2018/19. The Trust will work with ICS partners to develop the investment plan.

The workstream is currently reviewing priorities for 2018/19, with a focus on ensuring delivery of the twenty, Five-Year Forward View for Mental Health goals required of STPs by NHS England during 2018/19, and the development of mental health as part of primary care home, with a mental health in primary care home workshop planned for 22 May 2018 with the National Association of Primary Care and the Kings Fund.

The BLMK STP Mental Health workstream was successful in its bid for national Wave 1 funding for Individual Placement Support, with a focus on expanding the existing Bedfordshire service (which has high IPS model fidelity), including into Luton. The Trust is underway with recruiting to the new posts.

The workstream has submitted a bid for Wave 2 national perinatal funding, and is awaiting the outcome.

The workstream submitted a response to Health Education England on plans to meet the FYFVMH requirements of 19,000 new staff nationally working in mental health by 2021, and is waiting for further feedback from HEE.

3.2.2 Bedfordshire

The Trust continues to work with Cambridge Community Services NHS Trust, the CCG and partners to mobilise the community health services contract.

3.2.3 Luton

The Trust continues to work with Luton partners to develop the Luton Provider Alliance. Work is now underway to scope the potential for an Alliance Local Incentive Scheme focussed on improving outcomes for people with complex needs and/or who live in care homes.

4.0 **Update on the Operational Plan 2017-19**

4.1 The Trust strategy was approved at the Trust Board meeting held on 22 February. A separate paper on the agenda sets out the development of the strategy.

4.2 The Trust submitted a draft operational plan for 2018/19 to NHS Improvement on 8 March, with key financial, activity and workforce projections for the year ahead. A final draft plan was submitted on 30 April. This is a refresh of the two-year plan submitted last year.

4.3 Contract negotiations with commissioners have been largely concluded, with details of parity of esteem investment and other issues being finalised.

5.0 **Action being requested**

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

ELFT Strategy development

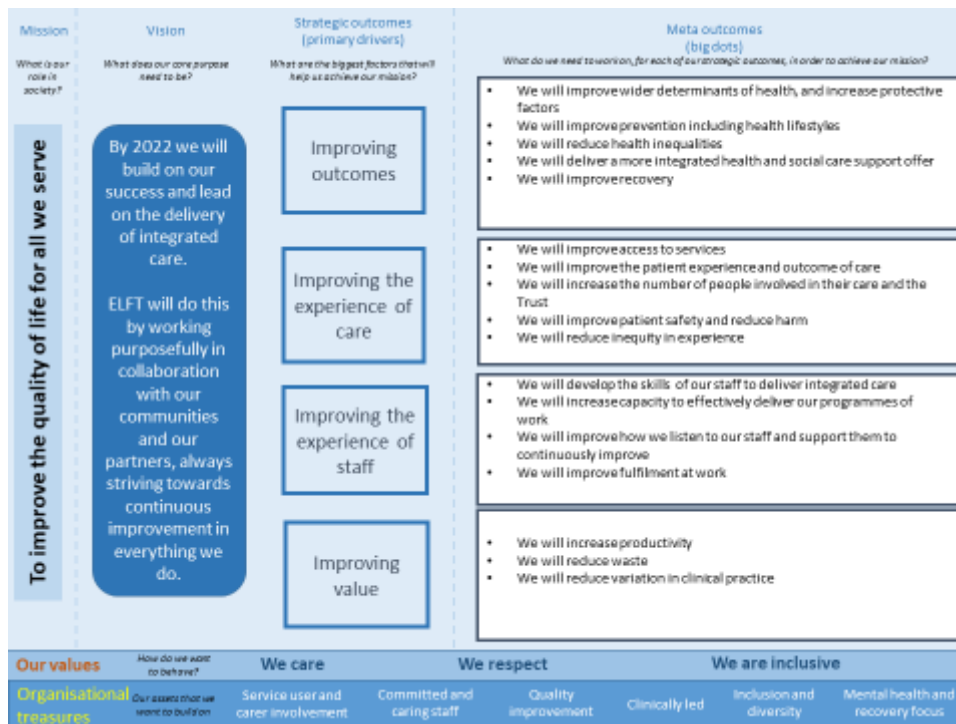
April 2018

1.0 Background

The Trust Board has approved, at its February 2018, a new vision and mission for the organisation.

The vision and mission have been framed by the national and local policy context, and the “Big Conversation” consultation exercise, where over 800 staff, service users, carers, governors helped us shape the strategy. The strategy adopts the Institute of Healthcare Improvement’s “Triple Aim” of improving patient experience, population outcomes, and value for money.

The strategy is represented below.



Since the February 2018 Board meeting, there have been discussions in order to scope and plan the delivery of the strategy. This includes:

- Board development events in March and April 2018, focusing on measurement and risk
- A Directorate Management Team away day on 27 February 2018
- Discussions with the Board, senior team, directorates and service users on measures
- Consultation with Trust members and the Council of Governors
- A senior leadership team away day
- Mapping of current work programmes
- Continued engagement with the IHI.

2.0 The Trust's strategic planning framework and cycle

The Trust Board have discussed and agreed key principles for strategic planning:

- Effective working with staff, service users, carers and stakeholders in the development and delivery of plans
- Regularly coming together to review progress, share learning and plan ahead
- Ensuring strategic alignment throughout the organisation, with all services and functions contributing towards the overall aim
- Being open and transparent in measuring and assessing our progress
- Being ambitious and bold, whilst being clear about the risks involved and how we are managing them.

The Trust's strategy covers a five-year period (2018-2022), with outcomes to be achieved over that period. Detailed work continues in order to map out the work programmes that will take place over that period. This is being captured in a strategy document.

2018/19 represents Year 1 of the strategy, and work has taken place to identify the key annual priorities at Trust-wide level, and taking account of the feedback received.

3.0 2018/19 Annual Priorities

The annual priorities for the four strategic outcomes are set out below. Monitoring of progress will be led by the Executive Committee, with reports being submitted to the Board on a quarterly basis as part of the new performance report.

Strategic outcome 1: Improved population health outcomes

Executive leads: Chief Medical Officer, Director of Integrated Care

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 Triple Aim work in Tower Hamlets and Bedfordshire	The Trust has commenced working with partners in Tower Hamlets and in Bedfordshire, 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

Strategic outcome 2: Improved patient experience

Executive leads: Chief Operating Officer, Director of Commercial Development

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Implementing patient reported outcome measures across services	The Trust currently uses patient reported outcomes 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

Strategic outcome 3: Improved staff experience

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

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

Strategic outcome 4: Improved value

Executive leads: Chief Financial Officer, Chief Nursing Officer

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 of 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

4.0 Strategic risks

The Board have discussed and agreed the following key principles for the management of risk:

- The Board Assurance Framework to be a strategic risk register
- More robust systems at corporate and directorate levels
- Identification and monitoring of two risks for each strategic outcome
- More regular discussion of controls / assurance / actions for each strategic risk
- Used to inform the Board's agenda
- Relevant BAF and red rated risks on corporate risk register to be reported to Board sub-committees.

At the March development event, the Board have identified the following key areas of risk:

- Workforce capability and capacity
- Data and information systems
- Execution at scale
- Consistency of processes and systems
- Partnerships – governance, values, delivery risk
- Engagement with patients and staff
- Impact on quality and safety.

These areas have been considered along with existing risks in the Board Assurance Framework in order to come up with a new set of risks that align with the strategic objectives. These are as follows:

Strategic Outcome 1: Improved population health outcomes

Executive leads: Chief Medical Officer, Director of Integrated Care

Strategic risk 1: Lack of agreement across local health and care partnerships regarding major plans results in failure to achieve quality and financial objectives

Strategic risk 2: Failure to effectively engage with local agencies and communities prevents the development of services and the delivery of improvement initiatives

Strategic Outcome 2: Improved patient experience

Executive leads: Chief Operating Officer, Director of Commercial Development

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

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

Strategic Outcome 3: Improved staff experience

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

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

Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover

Strategic Outcome 4: Improved value

Executive leads: Chief Financial Officer, Chief Nursing Officer

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

Strategic risk 8: Poor quality data and information systems affect the ability of staff to provide high quality care, and create duplication and waste

5.0 Measurement

It is important for the strategy to have a clear measurement framework so that progress can be monitored. The Trust has not previously had any robust measurement system for strategic objectives, with measurement focusing largely on operational performance.

The principles of a new measurement system are as follows:

- To integrate strategic and operational measures so that all staff are engaged in both the delivery of high quality services and the development of services

- To choose measures that are most relevant to the vision and mission, impact across all strategic outcomes, and link to our portfolios of work
- To select a small number of measures that are regularly monitored at Board, committee and Trust operational meetings, with other measures being monitored and reported by exception
- To allow for the right level of variation in measurement across directorates and services
- To utilise the way we view data in line with quality improvement methodology
- To use measures as indicators of progress, rather than absolute targets, and use other sources of quantitative and qualitative information to assess overall progress
- To recognise that not all measures we need will currently exist, and that these will need to be developed over time.

The measures will form the basis of a new performance report for the Board. This involves:

- A new integrated dashboard in four sections
- The dashboard will be accompanied by a narrative report:
 - explaining variation seen
 - describing work being undertaken on the four strategic objectives, written by the executive lead
 - providing qualitative data on some key areas of the strategy (e.g. local partnerships, service user and carer involvement, etc.)
 - Commentary on strategic risks
- A fifth section sets out compliance with national / commissioner / trust targets
- A quarterly report on progress against the annual priorities

The first draft of the integrated dashboard is attached. Non-Executive Directors will be involved in the development of the report in order to ensure that it meets the needs of the Board.

6.0 Communication and engagement plan

A communication and engagement plan has been developed in order to continue the good working with working with staff, service users, carers and stakeholders in the development and delivery of plans. Key features of the communications plan are as follows:

- Strategy published at the February 2018 Board meeting
- Strategy launch during week commencing 23 April 2018, including:
 - Twitter chat with the CEO
 - Videos of staff and service users about the strategy and what it means to them
 - A pledge board at the QI conference
 - Letters and copies of the strategy to be sent to stakeholders
 - Noticeboards to be put up around the Trust.

Key features of the ongoing engagement plan are as follows:

- Regular discussions at Board and Council meetings
- Directorate management team away days scheduled for July and October
- Discussion at Trust induction
- Senior leaders engaging staff via forums within directorates
- Engaging service users, carers and local communities through people participation structures and partnerships
- Engaging partners through local governance forums.

7.0 Next steps

The next steps are as follows:

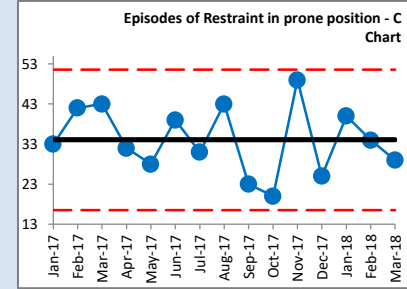
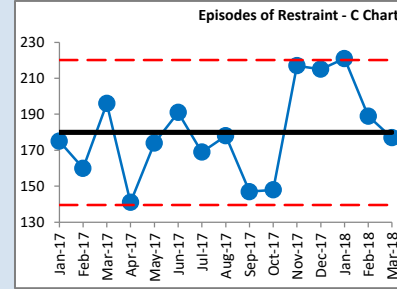
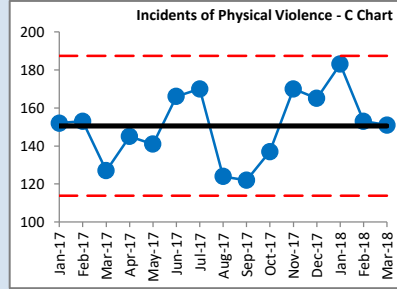
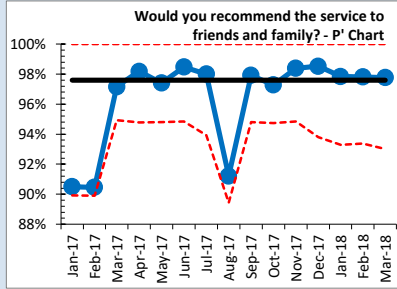
- New Board Assurance Framework to be submitted to 23 May Audit Committee meeting, and thereafter to other Board committees. Risk management framework to be reviewed by 30 June.
- Directorate annual plans to be finalised by 31 May
- Performance management framework to be revised by 31 May
- Measurement system to be further developed at Trust and directorate-level by 30 June
- Key supporting plans (Quality, Workforce, Equalities, IT & Information, Estates, Organisation Development) to be revised and aligned with the strategy by 31 July 2018.

Trust Board Integrated Dashboard



IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services



Proportion of service users accepted after referral

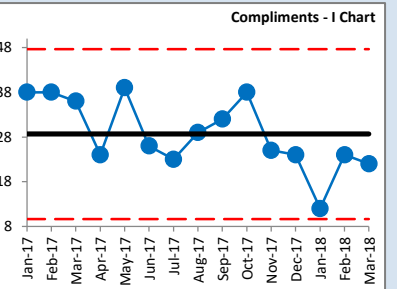
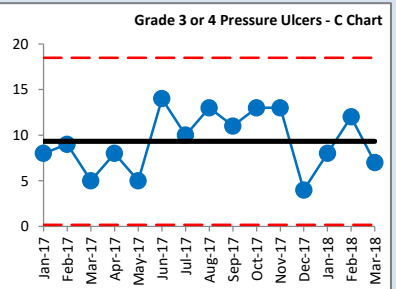
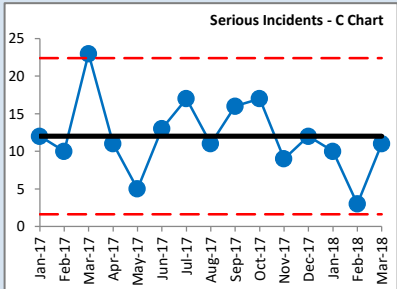
Proportion of BME service users who experience restraint or restrictive practice

Proportion of service users who feel safe within an inpatient setting

Average time for duration of treatment

Average waiting time from referral to treatment

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



SULSA

Proportion of service users who feel safe within an inpatient setting

Proportion of service users detained under sections 2 & 3 of the MHA who are BME

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

Proportion of service users who are satisfied with the care provided

Proportion of service users who have achieved improvement in recovery

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

Number of patients reporting a positive to the question about having control over their care

Improved identification and support for Carers

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

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 emergency admissions

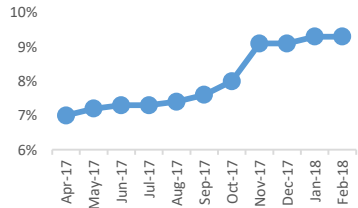
Controlled growth in care home admissions

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

Employment rate of those on CPA - Line Chart



Increase employment rate of people using IAPT services

More people that the trust serves will lead healthier lifestyles

Proportion of service users with severe mental illness who smoke

Proportion of service users with severe mental illness with harmful alcohol intake

Proportion of service users with severe mental illness who are obese

People with SMI who have had a physical health check

Proportion of service users with severe mental illness who are obese

Staff trained in Making Every Contact Count

People on the primary care register with a learning disability who have had a physical health check

Reduction of smoking rate of people known to the Trust

People on CPA who have had a physical health check

People known to the Trust with a learning disability who have had a physical health check

More people that the trust serves will have a decent home

More people that use services reporting they have as much social contact as they would like (service users)

Proportion of service users with severe mental illness who are in stable accommodation

Fewer people that the trust serves will feel lonely

Proportion of service users who are satisfied with their social contacts

More people that use services reporting they have as much social contact as they would like (carers)

Children will have a better start in life

Fewer children and young people admitted to hospital with unintentional and deliberate injuries

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

Number of people accessing talking therapies from BME communities

Number of older people accessing talking therapies

People will have improved end of life care

Proportion of people who were supported to die in a place of their choosing

People with mental health issues experience less stigma

Measure needs to be defined

KEY

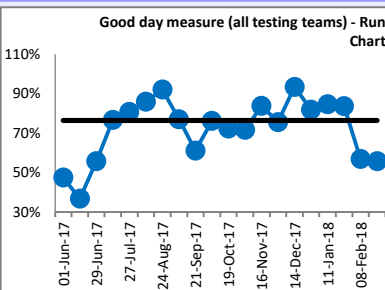
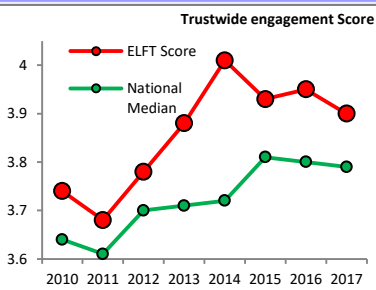
Data available but requires extraction

Measure needs to be defined further

Data not available within Trust

IMPROVED STAFF EXPERIENCE

Increased sense of engagement by staff



% of staff who experienced a good day (outcome measure from Enjoying Work QI)

Proportion of staff working in effective teams

Proportion of staff who would recommend the Trust as a place to work

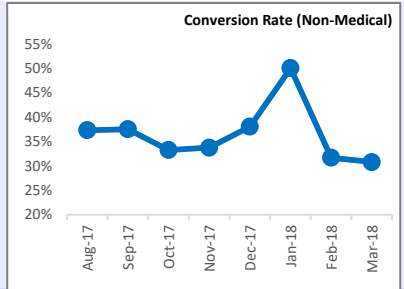
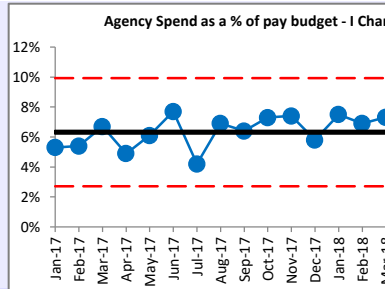
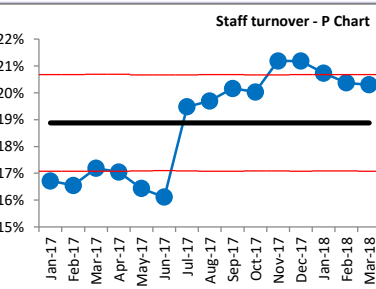
Staff engagement score stratified by protected characteristic

Staff feel empowered to make decisions for the benefit of their service (and increased accountability of the organisation)

Improvement capability score

Staff reporting that the trust takes action on feedback

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

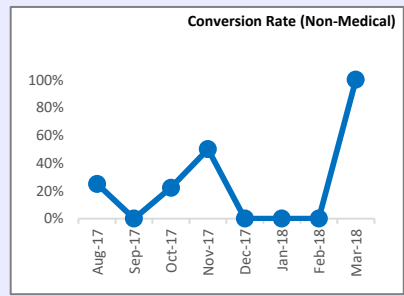
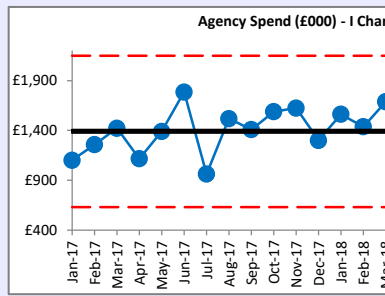
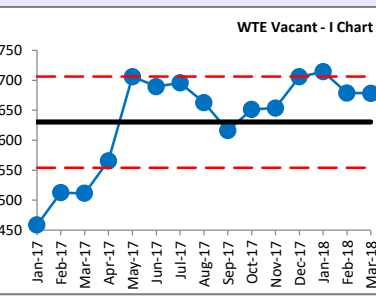


Proportion of new staff from BME background

Pipeline trainee numbers

Proportion of new staff who are female

Apprentice numbers and attrition



Staff have the right development to deliver care

Number of staff with skills-based PDP

Number of staff attending development activities

Staff rated as competent in skills to support integrated care

Improved diversity

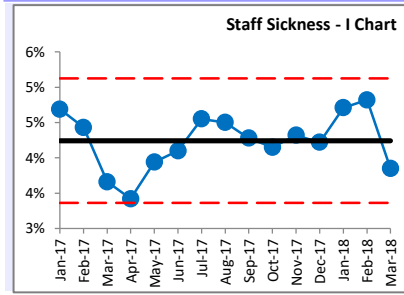
Representation of staff with protected characteristics at management levels

Improved leadership behaviours and management practice

Compassionate leadership score

Staff survey score

Staff feel supported and motivated to come to work



Work life balance indicator

Staff days lost to sickness

Number of staff currently going through organisational change

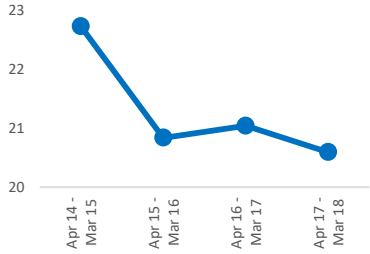
Absence due to stress

Number of working days lost to incidents

IMPROVED VALUE FOR MONEY

The Trust will improve the utilisation of its estate

Space Utilisation Ratio (m2 per staff)



Patient experience

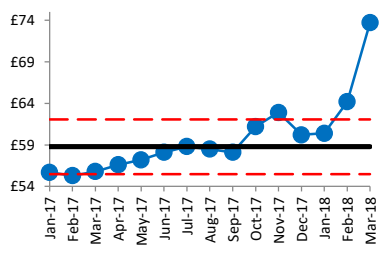
Staff experience

The Trust will deliver its CRES obligation

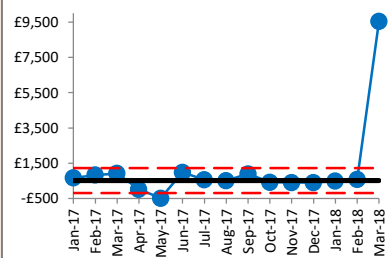
Percentage variance from plan

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

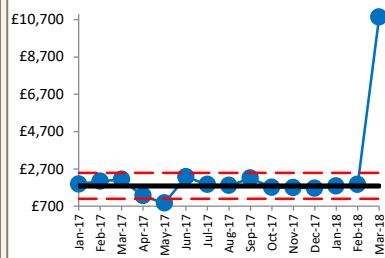
Cash in bank (£m) - I Chart



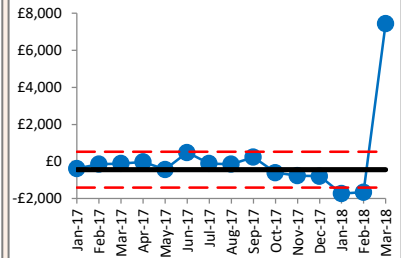
Net surplus (£000) - I Chart



EBIT-DA (£000) - I Chart



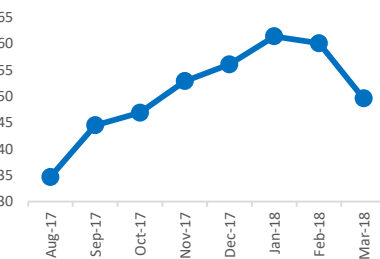
Variance against plan (£000) - I Chart



Discussions about positive variance

The Trust will increase the efficiency and effectiveness of resource utilisation

Average time to hire



Agency Spend

Average length of stay (by borough – so five sets of data needed to understand variation)

Length of stay (by borough – so five sets of data needed to understand variation)

Number of days that posts lie unfilled each month

The Trust will reduce waste

Green indicators

Data quality indicators

Rework indicators

A single system of data visualisation will be developed and implemented

Staff experience of information management

KEY

Data available but requires extraction

Measure needs to be defined further

Data not available within Trust