NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
11 JULY 2018

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

Purpose of the Report:

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

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

This is the first version of the new reporting structure. Further work will be done with executive and non-executives to develop the report.

Summary of Key Issues:

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

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

In relation to improved population health outcomes, as a newer area of the Trust strategy, much focus is on developing a long term implementation plan, which will be subject to a deep dive at the Quality Assurance Committee. Work has commended with partners to use quality improvement methodology to improve population health outcomes in Tower Hamlets and Bedfordshire.

In relation to value for money, the Trust's financial positon at the end of Month 2 is of concern, and has been discussed in detail at the Finance, Business and Investment Committee.

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

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

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

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

Committees/Meetings where this item has been considered:

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

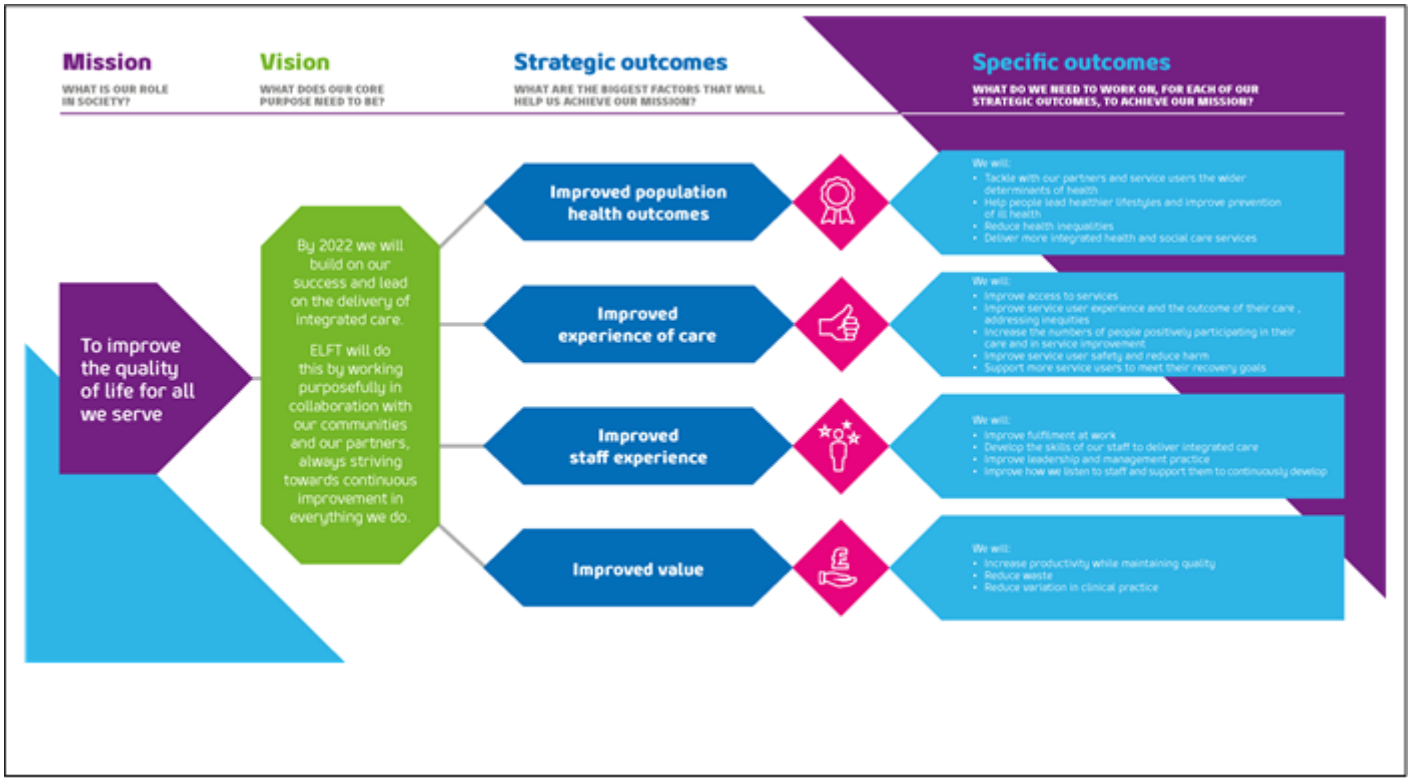
Implications:

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

1. Introduction

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

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



The structure of the report follows the strategic outcomes:

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

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

2. Improved population health outcomes

Programme governance

Executive leads: Chief Medical Officer, Director of Integrated Care

Lead executive committee: Service Delivery Board

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Identifying, developing/collecting the full range of measures for this outcome, and agreeing associated workstreams	The Trust does not currently have the information for many metrics relevant to this outcome, and must also consider which areas are most important for focused workstreams	Director of Integrated Care	December 2018
Undertaking population health work in Tower Hamlets 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

Executive Commentary

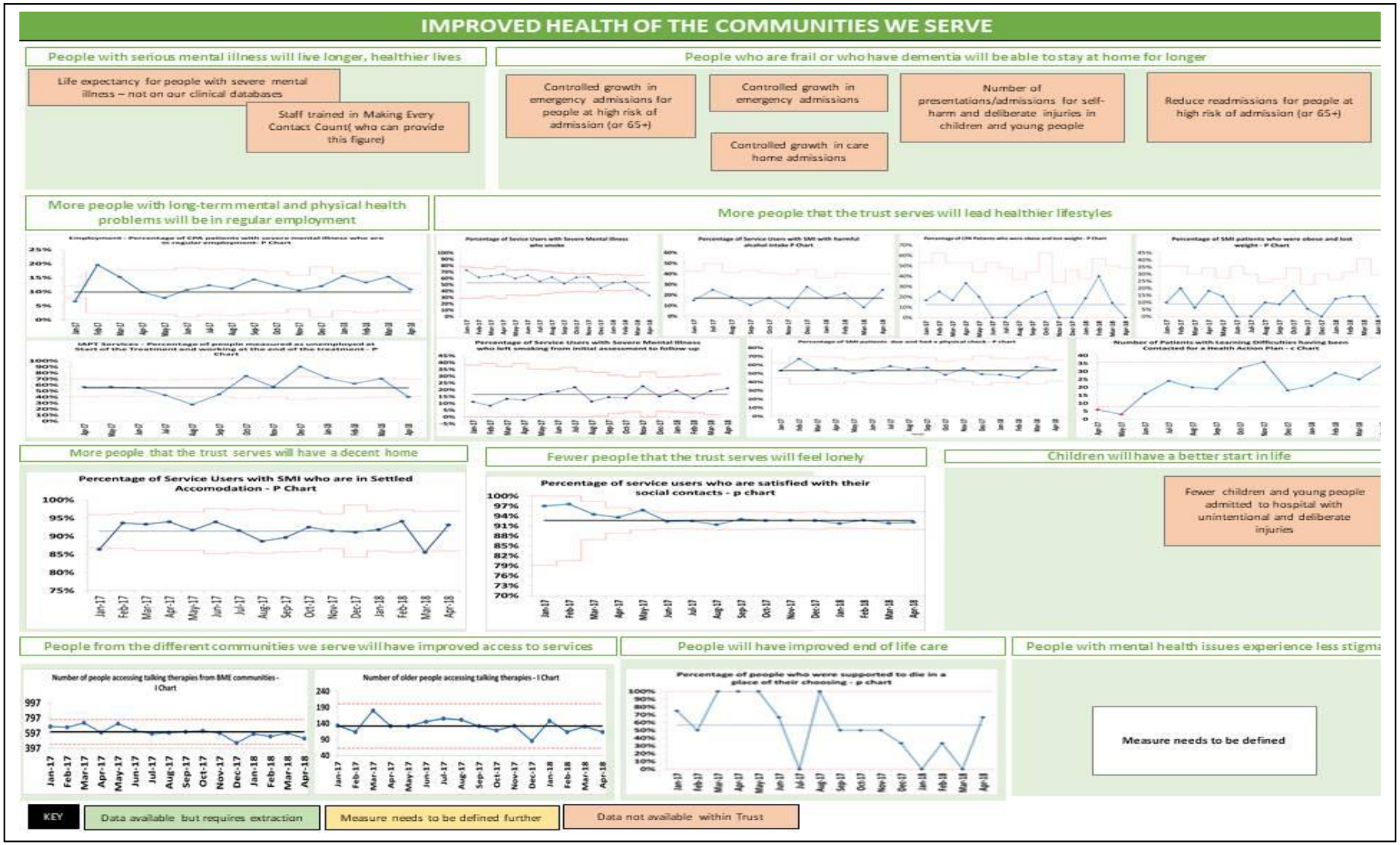
As the new area of the Trust Strategy, the executive leads (Chief Medical Officer and Director of Integrated Care) are working with Chief Quality Officer and Director of Planning and Performance, and the Institute for Healthcare Improvement to develop a five year implementation plan for improving population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

The executive team recently discussed a presentation on segmentation of the population for the purposes of planning this work. The Quality Assurance Committee will have a deep dive into integrated care at its next meeting.

As reported in the Quality Report, work has commenced in Tower Hamlets to develop quality improvement projects across the Tower Hamlets Together partnership, with three projects being started. Ivel Valley in Bedfordshire has also been selected to start work, and a scoping exercise is currently being undertaken.

The development of Individual Placement Support services is on track. The Trust's Physical Health Strategy has been refreshed, and a workplan is in place. The Trust is currently implementing an electronic referral system in order to refer patients to stop smoking services.

Dashboard


IMPROVED HEALTH OF THE COMMUNITIES WE SERVE
People with serious mental illness will live longer, healthier lives
Life expectancy for people with severe mental illness – not on our clinical databases
Staff trained in Making Every Contact Count(who can provide this figure)
People who are frail or who have dementia will be able to stay at home for longer
Controlled growth in emergency admissions for people at high risk of admission (or 65+)
Controlled growth in 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
More people that the trust serves will lead healthier lifestyles
More people that the trust serves will have a decent home
Percentage of Service Users with SMI who are in Settled Accomodation - P Chart
Fewer people that the trust serves will feel lonely
Percentage of service users who are satisfied with their social contacts - p chart
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 - I Chart
Number of older people accessing talking therapies - I Chart
People will have improved end of life care
Percentage of people who were supported to die in a place of their choosing - p chart
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

Executive commentary

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

The two outcomes where the Trust plans to make progress is in relation to employment and physical health of people with severe mental illness.

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

In IAPT Services, for the percentage of people measured as unemployed special cause was identified in August 2017 and December 2017. From January 2018 the data points are showing common cause which we would expect in this environment.

Board Assurance

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

3. Improved patient experience

Programme governance

Executive leads: Chief Operating Officer, Director of Commercial Development

Lead executive committee: Quality Committee

Annual Plan priorities

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

Executive commentary

We have produced a first analysis of Dialog change scores, and continue with the roll out of Dialog, which is also being taken forward across London. The Carers's strategy has been reported to the Patient Participation committee, as has progress with peer support worker roles.

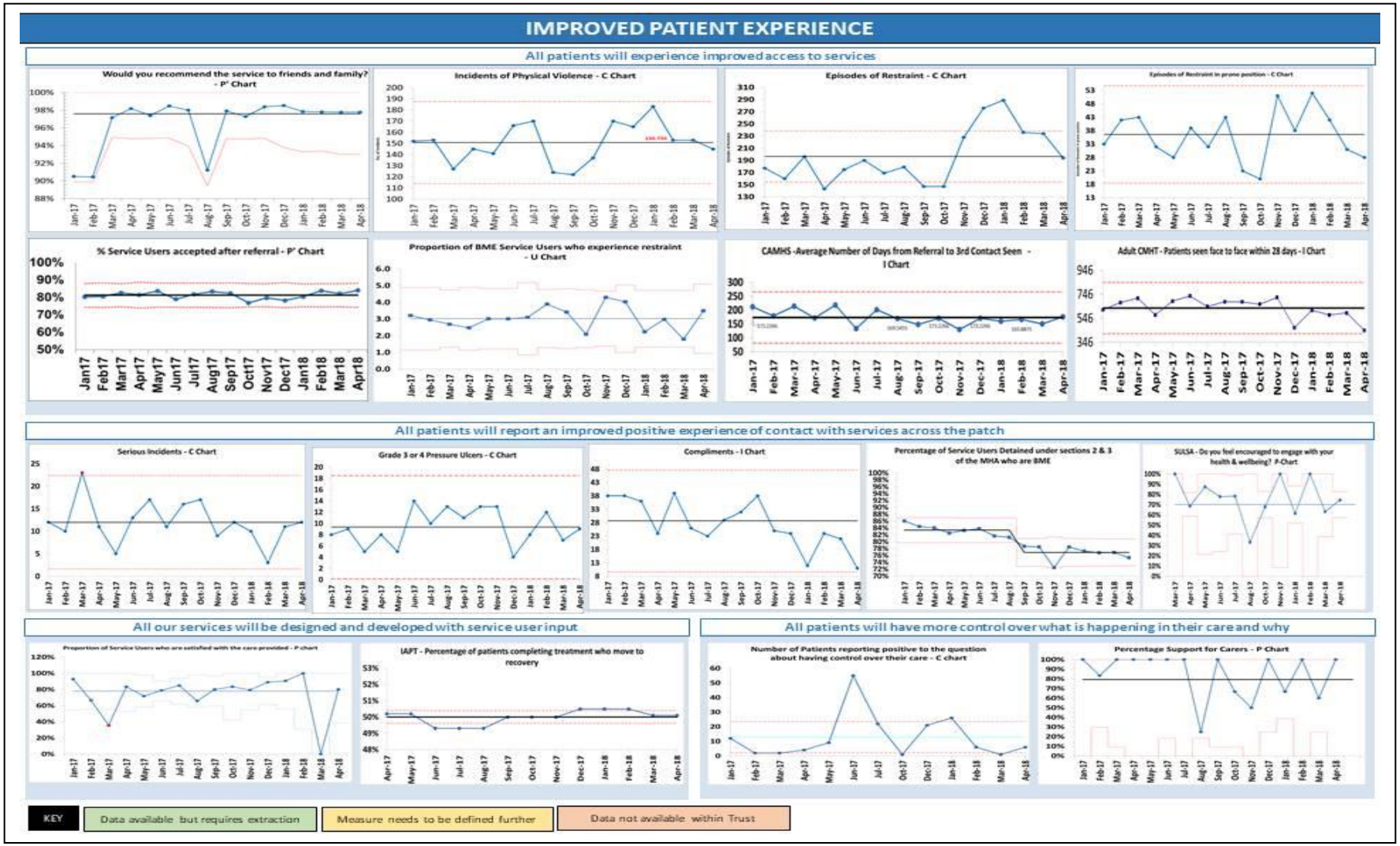
As set out in the Quality Report, a goal for 2018/19 is to increase the number of Big I involvement in QI projects from 28% to 40%. Two engagement events have recently been run to promote this. A driver diagram and change strategy will now be developed. Targets have also been set for increasing involvement in local services, and increasing the number of peer support workers.

The access in community services QI work stream is focused on reducing the length of time from referral to completion of treatment for CAMHS and psychological therapy services. The QI team is currently supporting 9 project teams in this work.

In relation to reducing violence and aggression, Forensics have now moved into quality control, joining City and Hackney, Newham and Tower Hamlets. In Luton and Bedfordshire, the violence reduction collaborative continues to run and all teams are currently focussing on reliably implementing all elements of the ELFT safety culture bundle (Brøset violence checklist, safety huddles, safety cross and safety discussion in community meetings). As an overall system, Luton and Bedfordshire are now observing a 60% reduction in the rate of physical violence. Work on reducing restrictive practice is also underway.

The aim of the recovery QI work stream is for 90% of service users and staff in community recovery teams to report satisfaction with the care they receive and give by December 2018. As an overall learning system, we are now observing an increase in one of our outcome measures, service users recommending the service to friends and families, with a shift from 79.7% to 88% following the start of this work. A second wave of teams has joined the collaborative.

Dashboard


IMPROVED PATIENT EXPERIENCE
All patients will experience improved access to services
Would you recommend the service to friends and family? - P' Chart
Incidents of Physical Violence - C Chart
Episodes of Restraint - C Chart
Episodes of Restraint in prone position - C Chart
% Service Users accepted after referral - P' Chart
Proportion of BME Service Users who experience restraint - U Chart
CAMHS - Average Number of Days from Referral to 3rd Contact Seen - I Chart
Adult CMHT - Patients seen face to face within 28 days - I Chart
All patients will report an improved positive experience of contact with services across the patch
Serious Incidents - C Chart
Grade 3 or 4 Pressure Ulcers - C Chart
Compliments - I 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 our services will be designed and developed with service user input
Proportion of Service Users who are satisfied with the care provided - P chart
IAPT - Percentage of patients completing treatment who move to recovery
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
Percentage Support for Carers - P Chart
KEY
Data available but requires extraction
Measure needs to be defined further
Data not available within Trust

Executive commentary

The metrics which are being focused on include incidents of physical violence, levels of restraint, patient experience of care, and waiting times. Metrics on involvement of service users and carers will be further developed and included in the next report.

Episodes of restraint is currently showing common cause variation, the natural variation we would expect in this environment. We have recently moved away from the concerning special cause variation seen in December 2017 and January 2018, which is thought to be caused by increased acuity in specific services.

Serious Incidents was showing a special cause variation in February 2017 from that time we have moved away from the special cause to common cause variation we would expect.

The proportion of service users who are satisfied with the care provided shows 2 special causes – March 2017 and March 2018. In March 2018, the data point is showing 0, further query is required to understand why the figure is 0. In April 2018 the data point is showing common cause, the natural variation we would expect.

The number of patients reporting positive to the question about having control over their care shows special cause identified in June 2017 and January 2018.

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
Strategic risk 3: Failure to effectively work with patients and local communities in the planning and delivery of care results in services that do not meet the needs of local communities	Chief Operating Officer Quality Assurance Committee	12	There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services. The People Participation Committee oversees work programmes, which include development of peer support roles, increased involvement in QI projects, and implementation of the Carers Strategy. The Quality Assurance Committee will seek assurance that the level of variation is being reduced.
Strategic risk 4: Failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm	Chief Nursing Officer Quality Assurance Committee	10	The Trust has recently received a positive evidence of assurance in the form of the outcome of the CQC well-led inspection that took place in April 2018. The Trust has maintained its outstanding rating, and the CQC were assured that action had been taken to address issues raised in the 2016 comprehensive inspection. Forensic services were upgraded from good to outstanding. The main area where further assurance

			is required is in relation to community health services, due to the Trust's expansion in this area and because the services were not visited as part of the recent inspection. The outcome of internal and external reviews of the service will be submitted to the Quality Assurance Committee in December 2018. Further assurance is also required that the Trust is learning from themes identified in the annual serious incidents review, including mortality reviews.

4. Improved staff experience

Programme Governance:

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

Lead executive committee: Workforce Committee

Annual Plan priorities

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

Executive commentary

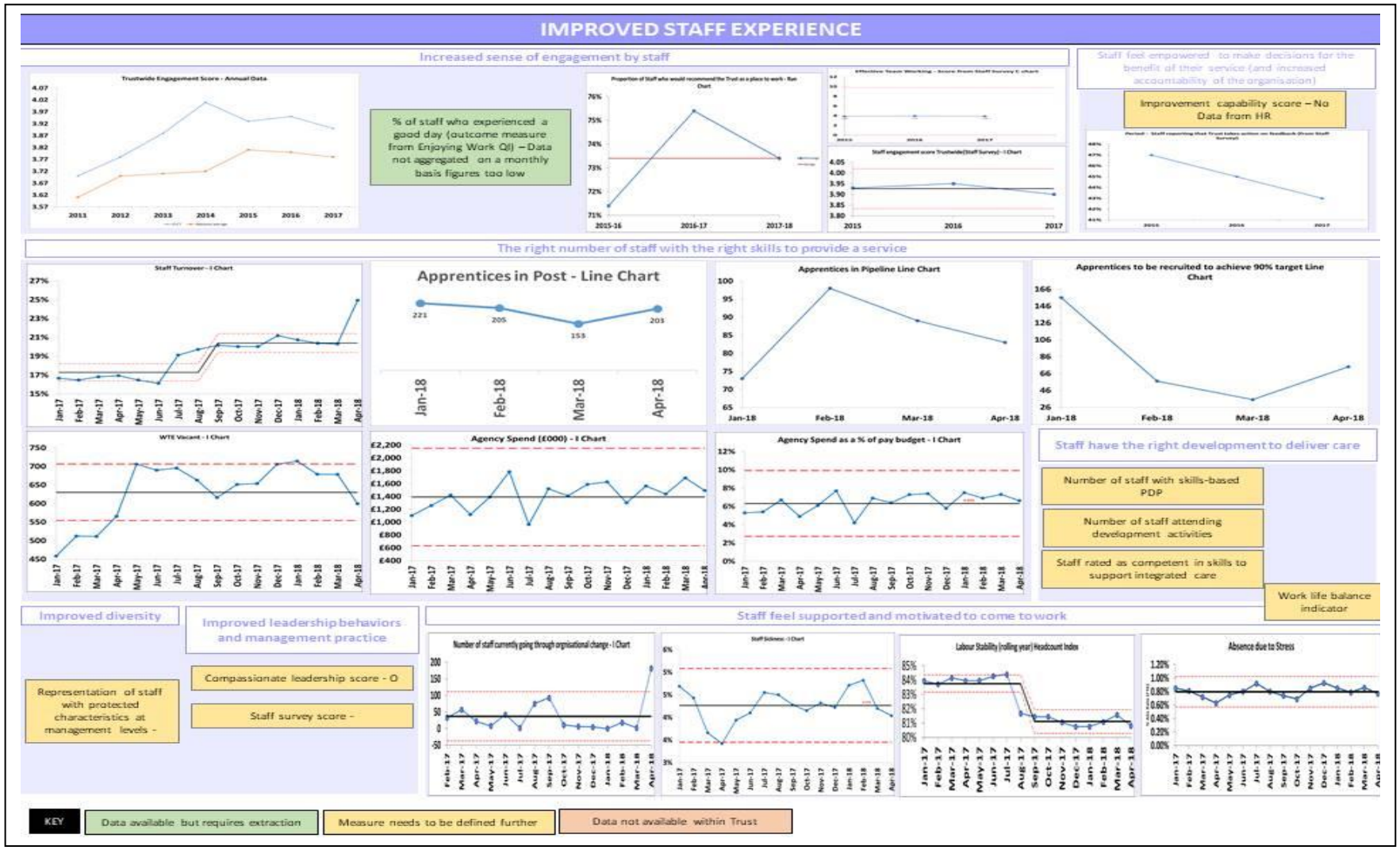
The terms of reference of the Leadership Steering Group are being refreshed in order to focus on delivery of the strategic objective. Work has already commended to incorporate content regarding system leadership in development programmes, and the Trust's collective leadership programme commenced on 26 June, with 45 attendees. Following feedback from a number of sources, a first line manager leadership programme will be commissioned, and will have a focus on supporting staff to speak up, and inclusion. The Learning & Development team are currently going through a re-structure, which may push back delivery of the work required.

Work is underway in community health services to refresh the core competencies required to deliver integrated care. The Trust health & wellbeing plan has been revised following the results of the staff survey and additional wellbeing initiatives have been delivered across the Trust. Further work is being done to scope the support the Trust can offer in relation to financial wellbeing.

Three of the five prototype teams in the Enjoying work QI programme have experienced a positive increase in staff experience. The second phase of this strategic priority area involves the scale up of this work across a wider group of teams in the organisation. Following a formal recruitment process, 21 teams representing every service in the Trust will be joining a second wave of this work. This phase was launched at the Stratford Town Hall on 28 June.

The Equalities Strategy is being developed and a draft will be presented to the next Board meeting. The four staff networks (BAME, Disabled, LGBTQ and Women) are all meeting regularly and have workplans for the year, which are coordinated by a network lead.

Dashboard


IMPROVED STAFF EXPERIENCE
Increased sense of engagement by staff
% of staff who experienced a good day (outcome measure from Enjoying Work QI) – Data not aggregated on a monthly basis figures too low
Staff feel empowered to make decisions for the benefit of their service (and increased accountability of the organisation)
Improvement capability score – No Data from HR
The right number of staff with the right skills to provide a service
Apprentices in Post - Line Chart
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
Work life balance indicator
Improved diversity
Improved leadership behaviors and management practice
Representation of staff with protected characteristics at management levels -
Compassionate leadership score - O
Staff survey score -
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

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

Staff turnover, and the number of staff who are involved in organisation change, are showing special cause variation in April 2018. This is usual in April, as the start of the financial year involves the implementation of Cash Releasing Efficiency Savings schemes. Metrics can also be inaccurate in April due to budget setting and corresponding establishment changes being made.

Over the past two years there has been a decrease in the proportion of staff agreeing that the Trust takes action based on feedback (from 47% to 43%). The decrease is most apparent in areas that have experienced large scale change, and the Trust's approach to managing change is being reviewed in order to provide better support to teams. Communications activity is being used to feedback to staff changes that have been made following staff survey and other forms of feedback.

Board Assurance

Risk description:	Executive/ Committee lead:	Current score:	Executive Commentary:
Strategic risk 5: Failure to effectively plan for and attract the right numbers and skills of staff required will impact on the Trust's ability to deliver safe, high quality integrated care	Director of Human Resources Appointments & Remuneration Committee	16	The Trust has historically had a low vacancy rate and this is seen as crucial in providing safe and high quality services. Workforce shortages have become more apparent in the past two years, and with particular challenges in a number of roles. The Trust also now needs to plan for a workforce that can deliver high quality integrated care. There needs to be a clearer picture of the workforce capacity required in future years, and the plans required to attract and retain that workforce. The Workforce Strategy sets out the direction of travel, and directorate plans will set out the detailed work that needs to take place each year. The Workforce Committee has oversight of this work and will monitor progress of strategic initiatives. The Appointments and Remuneration Committee should assess progress in September 2018, and should seek assurance that these controls are in place and operating effectively.
Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities)	Director of Planning and Performance Appointments &	12	The Trust's results from the 2017 staff survey highlight a number of areas for improvement, and there is emerging concern about staff health and wellbeing. There has been much discussion across

results in staff burnout and high staff turnover	Remuneration Committee		the Trust about the results and the action required, with work underway in teams and directorates. In order to mitigate this risk, we need to have more regular information about staff experience, and also more regular assurance that action is being taken to address the issues raised. The implementation of a quarterly pulse survey (in addition to the "good day" measure used by teams in the Enjoying Work programme), will help to address this, and the Workforce Committee needs to receive regular assurance that action plans are being progressed, and communicated back to staff. The Appointments and Remuneration Committee should assess progress in September 2018, and should seek assurance that these controls are in place and operating effectively.

5. Improved value

Programme governance:

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

Annual Plan priorities

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

Executive commentary

The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. The project also recognises the importance of a new data warehouse that is fit for purpose and stable. The project board is monitoring progress with no exceptions to report.

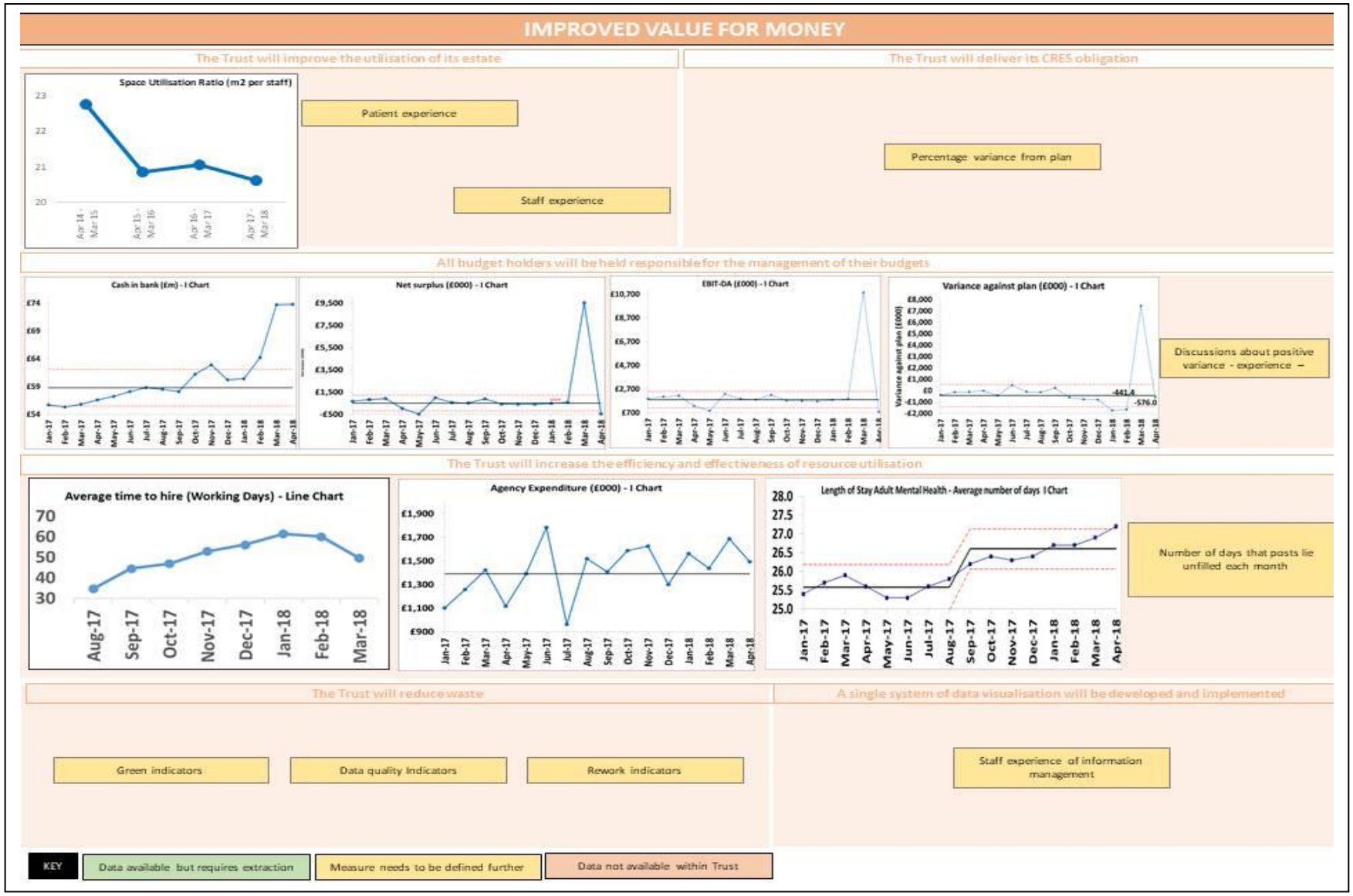
EMIS mobile has been rolled out across Newham and Tower Hamlets community services (District Nursing) with extremely positive feedback. A pilot for Rio mobile, involving 100 users, starts in full by the second week of July in across the Trust including Luton and Bedfordshire. This pilot will run to the end of September. System One is used in Bedfordshire Community, the provider of the system does not have a developed mobile solution at present but discussions with them are underway.

At the Finance, Business and Investment Committee meeting on 26 June the executive proposed a change to the current oversight function of the CRES programme. The Trust

will develop a programme management approach to the CRES delivery with oversight from the Executive Director of Commercial Development.

The space utilisation work is spanning both estates and IT. This is in its infancy and not yet at a true design phase for the Trust as a whole. Newham Community services are starting a project which moves away from more traditional ways of using office space. This is linked to the mobile working deployment described above. There is recognition that there needs to be more involvement with services to move this forward. The Directorate Management Team away day on 6 July will include a session on this work in order to engage all services.

Dashboard


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 - experience →
The Trust will increase the efficiency and effectiveness of resource utilisation
Average time to hire (Working Days) - Line Chart
Agency Expenditure (£000) - I Chart
Length of Stay Adult Mental Health - Average number of days I Chart
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

Executive commentary

The finance metrics run to the end of April 2018. The FBIC on 26 June received and discussed a finance report for Month 2 (May 2018). As of 31 May there is an underlying operating surplus (EBITDA) of £1.4m (2.1%) compared to plan of £2.7m (4.1%). There is an underlying net loss of £1.1m compared to planned net surplus of £222k, and therefore an underlying year to date adverse net surplus variance of £1.3m. After adjusting for phasing of CRES plans, there is a reported adverse net surplus variance of £409k.

This equates to an overall risk rating of “2”. There is a cash balance of £71.6m.

The FBIC will continue to seek assurance that financial planning and financial performance issues are being addressed.

Other metrics (time to hire and length of stay) are currently being investigated to determine reasons for changes.

Board Assurance

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

6. Regulatory compliance

NHS Improvement Single Oversight Framework

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

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

Theme	Current Rating	
Quality of Care		No Concerns
Financial and Use of Resources		The Trust has a year to date adverse net variance of £409k and a risk rating of "2".
Operational Performance		The Trust has not met the target for the Data Quality Maturity Index, but this will be resolved in Quarter 2.
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

The Trust would therefore be placed in segment 2.

NHS Improvement operational performance metrics

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

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

There is a new metric - out of area placements. There is no set target for this metric. Benchmark information shows that the Trust has one of the lowest (best) scores in the country. Out of area placements are only generally used for specialist care that is not available within the Trust's current service provision.

Other performance issues for escalation

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

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

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

Assessments within 28 days – performance declined during 2017/18, primarily due to restructures of community services in Luton and Bedfordshire, as well as some staffing hotspots in other services. The figure for April 2018 rose to 99.7%.

Care plans in date – as above, performance for this indicator declined due to service restructures, as well as the changeover in the care planning system. Performance is expected to meet the 95% target in Quarter 2.

7.0 Recommendations and Action Being Requested

The Board is asked to:

a) **RECEIVE** and **DISCUSS** the report.

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NHSI Single Oversight Framework Operational Performance Metrics

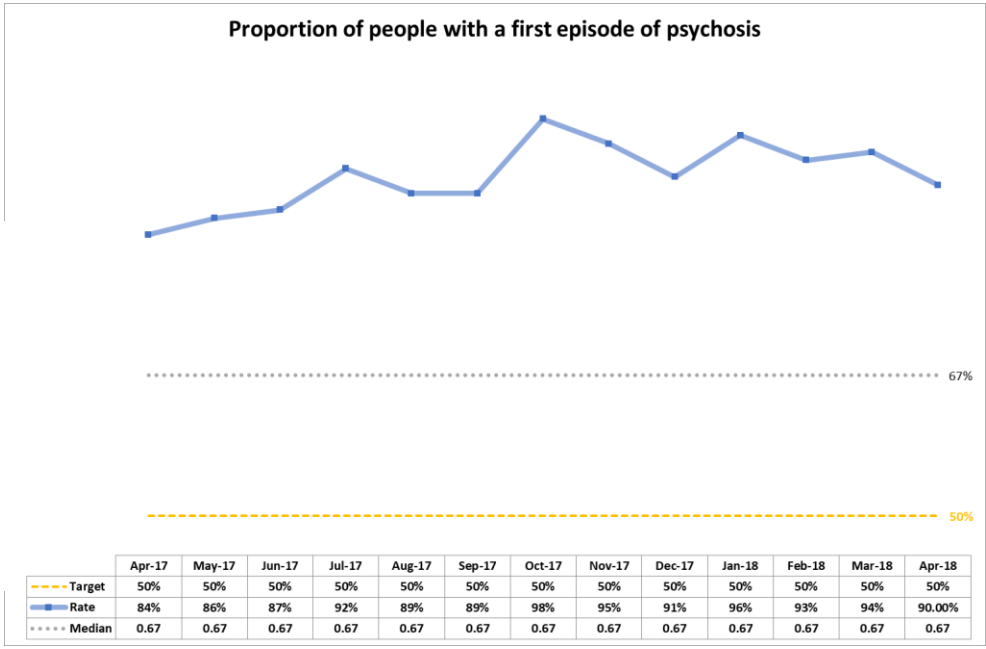
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral

Reporting Month : April 18

Target : 50%

	Month Apr-18	Jan - Mar 18
Number of people starting treatment within 2 weeks of Referral	43	143
Total Waiters	48	152
% of people starting treatment within 2 weeks of Referral	90%	94%

Performance is well above the target for the Trust.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Rate	84%	86%	87%	92%	89%	89%	98%	95%	91%	96%	93%	94%	90.00%
Median	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67

NHSI Single Oversight Framework Operational Performance Metrics

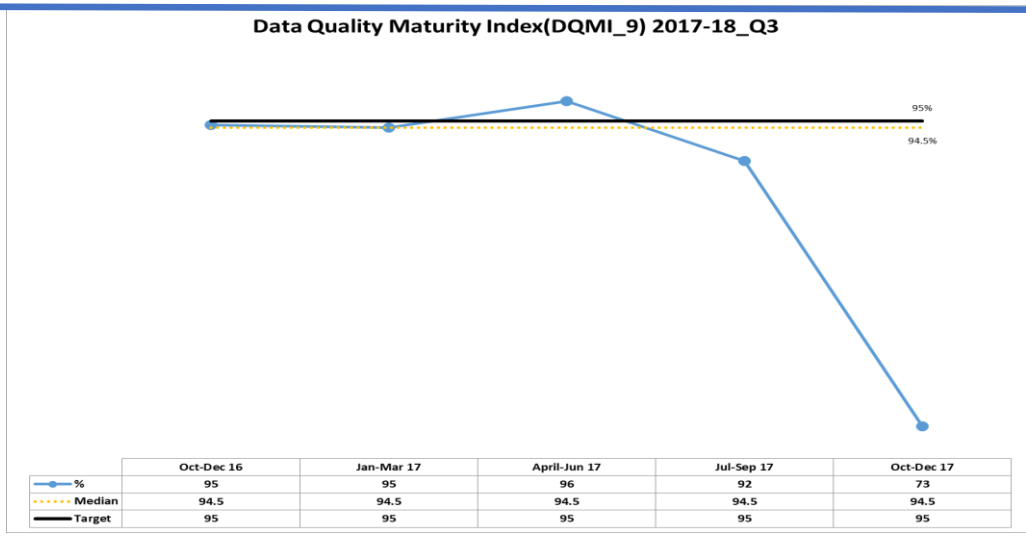
Data Quality Maturity Index

Reporting Month : April 18

Target : 95%

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

The percentage has declined in the last 2 quarters as a result of Children and Young People's Health Services dataset's format had changed . Informatics has now developed the new dataset (June 2018), hence the index will increase in quarter 2 of this year.



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

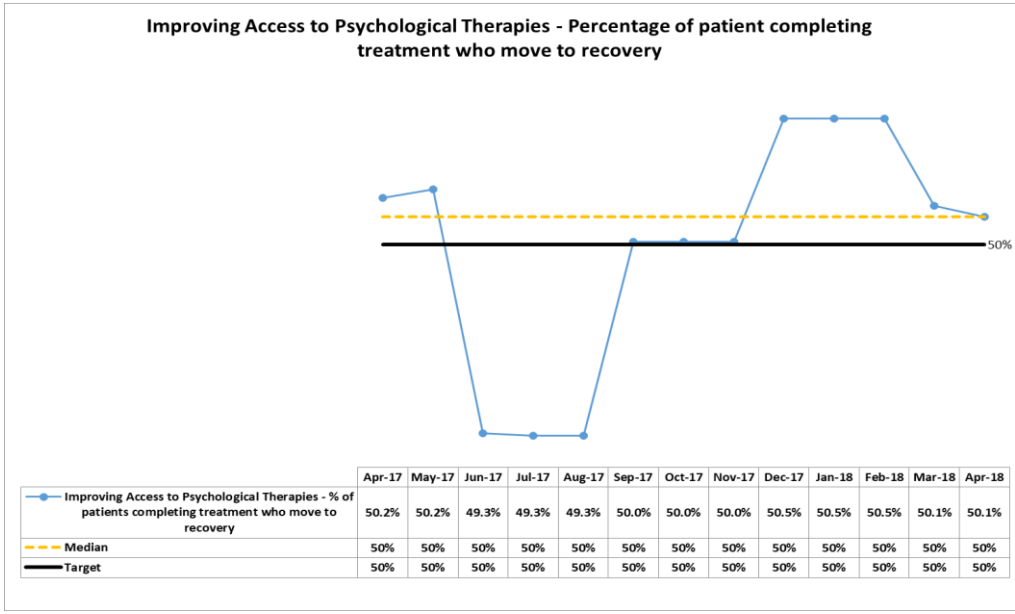
Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : April 18

Target : 95%

% of patients completing a course of IAPT treatment moving to recovery	Current Month April 18	Last Quarter1 (Jan-Mar18)	Quarter4 (Oct-Dec17)
	50.1%	50.4%	50.2%

For this indicator both current performance and median performance for the period is above target. We have had the last five months above the median but this is not enough to indicate significant improvement yet.



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

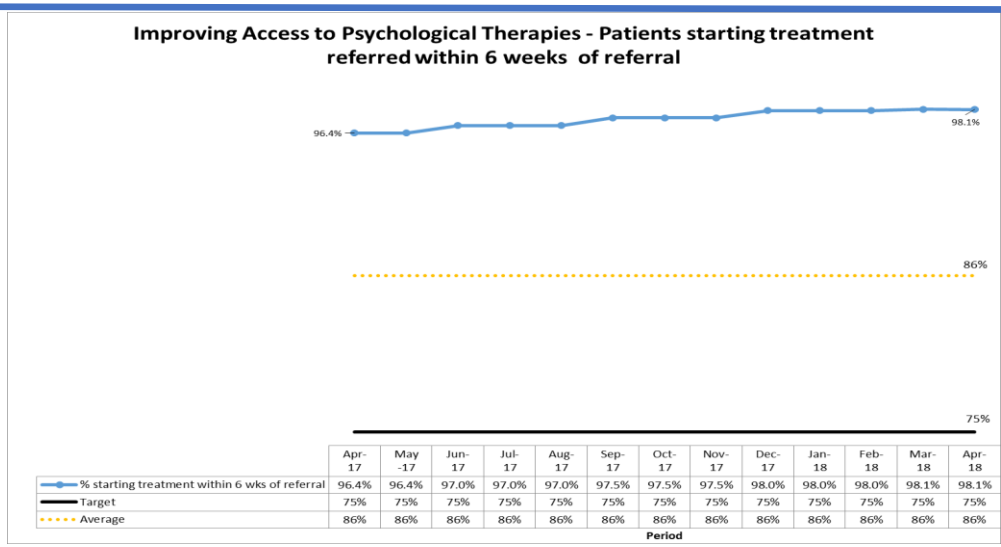
NHSI Single Oversight Framework Operational Performance Metrics

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

Reporting Month : April 18 Target : 75%

% of patients having Treatment within 6 weeks of referral	Current Month April 18	Last Quarter1 (Jan-Mar18)	Quarter4 (Oct-Dec17)
	98.1%	98.1%	98.1%

For this indicator both current performance and average performance for the period is above target. The last 2 quarter shows 98.1% of patients had a wait of 6 weeks or less to enter a treatment and the data have been stabilised and would be around the same figure for the next quarter.



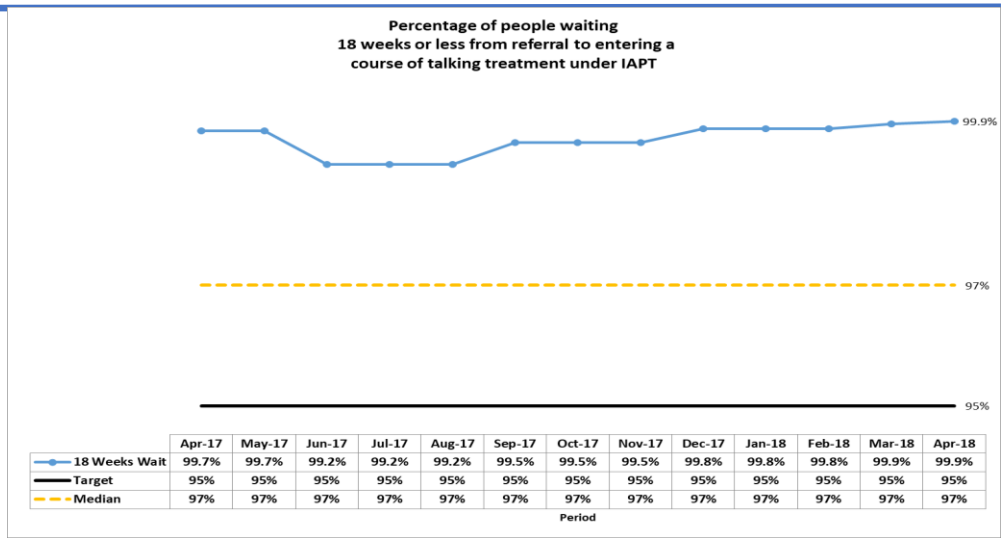
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
% starting treatment within 6 wks of referral	96.4%	96.4%	97.0%	97.0%	97.0%	97.5%	97.5%	97.5%	98.0%	98.0%	98.0%	98.1%	98.1%
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Average	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%

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

Reporting Month : April 18 Target : 95%

% of patients having Treatment within 18 Weeks of referral	Current Month April 18	Last Quarter1 (Jan-Mar18)	Quarter4 (Oct-Dec17)
	99.9%	99.8%	99.6%

For this indicator both current performance and average performance for the period is above target. The last 2 quarter shows above 99% of patients had a wait of 18 weeks or less to enter a treatment and the data have been stabilised and would be around the same figure for the next quarter.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
18 Weeks Wait	99.7%	99.7%	99.2%	99.2%	99.2%	99.5%	99.5%	99.5%	99.8%	99.8%	99.8%	99.9%	99.9%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Median	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%

NHSI Single Oversight Framework Operational Performance Metrics

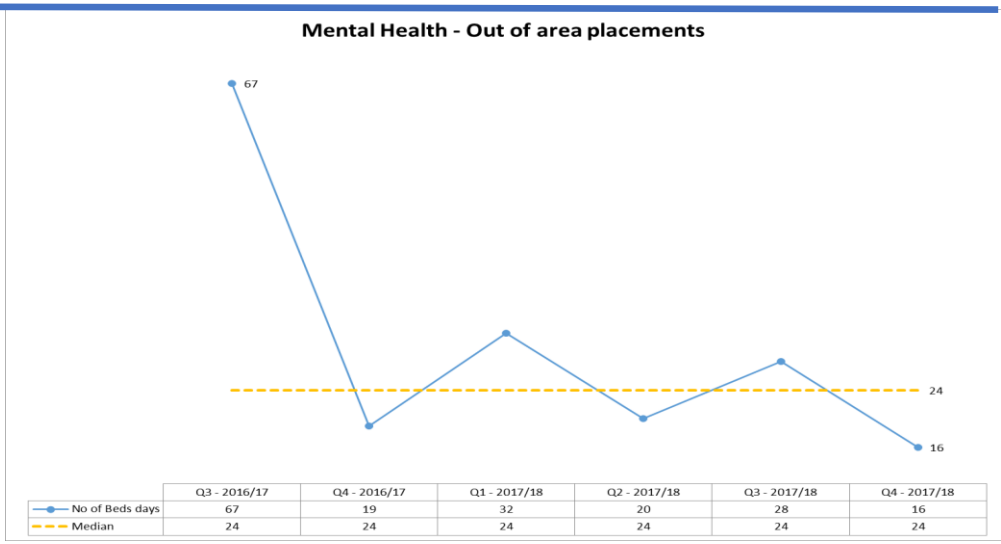
Out of Area Placements – Number of Occupied Bed Days

Reporting Month : April 18

No Target

Out of Area Placement	Quarter 4 (Oct-Dec17)	Quarter 3 (Jul – Sep17)	Quarter 2 (Apr-Jun 17)
Number of Bed Days	16	28	20

This is a new indicator. There is no target for this indicator.



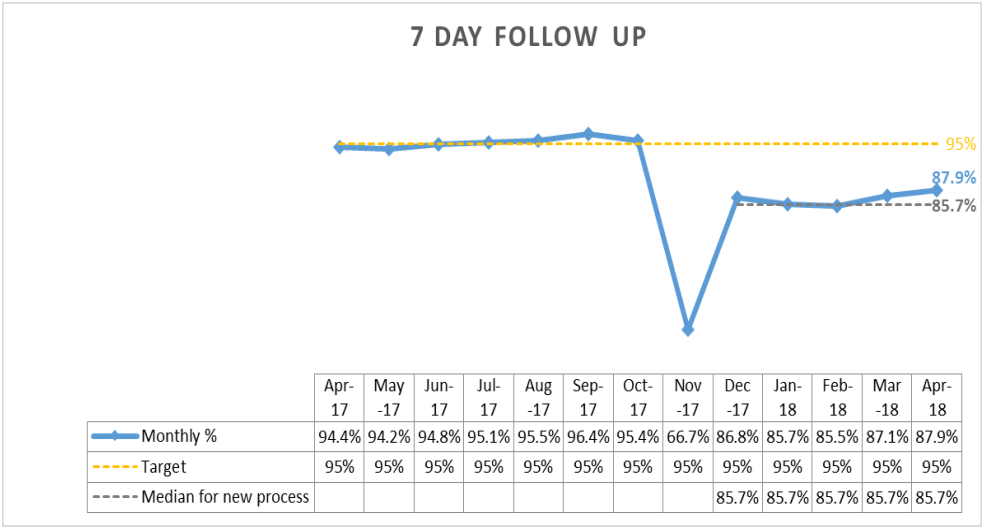
National and Local Indicators

7 day Follow up
Adult Services

Reporting Month : April 18 Target : 95%

	Month	Quarter 4 (Jan – Mar 18)
Discharged	390	1156
Follow Up	373	1007
% Follow Up	87.9	87

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



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

Monthly performance declined in November 17 as a result of the metric changing to include non CPA patients.

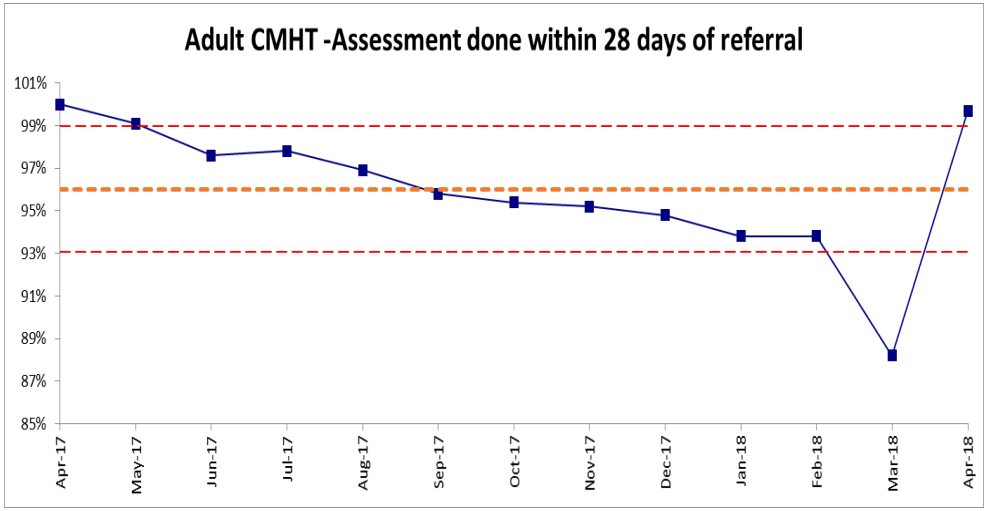
From December 2017 performance has stabilised around a median of 85% - below the target of 95%.
The last two months have shown slightly higher values than the median but there is not enough data to show an improvement yet.

ADULT CMHT
Assessment Done within 28 Days of Referral

Reporting Month : April 18 Target : 100%

	Current Month Apr 18	Previous Month Mar 18
Assessment Done within 28 days of Referral	99.7%	88.2%

In April 2018 special cause variation is present showing high performance and improvement. However the variation is extremely volatile for this comes after special cause variation in March 2018 with a run of 7 months below the mean line. More time is needed to see if this improvement is sustained.



National and Local Indicators

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

Reporting Month : April 18

Target : 95%

	Current Month	Previous Month
Care Plan In Date Document 12 Months Old	Apr 18 87.9%	Mar 18 89.3%

Average is 89.5%

In the last 6 months the figures are below the average, no special cause variation noticed. From Dec 17 there was an improvement which falls down in April 18, More time is needed to see if there is an improvement.