

## REPORT TO THE TRUST BOARD: PUBLIC

### 14 NOVEMBER 2018

|                                       |   |
|---------------------------------------|---|
| <b>Title</b>                          | Integrated Quality and Performance report |
| <b>Authors</b>                        | All Executive Directors                   |
| <b>Accountable Executive Director</b> | 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.

Development of the report continues, with feedback from the October Board Development Event and an Internal Audit currently being considered. A Trust Planning and Performance Manager has been appointed to support the Executive Director of Planning and Performance, and will be assisting in the development and production of 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

Work on population health is continuing to develop within the Trust. The recent IHI visit and DMT event have been used to develop the plans and metrics in this area, which will be included in the next report. Smoking rates for CPA patients seems to be declining, and this area is a focus of the Trust's physical health strategy.

In regard to patient experience, there was a relatively high number of restraints in September 2018, mainly in City & Hackney and Newham services. This is being considered as part of the Trust collaborative, and will be discussed at the December Quality Assurance Committee. Of positive note is the reduction in waiting times for CAMHS services.

In relation to staff experience, vacancy rates have decreased and there is particular progress made in Luton & Bedfordshire nursing staff, which will have a positive impact on patient experience and agency spend. The annual staff survey is currently being collected, and will provide a richer picture of staff experience for future reports.

In relation to value for money, the Trust's financial position at the end of Month 6 is still of concern, and has been discussed in detail at the Finance, Business and Investment Committee. A detailed summary is set out in section 5 of the report.

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 is now resolved pending NHS Digital publication).

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

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

|   |                                     |   |
|---|-------------------------------------|---|
| Improved patient experience                 | <input checked="" type="checkbox"/> | The report is structured around the four strategic priorities and the sections set out progress in each area. |
| Improved health of the communities we serve | <input checked="" type="checkbox"/> |   |
| Improved staff experience                   | <input checked="" type="checkbox"/> |   |
| Improved value for money                    | <input checked="" type="checkbox"/> |   |

**Committees/meetings where this item has been considered**

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

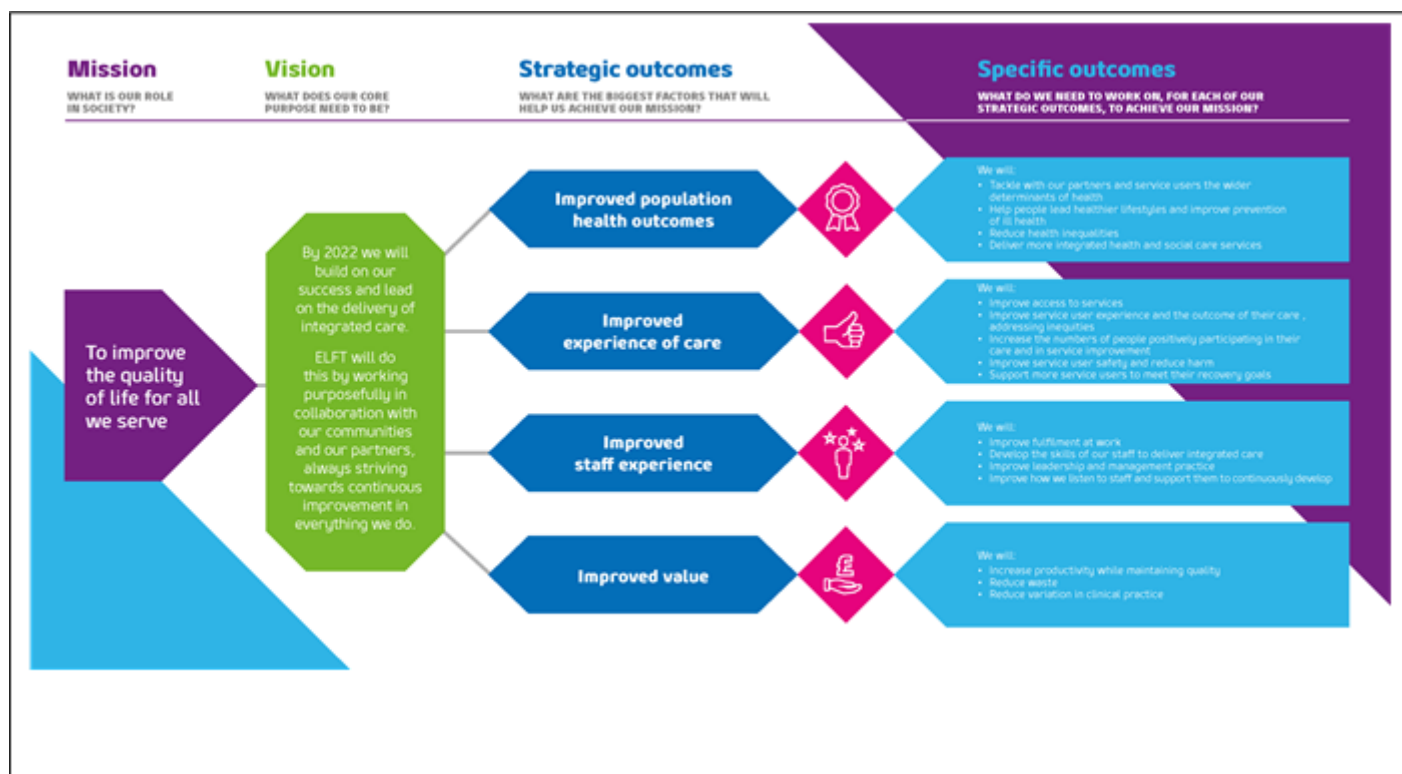
**Implications**

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

## 1. Introduction

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

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



The structure of the report follows the strategic outcomes:

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

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

## 2. Improved population health outcomes

### Programme governance

Executive leads: Chief Medical Officer, Director of Integrated Care

Lead executive committee: Service Delivery Board

### Annual Plan priorities

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

## Executive Commentary – Annual Plan Priorities

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

The Chief Medical Officer and Director of Integrated Care are finalising a small suite of population health outcomes and metrics to provide a clear framework for improving the health of the populations we serve. Since the last Board, there has been further testing of the proposed outcomes and metrics with the Institute for Healthcare Improvement, as part of their annual visit to the Trust, and further work with clinical leads, in particular a workshop on 2 November with all the Trust Directorate Management Teams, to refine the metrics. There are further workshops with the Working Together Groups on 14 and 15 November, following on from which it is anticipated the final suite of outcomes and metrics will be complete. These will be included in the next report.



One of the primary approaches the Trust intends to deploy to improve population health outcomes will be through our quality improvement work. Each directorate within the Trust has now identified a population for whom they will undertake a “triple aim” quality improvement project. The annual IHI visit gave directorates an opportunity to further refine their proposed approach, and the DMT Workshop on 2 November started next steps planning, in particular how to develop a deeper understanding of each population groups needs and assets. It is anticipated that the next key milestone will be February 2019, when

the data review will be complete for each directorate, and some change ideas will have been developed.

## Executive commentary - Integrated Dashboard

Whilst the work to finalise the Trusts population health outcomes and metrics, a suite of metrics are presented in the Trust Board Integrated Dashboard as an illustration of potential measures, to be finalised. The control charts included in the population health dashboard are illustrative, and represent the incremental progress being made.

At present all indicators are showing common cause variation. For the percentage of CPA patients who smoke, the last seven data points are below the mean, although this is too early to evidence a true shift. The Trust has recently implemented an electronic referral system in order to refer patients to stop smoking services, and this area is a focus of the Trust's physical health strategy. .

A number of other specific initiatives are underway, including the deployment of significant new Individual Placement Support capacity in Bedfordshire, Luton, Tower Hamlets and Newham, to support people with serious mental illness into employment.

## Board Assurance

| Risk description:  | Executive/<br>Committee lead                   | Current<br>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<br><br>Trust Board | 12                | <p>The Trust is dependent on partners including in particular regulators, STPs, CCGs, Councils, GP Confederations and acute and community health providers, to deliver its strategic objectives. The Trust is also likely to undertake significant service developments that may require partner agreement or approval to proceed.</p> <p>Governance structures are in place, and development work undertaken, in each local health system. Further assurance is required in this developing area of governance.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> <li>• Universal evaluation of data for increased service quality with concomitant decrease in</li> </ul> |

|  |   |    |   |
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|  |   |    | <p>costs to evidence the effectiveness of the new strategies and models of care</p> <ul style="list-style-type: none"> <li>• Executive leads developing subject-specific plans following the approval of the revised Trust Five-Year Strategy</li> <li>• Internal audit are conducting a review of integrated care system governance, which will be reported to the Audit Committee.</li> </ul>   |
| Strategic risk 2: Failure to effectively engage with local agencies and communities prevents the development of services and the delivery of improvement initiatives | <p>Chief Medical Officer</p> <p>Trust Board</p> | 12 | <p>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 focused on identifying assurance in this area.</p> <p>This will be discussed as part of the Board development session in February 2018.</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    |
| Increased people participation in service planning and delivery | We plan to increase involvement in local services, in quality improvement projects, and also increase the number of peer support workers                                | Service and Clinical Directors | March 2019    |
| Improving access to services                                    | Continue to improve access and flow across CAMHS and psychological therapy services in the Trust, as part of the QI programme   | Chief Operating Officer        | December 2018 |
| Patients will be more empowered                                 | Implementation of the recovery approach, reduction of restrictive practice and violence   | Chief Operating Officer        | March 2019    |

#### Executive commentary – Annual Plan Priorities

Following the IHI visit, we are going to be focusing on building experience measure in the populations that directorates are focusing on. We have newly published dashboards on reporting services that now enable people to see dialog scores using the aggregated data that we have collected. This should enable teams to begin to think about the data. We have also begun to focus on how people use the information they receive from both dialog and friends and family test to drive improvements at a team level. The new accreditation process should be important in supporting this approach.

## Executive commentary - Integrated Dashboard

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

For the Friends and Family Test, we have implemented a new system of data collection, led by service users, which has increased the number of responses collected. There has also been a change in that Phlebotomy services have been excluded from the data set. We will need to continue to explore and monitor the feedback received in order to identify issues and trends.

Of concern is the high number of restraints and prone restraints in September. Prone restraints showed an increase in September. Prone restraint is most commonly associated with the use of intra-muscular injections and when teams are exiting seclusion rooms. Newham adult mental services and City and Hackney adult mental health services have used more prone restraint whilst Forensic services are generally using less. The use of restrictive interventions including restraint and seclusion is now part of our violence reduction work using the 6 core strategies of learning together, data, leadership, working with service users and families, trauma informed care and rigorous debriefing. This is due for discussion in the Quality Committee and the Quality Assurance Committee in December 2018

## Board Assurance

| <b>Risk description:</b>   | <b>Executive/ Committee lead</b>                           | <b>Current score:</b> | <b>Executive Commentary:</b>  |
|--|--|-----------------------|---|
| 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<br><br>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"><li>• Developing peer support worker roles</li><li>• Implementing the Carers' Strategy</li><li>• Developing a process/system for capturing Service User experience to provide consistent engagement</li><li>• Evaluating the implementation of CPA and dialog+ from staff and Service User perspective.</li></ul> |

|   |   |    |  |
|---|---|----|--|
|   |   |    | <p>A senior leaders workshop was held in October to discuss people participation and plans are now being developed.</p> <p>The Quality Assurance Committee will seek assurance that the level of variation is being reduced.</p>   |
| Strategic risk 4: Failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm | <p>Chief Nursing Officer</p> <p>Quality Assurance Committee</p> | 10 | <p>The Trust has recently received a positive evidence of assurance in the form of the outcome of the CQC well-led inspection that took place in April 2018. The Trust has maintained its outstanding rating, and the CQC were assured that action had been taken to address issues raised in the 2016 comprehensive inspection. Forensic services were upgraded from good to outstanding.</p> <p>The main area where further assurance is required is in relation to community health services, due to the Trust's expansion in this area and because the services were not visited as part of the recent inspection. The outcome of internal and external reviews of the service will be submitted to the Quality Assurance Committee in December 2018.</p> <p>A series of actions are being taken to reduce the risk target score including:</p> <ul style="list-style-type: none"> <li>• The implementation and monitoring of the CQC well-led action plan</li> <li>• The development of external community health peer inspection with providers</li> <li>• Trust-wide learning lessons seminars of themes from SI reports to support reduction in SIs</li> <li>• Review of patient safety processes to improve learning from patient safety incidents and issues</li> <li>• Develop and implement a Trust-wide learning lessons framework to improve learning and sharing of best practice through triangulating feedback/ information.</li> </ul> |

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|  |  |  | <p>At its meeting on 1 November 2018, the Quality Assurance Committee noted that in addition to the CQC quarterly engagement meeting, the CQC have introduced a quarterly report called 'CQC Insight' which is a system that brings together in one place the information CQC holds about services and analyses it to monitor services at provider, location or core service level. This helps to decide what, where and when to inspect as well as providing analysis to support the evidence in inspection reports. The model is one of real-time data. This report is reviewed by Exec leads on quality and at the Quality Committee to identify any risk areas/issues requiring action.</p> |
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#### 4. Improved staff experience

##### Programme Governance:

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

Lead executive committee: Workforce Committee

##### Annual Plan priorities

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

## **Executive commentary - Annual Plan Priorities**

### **Leadership**

Leadership programmes currently active include:

- Collective leadership Programme (all staff)
- B6 Nurse Development Programme
- Senior Clinical Leaders Programme (for aspirant senior clinical leaders of all professions. We are currently requesting nominations from Service Directors and Clinical Directors. Programme begins in March 2019).
- Springboard programme for all staff (female) is in process of being commissioned.

Existing programmes have incorporated concepts of collective and systems leadership. Work is also underway in Bedfordshire to pilot leadership development across the local health system. A programme for new leaders is currently being developed, and should commence by March 2019.

### **Staff Engagement**

The National Staff Survey is live and closes on 30 November 2018. The response rate so far is 20.6% (1,117 respondents from an eligible sample of 5,418 staff).

The enjoying work QI programme continues, with 20 teams using improvement science to enhance joy in work. The teams are collecting data daily using a mobile app co-designed with a software company, and are testing ideas generated by the teams themselves. Eight of these teams are already seeing an improvement in the outcome measure of the proportion of staff who had a good day at work. See the quality report for a more detailed description of progress and challenges.

### **A Population Health Approach to Staff Wellbeing**

We have been working with the Institute for Health Improvement (IHI) in terms of the Experience of staff namely Bullying/Dignity at Work and employee Wellbeing. 24% of 2017 Staff Survey respondents have stated that they felt bullied. The Chief Nurse, Director of HR and Non-Executive Director Rob Taylor are exploring what more could be done to address this.

In addition, we are exploring how we could improve our offer to staff, from a population health perspective to address the top two reasons for sickness absence Musculoskeletal and Stress. As well as take a more general approach to physical and emotional wellbeing of staff:

- Physiotherapy;
- Smoking cessation;
- Weight management/ healthy lifestyle;
- Psychological support;
- Financial Wellbeing.

We are exploring with clinical leads how we can offer these services to staff, and understanding whether this can be done in partnership with other Trust's in the system.

We have reviewed our offering in terms of employee wellbeing to include financial wellbeing. This is in response to the survey that was done in March 2018, which highlighted that 3 out of 5 staff worry about finances and c2% of our staff are using food banks and some staff are using credits cards and/or loans to pay for basic living costs. We are exploring a range of initiatives to assist staff with financial hardship, savings, education and loans.

## **Equalities**

The draft Equality and Diversity plan has been discussed at the October Appointments and Remuneration Committee and is included for discussion with the Board.

An update was presented to the September Board in terms of the progress on the Workforce Race Equality Standard. A draft action plan was submitted to the September board and we have created an infographic that we will publish on the Trust website, and issue at inductions to raise awareness about the WRES (Attached).

We published our Gender Pay Gap figures and are undertaking further analysis across all of the protected characteristics. A more detailed report specifically on Clinical Excellence Awards (CEAs) is due to the Appointments and Remuneration Committee in December.

## **Apprentice Update**

Following on from the last board meeting in May, the Board requested an update on how the apprentices who attended the Board were progressing.

Zakiya secured a position St Barts hospital, to do a support worker apprenticeship, she felt the corporate environment wasn't for her and really wanted to work in a clinical setting. Katy is still doing her apprenticeship with ELFT, she is an Apprentice Recovery worker with the Bedford drug and Alcohol service, due to end in April 2019. Zohura left the CAMHs service to start training to be a social Worker. Gabriella has preparing to do her nurse training and Aaron is working in Human Resources on the Flu campaign.

## **Executive commentary - Integrated Dashboard**

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

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

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

## Board Assurance

| Risk description:  | Executive/<br>Committee lead:   | Current<br>score: | Executive Commentary:  |
|--|---|-------------------|--|
| Strategic risk 5:<br>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<br><br>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 regular reports on Workforce Planning to both the Workforce Committee and Appointments &amp; Remuneration Committee where progress is assessed and that appropriate controls are in place and operating effectively.</p> |
| Strategic risk 6:<br>Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover                                 | Director of Planning and Performance<br><br>Appointments & Remuneration Committee | 12                | <p>The Trust's results from the 2017 staff survey highlight a number of areas for improvement, and there is emerging concern about staff health and wellbeing. There has been much discussion across the Trust about the results and the action required, with work underway in teams and directorates. In order to mitigate this risk, we need to have more regular information about staff experience, and also more regular assurance that action is being taken to address the issues raised. The implementation of a quarterly pulse survey (in addition to the "good day" measure used by teams in the Enjoying Work programme), will help to address this, and the Workforce Committee needs to receive regular assurance that action plans are being progressed, and communicated back to staff.</p> <p>The Appointments &amp; Remuneration Committee receives regular updates at its</p>  |

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|  |  |  | meetings to seek assurance in this area, e.g. the Committee received a detail update and assurance on the progress with the actions identified from the staff survey 2018 and discussed the Equality & Diversity Plan for staff at its meeting in Oct 2018. |
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## 5. Improved value

### Programme governance:

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

### Annual Plan priorities

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

### Executive commentary – Annual Plan Priorities

The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. The development of the new data warehouse is underway with completion due in December 2018.

EMIS mobile has been rolled out across Newham and Tower Hamlets community services (District Nursing). A Rio mobile platform pilot is under way, but due to issues being identified is now due to complete by the end of December. System One is used in Bedfordshire Community, the provider of the system does not have a developed mobile solution at present but discussions with them are underway. The system is being used with networked laptops.

The Digital Board have received metrics showing the uptake and benefits of mobile working, which does seem to evidence a significant positive impact on clinical productivity and work-life balance.

### Work life balance- % of logins that occurred out of hours by month



## Executive commentary - Financial performance

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

- Underlying operating surplus (EBITDA) to end of September 2018 of £7.5m (3.8%) compared to plan of £10m (5%).
- Underlying net surplus of £151k (0.1%) compared to planned net surplus of £2.5 (1.3%).
- Underlying year to-date adverse net surplus variance of £2.4m.
- Reported year to date favourable net surplus variance of £26k after adjusting for phasing of CRES plans and allocating non-recurrent support.
- Overall Risk rating of "2" to the end of September 2018.
- Cash balance of £75.1m as at the end of September 2018.

### *Operating Income*

Operating income at Month 6 is behind plan by £1.2m, and assumes the Trust fully delivers all CQUIN and outcome elements of contracts.

The position includes £1.2m PSF income to September 2018, since the Trust has met the control total at the end of quarter 2 and expects to meet the control total in 2018/19.

The Month 6 position includes a reduction of £432k against East London Mental Health contracts in recognition of slippage against 2018/19 investments, net of QIPP plans not identified. There is an equal reduction in reserve provision in the expenditure budget, so there is no overall net impact on the Trust position.

The other main reasons for the adverse variance include underperformance against non-contract activity (-£228k) and spot purchase income (-£952k), offset in part by income from

associate commissioners (+547k) and expected performance against the overseas income target (+£250k).

Activity data submitted to the end of August 2018 indicates an underperformance of 22% 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 £258k calculated on Month 5 activity, and would be £311k if applied at Month 6. The activity data is being reviewed to ensure the calculation is accurate.

The CRES plan assumes a total of £1.3m expected from additional spot contract placements, with year to date slippage of £0.5m.

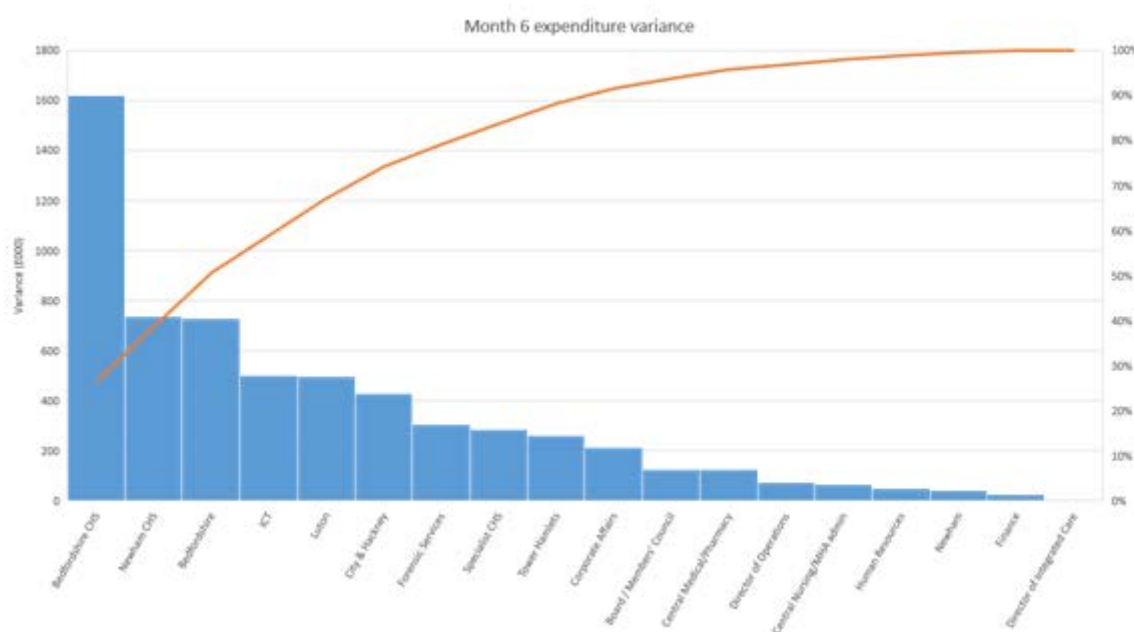
### *Operating expenditure*

The Trust is reporting an underlying adverse variance of £1.3m against operating expenditure at 30th September 2018. The key driver of the Trust overspend is performance against the CRES plan.

QIPP savings have been removed from Trust contracts for 2018/19. The Trust will need to work with CCGs to agree schemes to reduce expenditure at the QIPP values in the contract. The impact of these targets contributed £621k to the Month 6 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 and is within the expected parameters.

The Reserves provision held against slippage on CCG developments at Month 5 has been reduced in line with the reduction in income identified.



### *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 12<sup>th</sup> October, the Trust has identified CRES schemes worth £10.3m, with £2.0m 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 6, the Trust has achieved £3.6m of CRES savings against an internal plan of £5.6m. The shortfall of £2m is due to £1m of slippage against identified schemes and £1m 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.

The Finance, Business and Investment Committee received and discussed a detailed report on CRES at its meeting on 13 November. A verbal update will be provided to the Board.

### *NHSI Agency Ceiling*

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

Agency expenditure to Month 6 was reported at £9.9m, which is £2.5m 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. AHP agency staff have now been transferred onto the system.

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. There remain some areas that are non-compliant with the new process.

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.

## Board Assurance

| Risk description:   | Executive/<br>Committee lead   | Current<br>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<br><br>Finance, Business and Investment Committee | 20                | <p>Failure to maintain financial sustainability would have a significant adverse impact on the organisation and the achievement of its objectives.</p> <p>The CRES Gap has been closed to £2.4m as a result of a lower control total and reserves review for 18/19. Further work is taking place with the Chief Operating Officer and directorates to track delivery of schemes.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> <li>• Developing a communications and engagement plan for staff and service users to ensure awareness of the CRES challenge</li> <li>• Ongoing discussions at Executive Management weekly meetings to identify plans to address the 2018/19 CRES gap. However, it should be noted that there are currently no plans in place that reduce the residual risk – therefore the risk remains high.</li> </ul> <p>The FBIC is regularly monitoring progress in this area. CRES plans will be considered by the Board at its meeting private in November 2018.</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                    | Chief Finance Officer<br><br>IT Working Group  | 10                | <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 consideration of the source and level of assurance</p>   |

|  |  |  |   |
|--|--|--|---|
|  |  |  | <p>required.</p> <p>Actions being taken to reduce the risk target score include comprehensive training as part of the implementation of new systems; progress is reported to the Executive Management team and IT Working Group.</p> <p>At its meeting on 25 Sept 2018, the FBIC noted that the Digital Programme Board is reviewing the Trust's digital ambition which links to other strategies, i.e. estates, and this may identify other risks. Current focus is on data quality and how the use of systems are being maximised to their fullest capability. Importance of behavioural/cultural change was noted.</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.

| Theme                                 | Current Rating |  |
|---------------------------------------|----------------|--|
| Quality of Care                       |                | No Concerns  |
| Financial and Use of Resources        |                | The Trust has a year to date adverse net variance of £2.4m and a risk rating of "2".<br><br>The action being taken is summarised in section 5 above.   |
| Operational Performance               |                | The Trust has not met the target for the Data Quality Maturity Index in previous quarters, due to issues with reporting CAMHS and IAPT information to national systems.<br><br>The Trust has now resolved the reporting issues, but is waiting on publication by NHS Digital of the correct data sets. Once this is published then the Trust score will change to "green". |
| 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. The score has increased to 89% and is expected to meet the target of 95% when NHS Digital publish the next data set.

Of note is the continued high performance in the Trust's IAPT services, with services significantly exceeding access targets, and exceeding recovery rate targets. There are also low levels of 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. There has been some improvement over the past five 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 September 2018 increased to 95%.

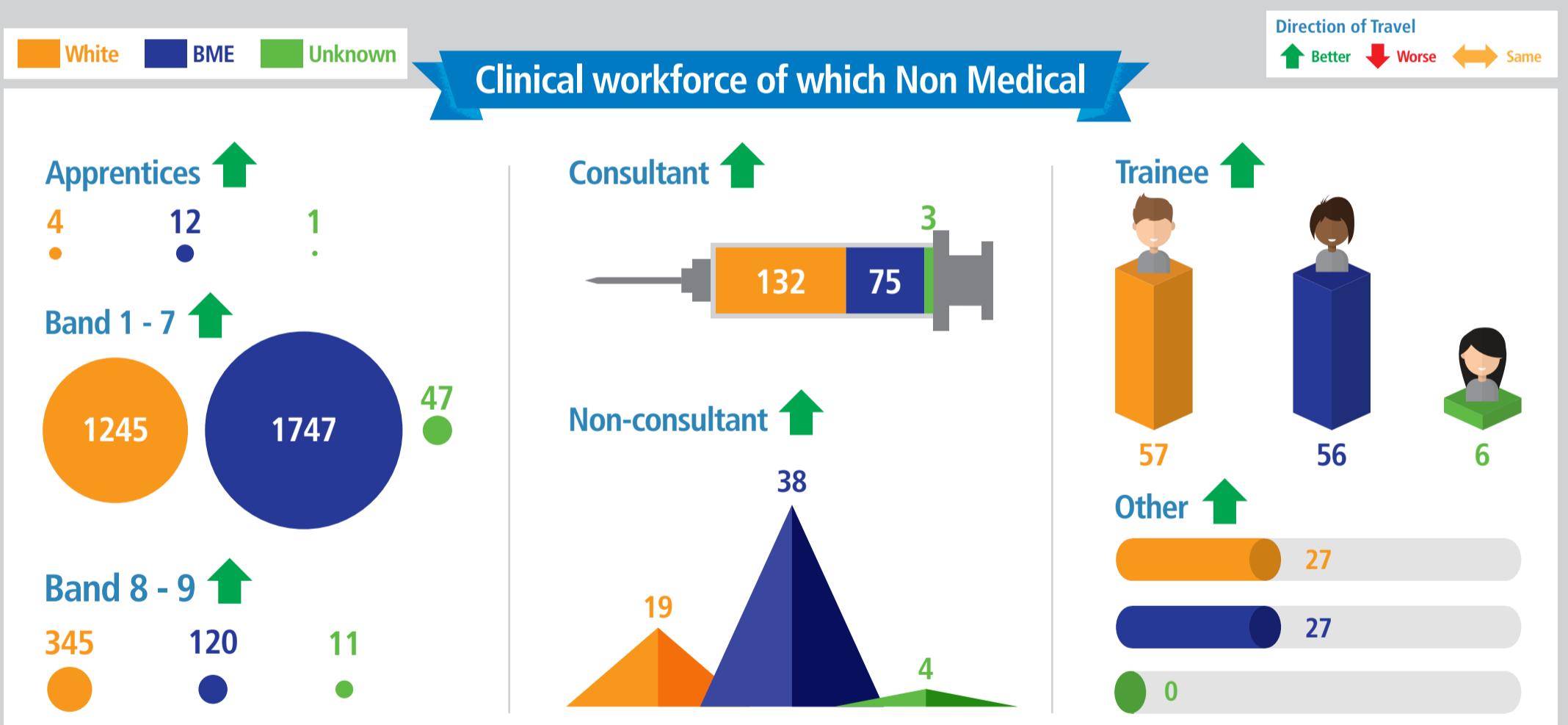
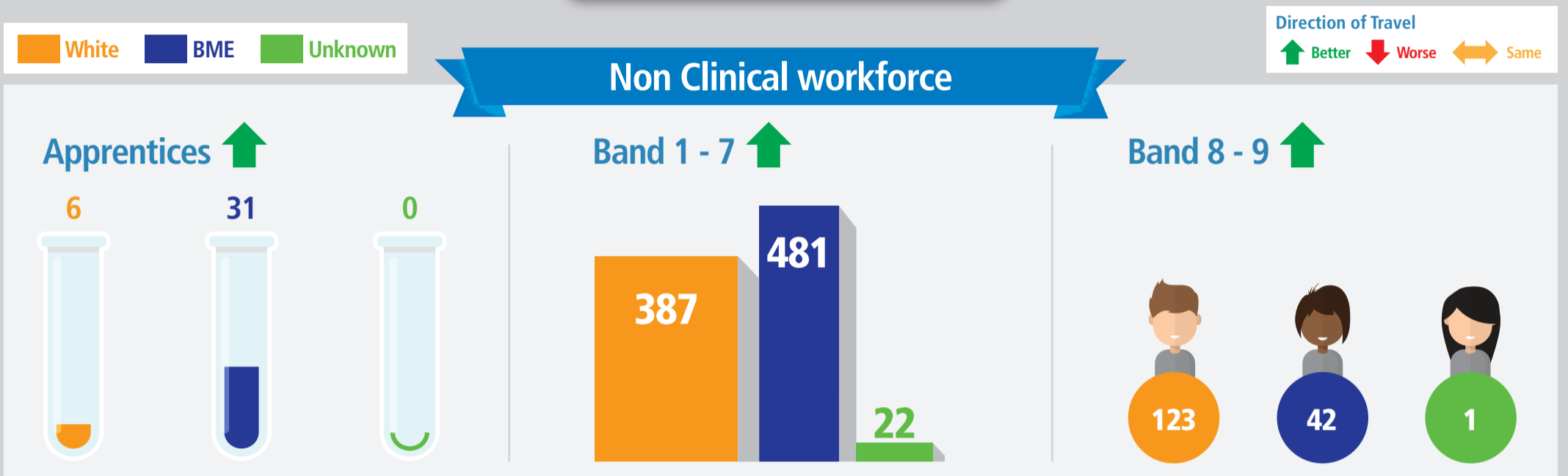
*CPA care plans in date* – as above, performance for this indicator declined due to service restructures, as well as the changeover in the care planning system. The main areas for improvement are in Luton & Bedfordshire services, and this is a focus of monthly performance meetings.

## 7.0 Recommendations and Action Being Requested

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



# 2018 NHS Workforce Race Equality Standard (WRES)





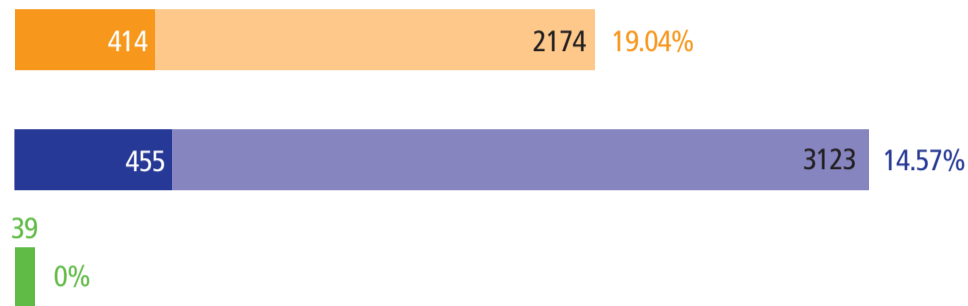
# 2018 NHS Workforce Race Equality Standard (WRES)

White BME Unknown

Direction of Travel

↑ Better ↓ Worse ↔ Same

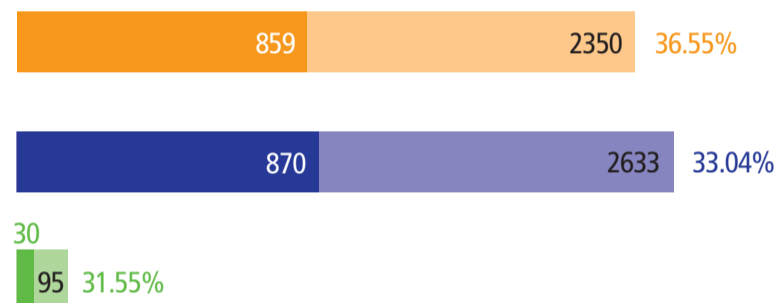
## Staff being appointed from shortlisting ↔



## Staff entering the formal disciplinary process ↑



## Staff accessing non-mandatory training and CPD ↓



White BME Unknown

Direction of Travel

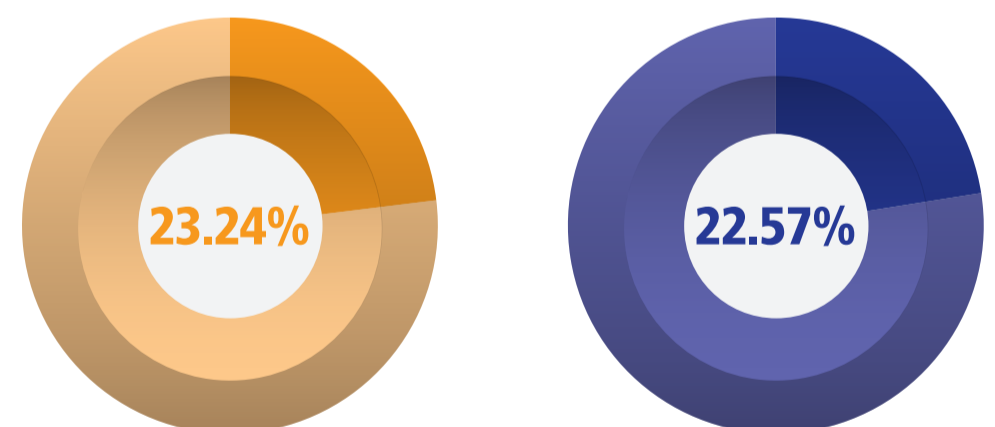
↑ Better ↓ Worse ↔ Same

## Figures from respondents to the 2017 NHS Staff Survey

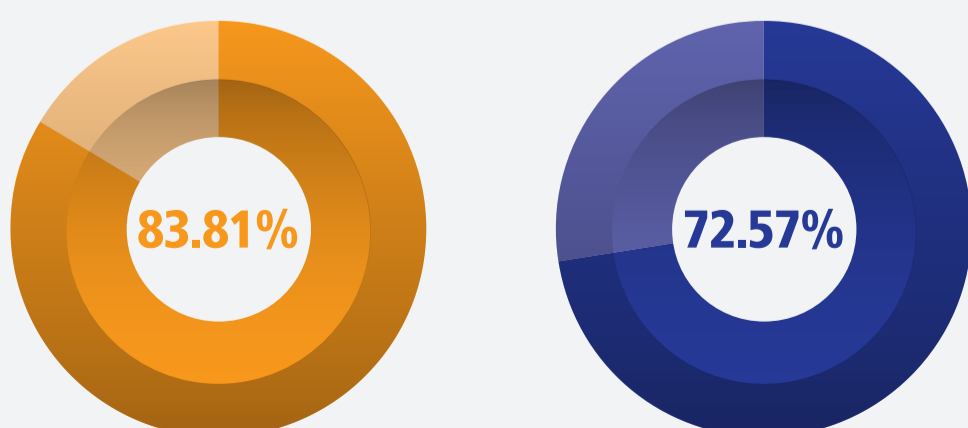
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



% of staff experiencing harassment, bullying or abuse from staff in last 12 months



% staff believing that trust provides equal opportunities for career progression or promotion



% staff personally experienced discrimination at work from Manager/team leader or other colleague



# Trust Board Integrated Dashboard

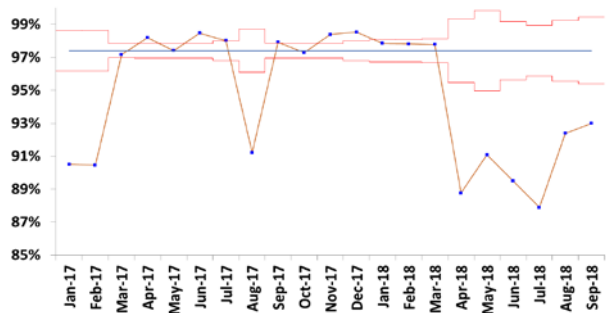


September 2018

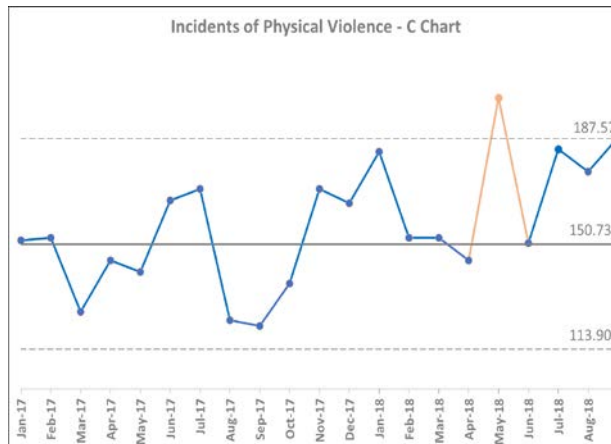
# IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services

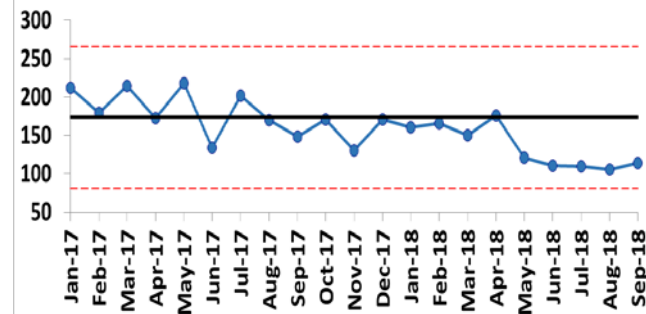
Would you recommend the service to friends and family?  
- P Chart



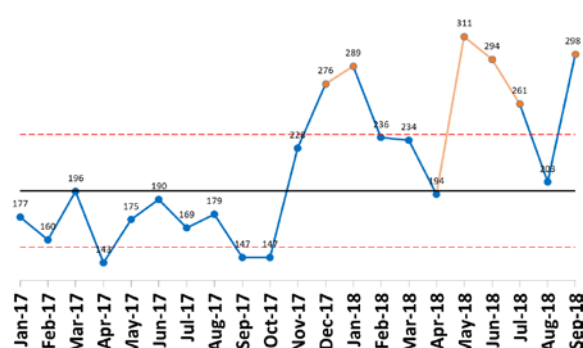
Incidents of Physical Violence - C Chart



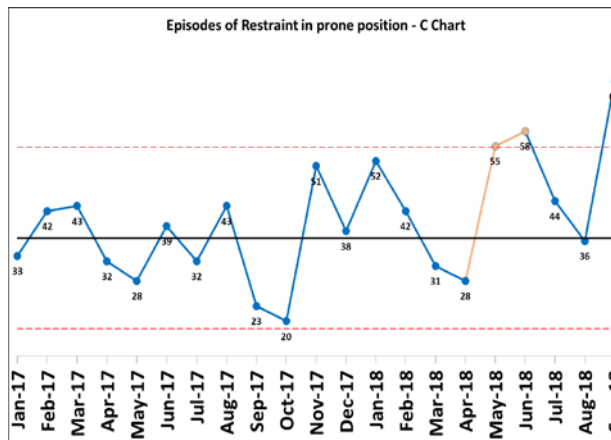
CAMHS - Average Number of Days from Referral to 3rd Contact Seen - I Chart



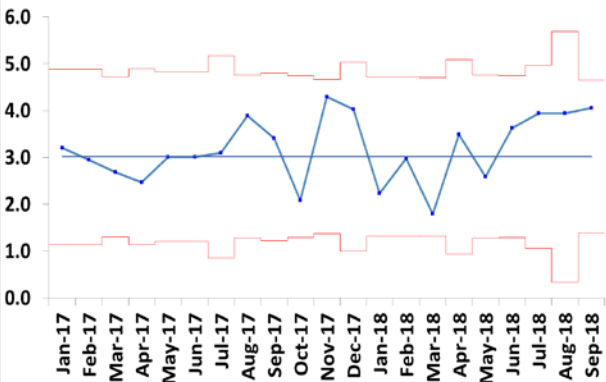
Episodes of Restraint - C Chart



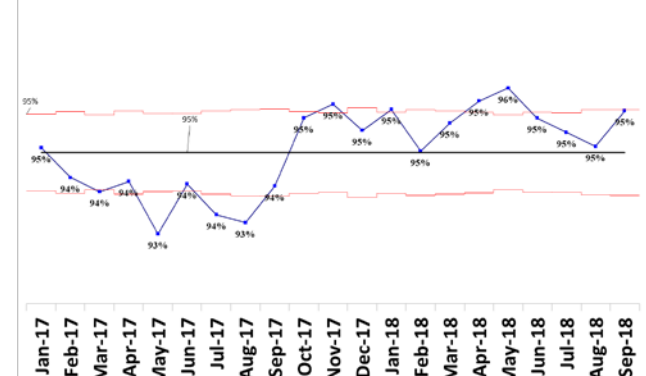
Episodes of Restraint in prone position - C Chart



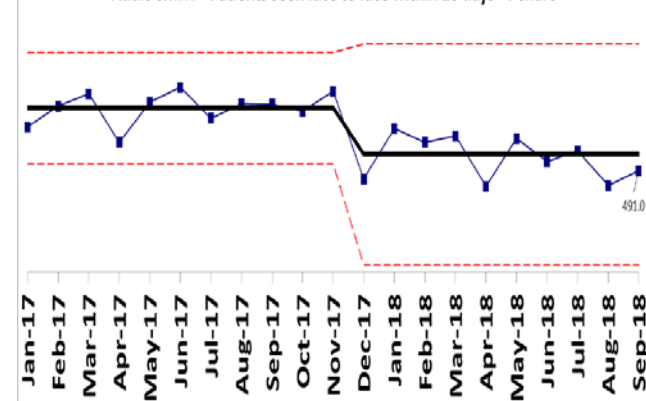
Proportion of BME Service Users who experience restraint  
- U Chart



% Service Users accepted after referral - P Chart



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

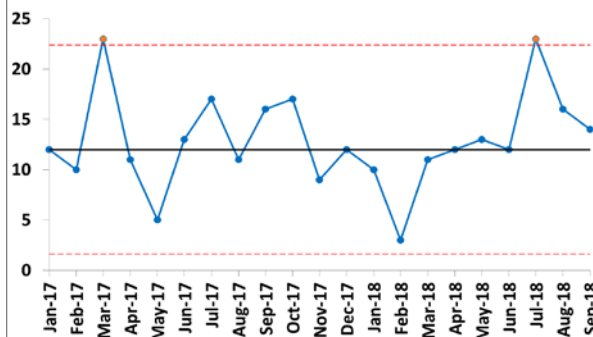


# IMPROVED PATIENT EXPERIENCE

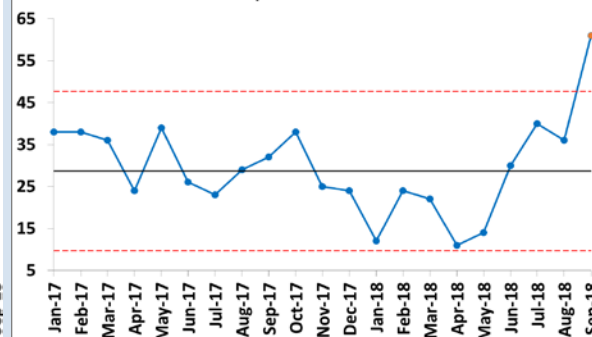
All patients will experience improved access to services

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

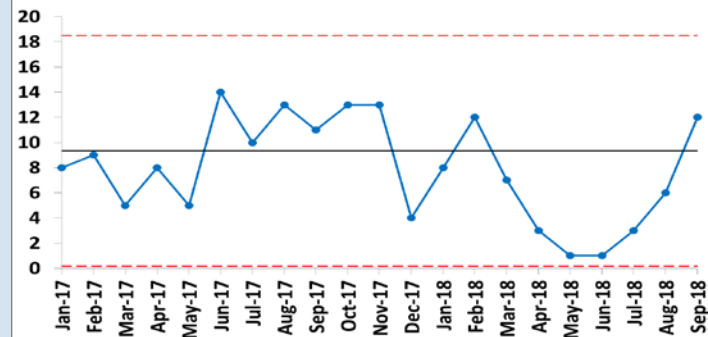
Serious Incidents - C Chart



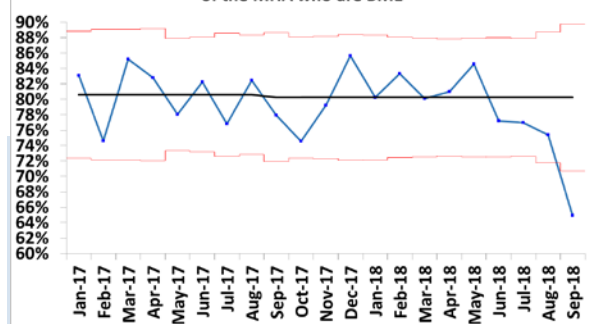
Compliments - I Chart



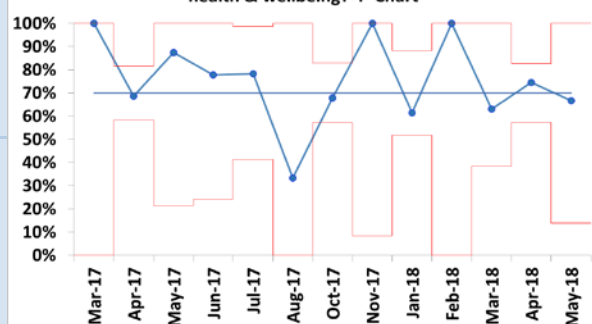
Grade 3 or 4 Pressure Ulcers - C Chart



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

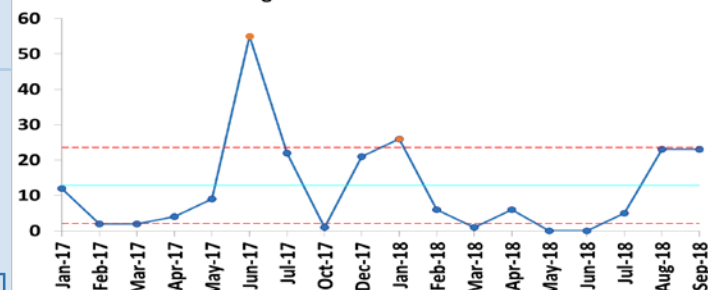


SULSA - Do you feel encouraged to engage with your health & wellbeing? P-Chart



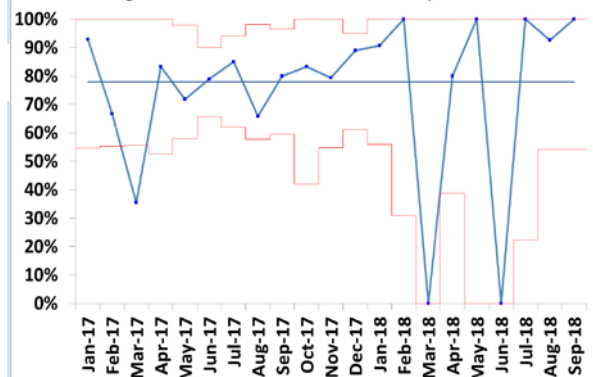
All patients will have more control over what is happening in their care and why

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

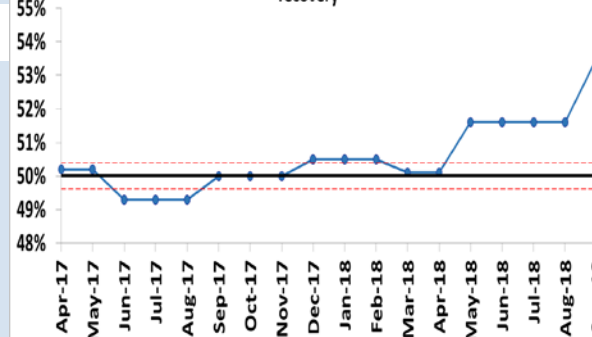


All our services will be designed and developed with service user input

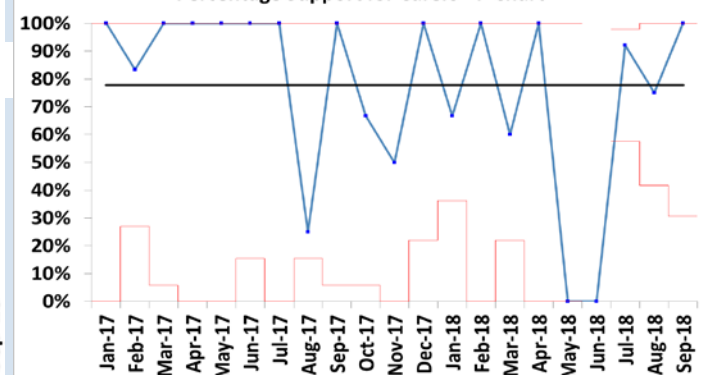
Percentage of Service Users who are satisfied with the care provided - P chart



IAPT - Percentage of patients completing treatment who move to recovery



Percentage Support for Carers - P Chart



KEY

Data available but requires extraction

Measure needs to be defined further

Data not available within Trust

# IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

## People with serious mental illness will live longer, healthier lives

Life expectancy for people with severe mental illness – not on our clinical databases

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

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

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

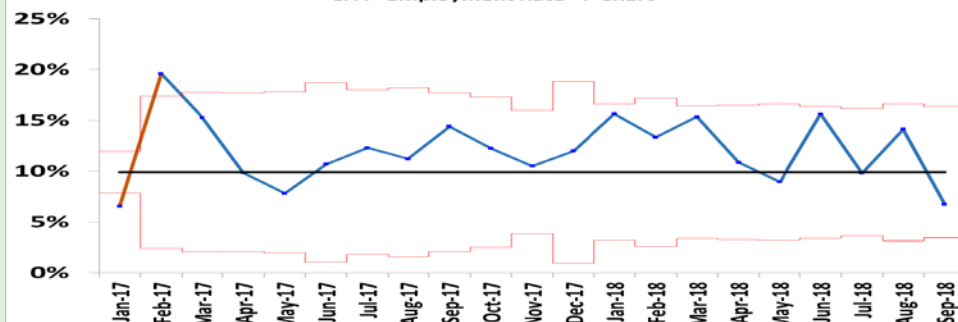
Controlled growth in care home admissions

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

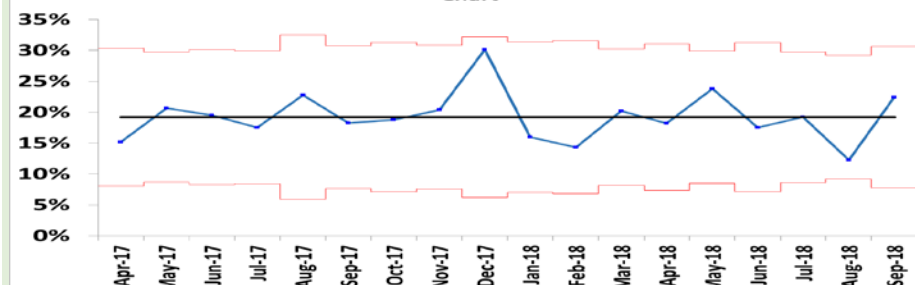
Reduce readmissions for people at high risk of admission (or 65+)

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

CPA - Employment Rate - P Chart

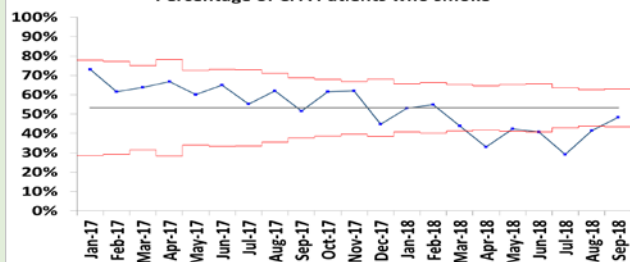


IAPT Services - Percentage of people measured as unemployed at Start of the Treatment and working at the end of the treatment - P Chart

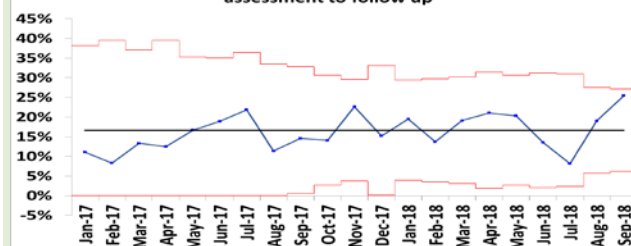


## More people that the trust serves will lead healthier lifestyles

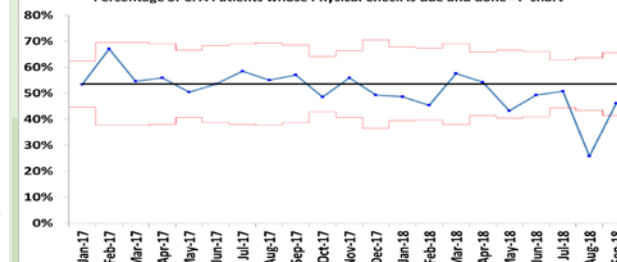
Percentage of CPA Patients who smoke



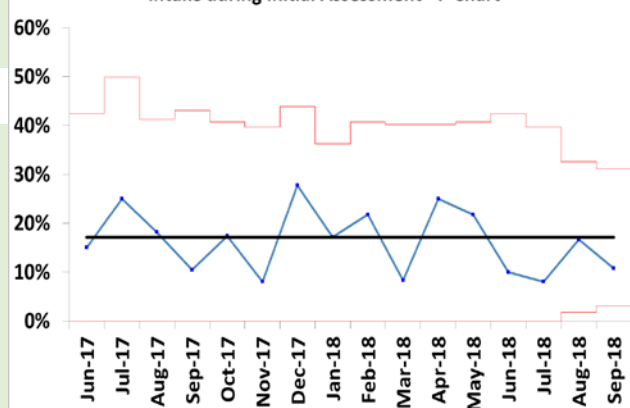
Percentage of CPA Patients who left smoking from initial assessment to follow up



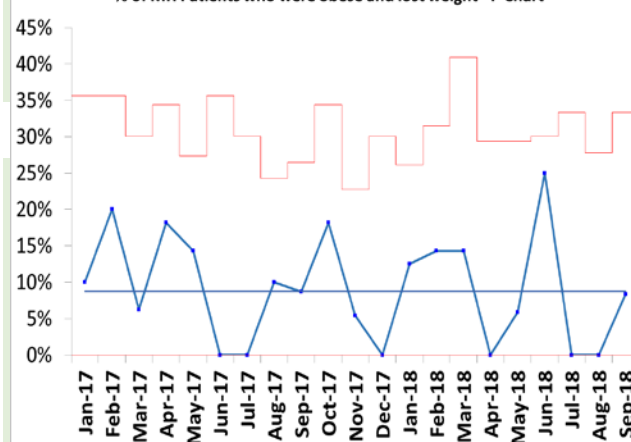
Percentage of CPA Patients whose Physical Check is due and done - P chart



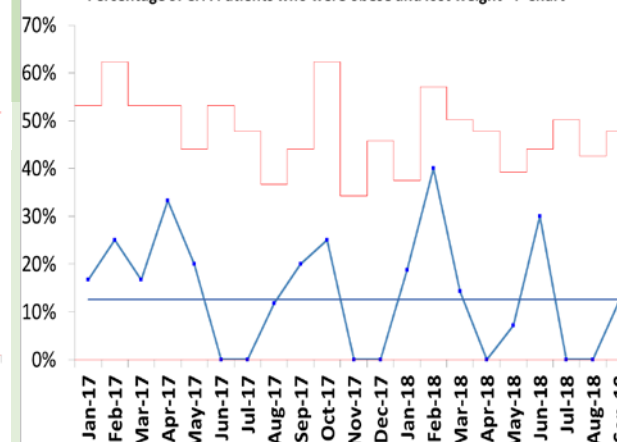
% of CPA Patients Identified to have harmful alcohol intake during Initial Assessment - P Chart



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



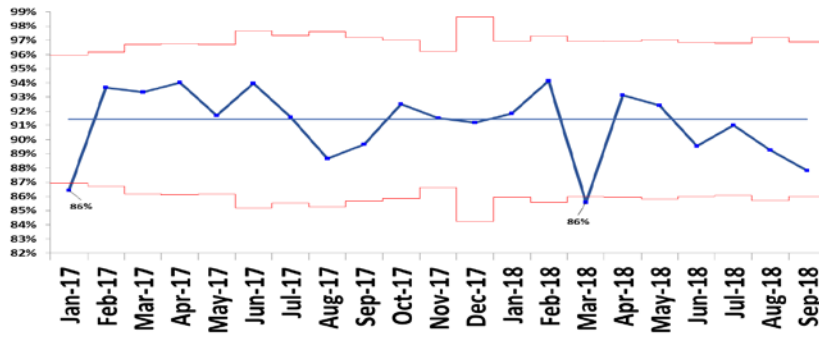
Percentage of CPA Patients who were obese and lost weight - P Chart



# IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

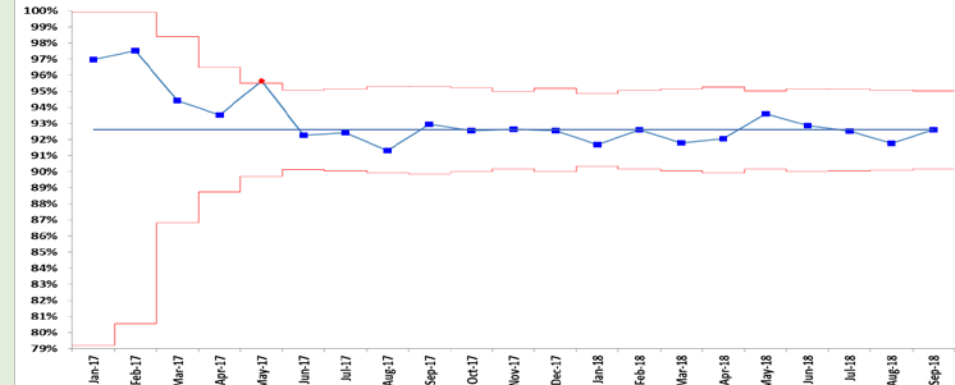
More people that the trust serves will have a decent home

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



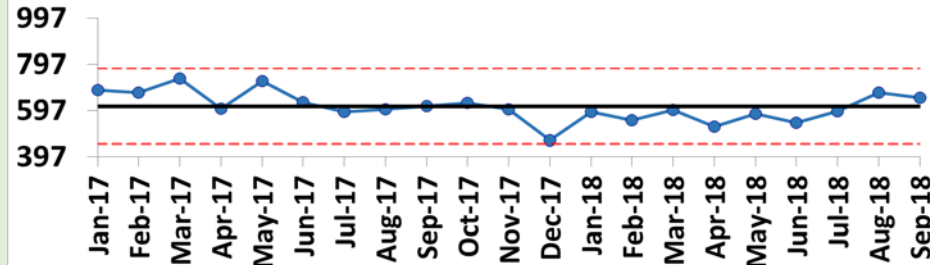
Fewer people that the trust serves will feel lonely

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

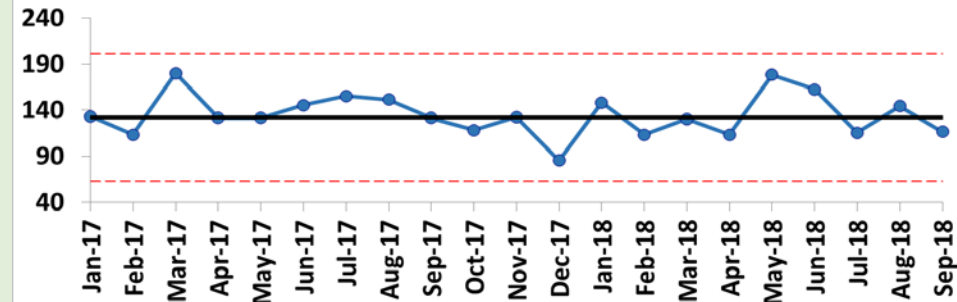


People from the different communities we serve will have improved access to services

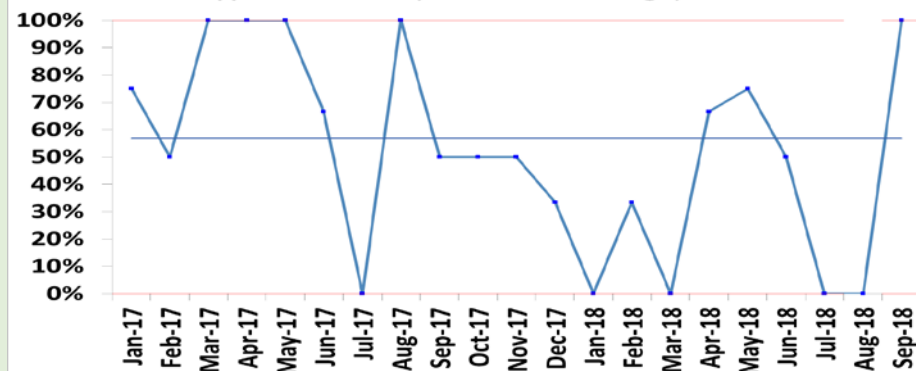
Number of people accessing talking therapies from BME communities - I Chart



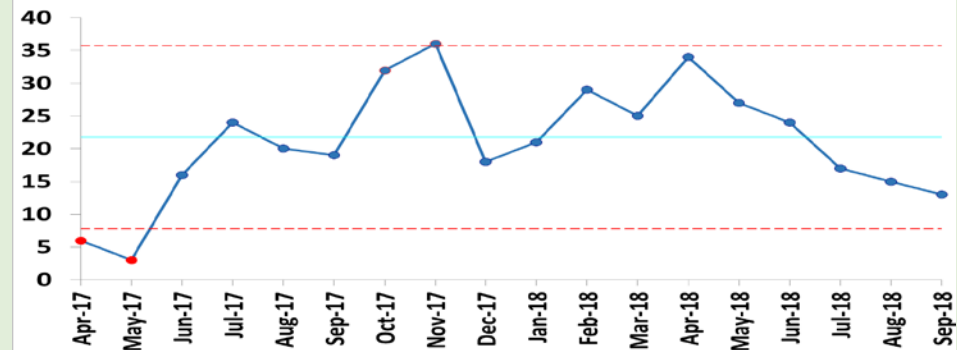
Number of older people accessing talking therapies - I Chart



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

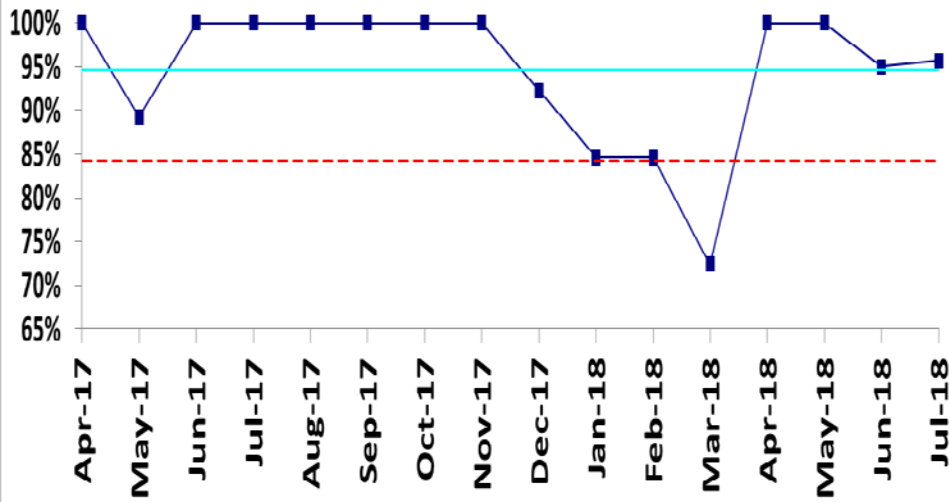


Number of Patients with Learning Difficulties having been Contacted for a Health Action Plan - c Chart

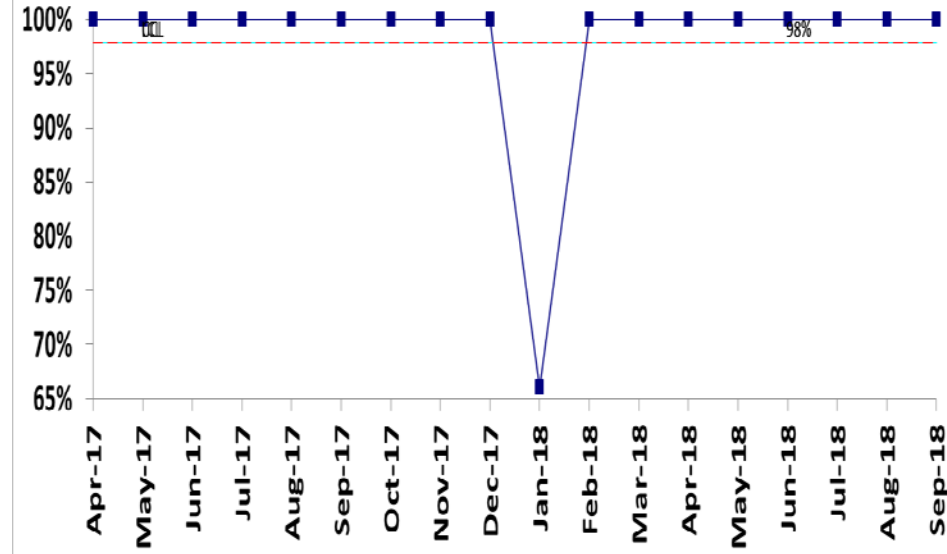


# IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

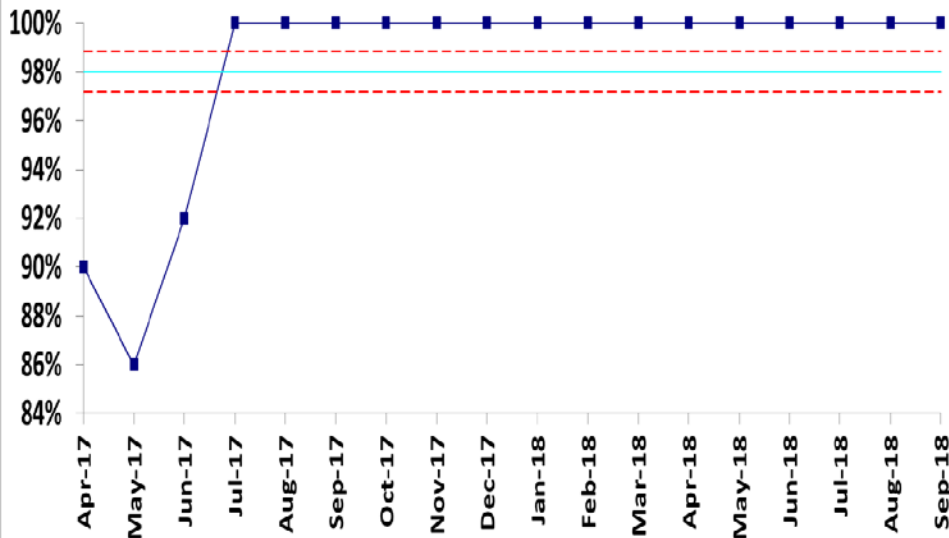
## Community Stroke / Neuro Service Newham - % of Patients receiving treatment within 2 weeks of referrals



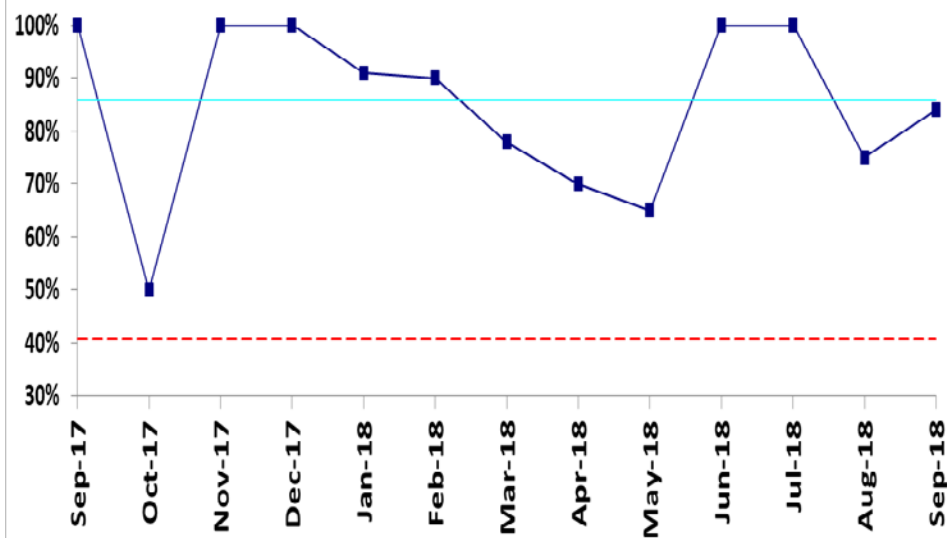
## Foot Health Service - % of Urgent Referrals seen within 2 working days



## EPCT - Percentage of Urgent referrals responded within 24 hours

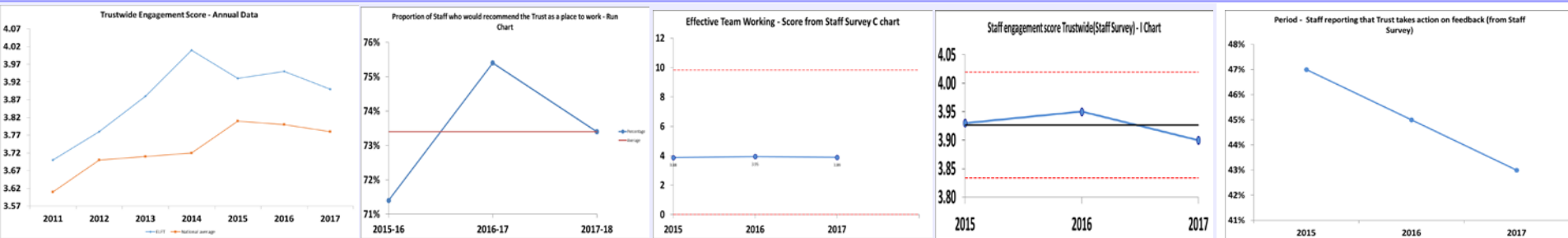


## MSK - Urgent Referrals from GP seen by the service within 10 days % Seen

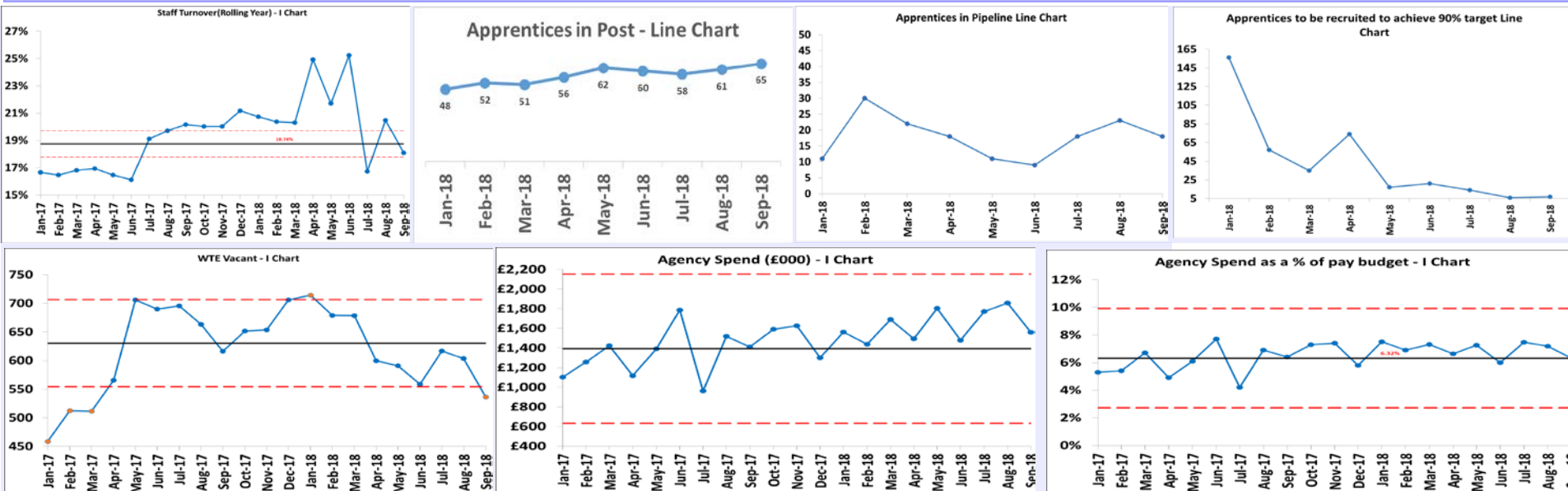


# IMPROVED STAFF EXPERIENCE

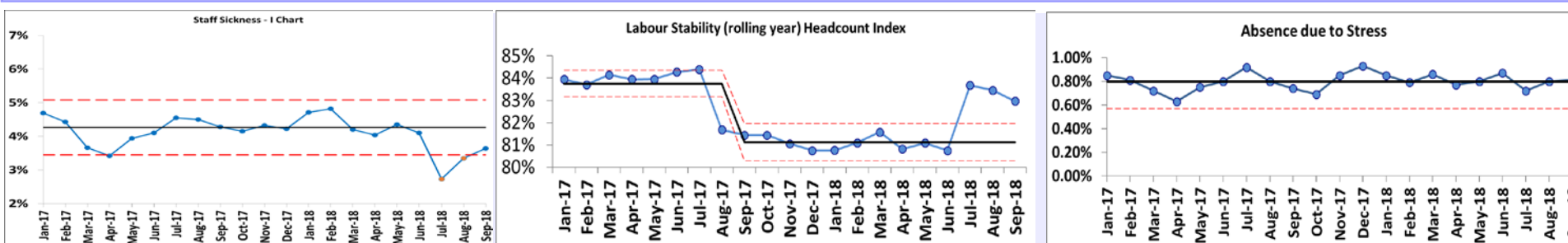
## Increased sense of engagement by staff – Annual Figures



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



## Staff feel supported and motivated to come to work



KEY

Data available but requires extraction

Measure needs to be defined further

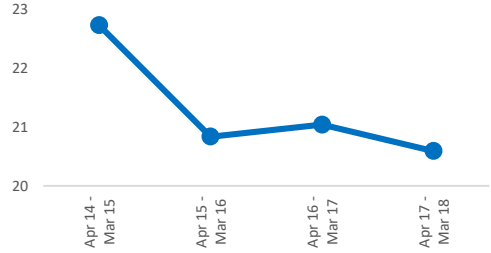
Data not available within Trust

# IMPROVED VALUE FOR MONEY

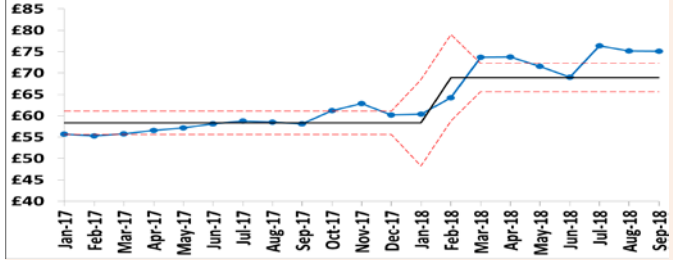
The Trust will improve the utilisation of its estate

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

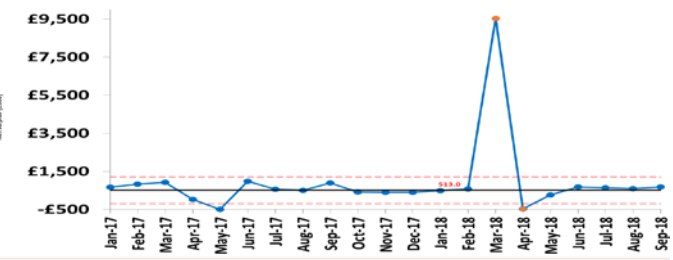
Space Utilisation Ratio (m2 per staff)



Cash in bank (£m) - I Chart

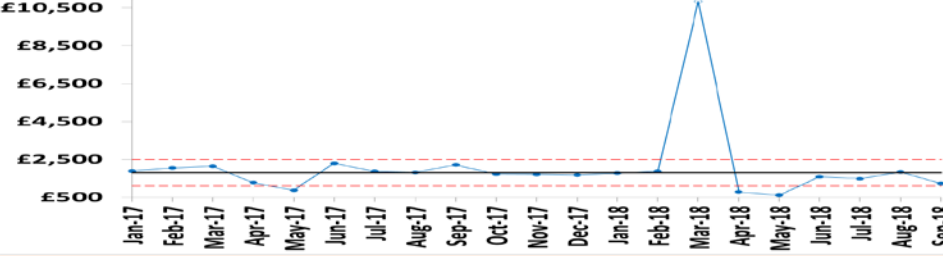


Net surplus (£000) - I Chart

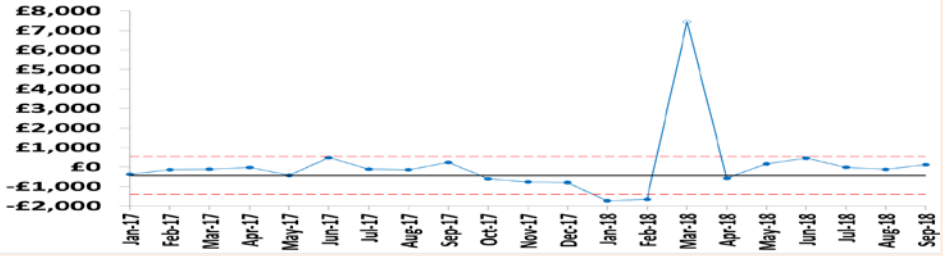


All budget holders will be held responsible for the management of their budgets

EBIT-DA (£000) - I Chart

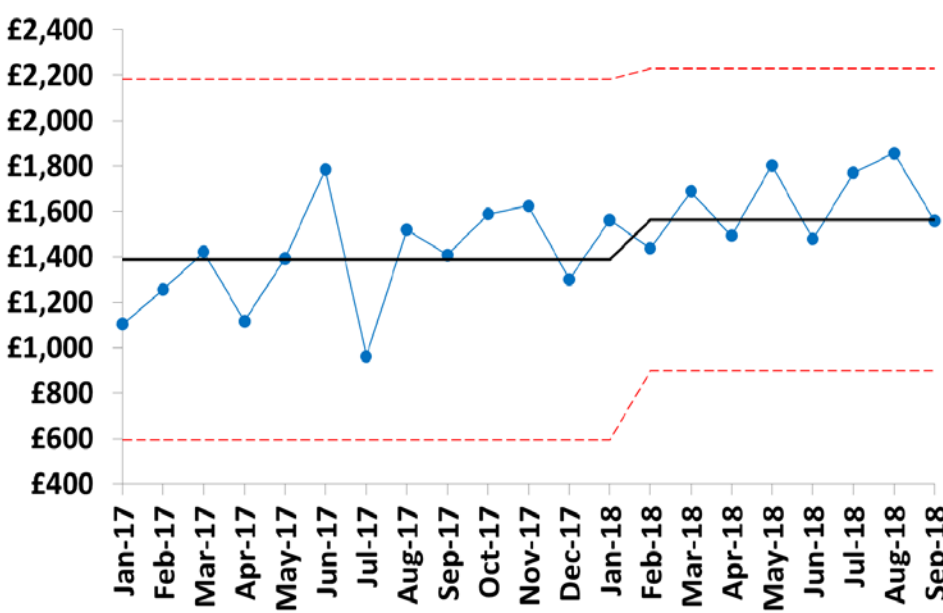


Variance against plan (£000) - I Chart

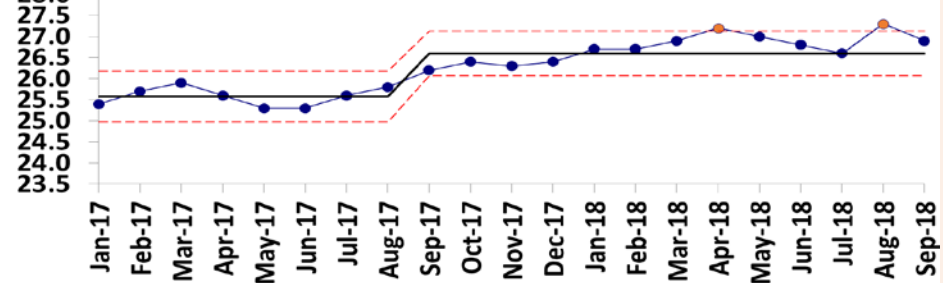


The Trust will increase the efficiency and effectiveness of resource utilisation

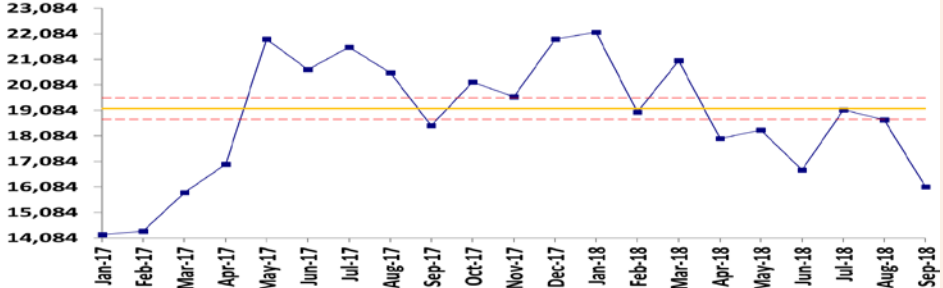
Agency Expenditure (£000) - I Chart



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



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



# Service Delivery Report

## Single Oversight Framework Operational Performance Metrics



[illegible]

# 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

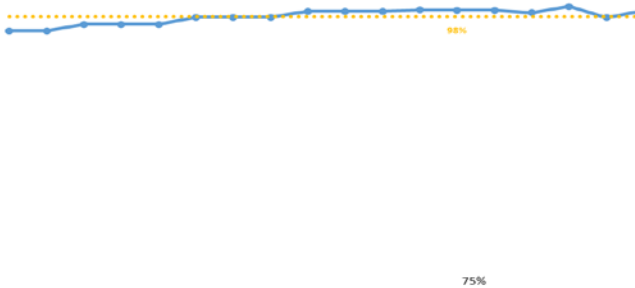
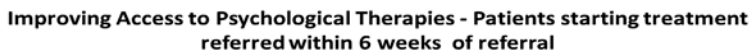
Reporting Month : Sept 18 Target : 75%

% of patients having  
Treatment within 6 weeks  
of referral

Current Month  
September 18  
98.07%

August  
97.5%

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

[illegible]

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

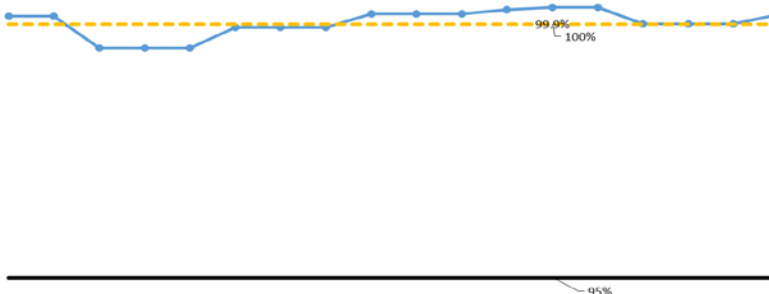
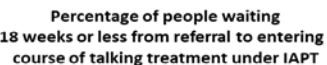
Reporting Month : Sept 18 Target : 95%

% of patients having  
Treatment within 18  
Weeks of referral

Current Month  
Sept18  
99.8%

Aug18  
99.6 %

For this indicator both current performance and average performance for the period is above target. This indicator is not showing improvement or decline in September 2018.

[illegible]

# NHSI Single Oversight Framework Operational Performance Metrics

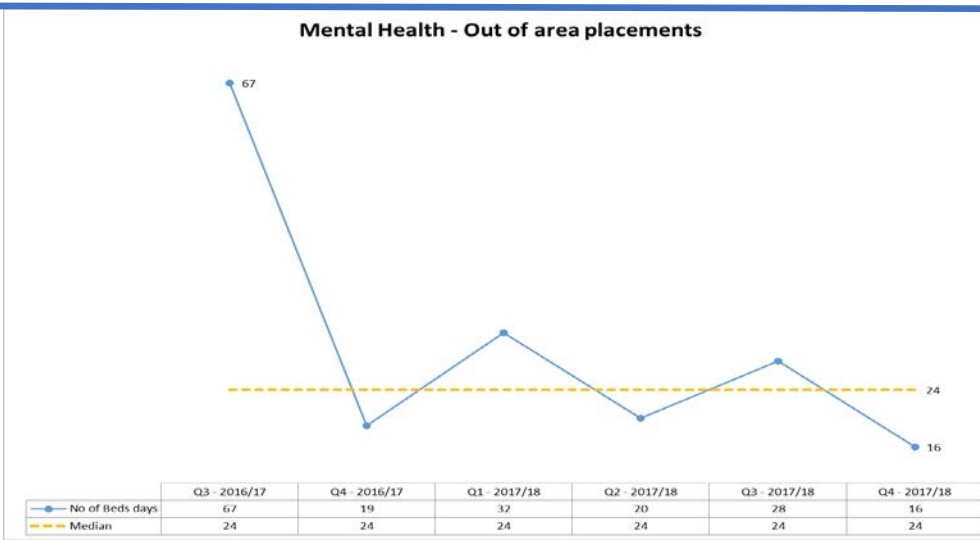
## Out of Area Placements – Number of Occupied Bed Days

Reporting Month : Sept 18

No Target

|                       |                      |                      |                      |
|-----------------------|----------------------|----------------------|----------------------|
| Out of Area Placement | Quarter 1<br>2018/19 | Quarter 4<br>2017/18 | Quarter 3<br>2017/18 |
| Number of Bed Days    | 4                    | 16                   | 28                   |

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



## National and Local Indicators

## 7 day Follow up Adult Services

Reporting Month : Sep18

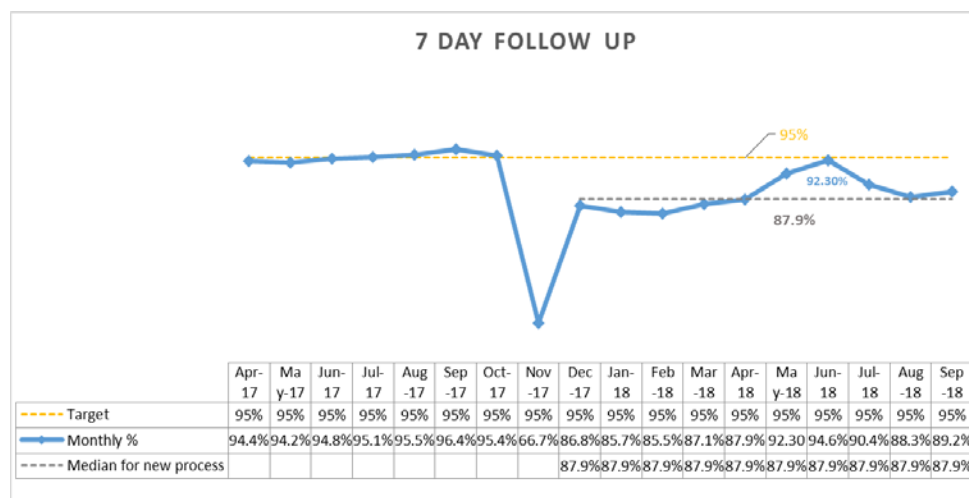
Target : 95%

|            | Month<br>Sep 18 | Previous<br>Month<br>Aug18 |
|------------|-----------------|----------------------------|
| Discharged | 390             | 439                        |

|           |     |     |
|-----------|-----|-----|
| Follow Up | 348 | 388 |
|-----------|-----|-----|

|             |      |      |
|-------------|------|------|
| % Follow Up | 89.2 | 88.3 |
|-------------|------|------|

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



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

From December 2017 performance has stabilised around a median of 87.9% - 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 are signs of improvement.

## ADULT CMHT

## Assessment Done within 28 Days of Referral

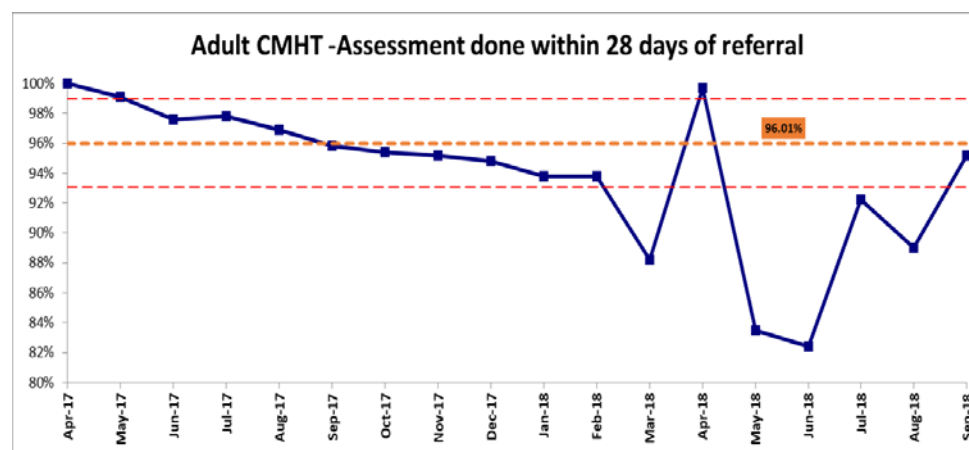
Reporting Month : Sep18

Target : 100%

| Current Month | Previous Month |
|---------------|----------------|
| Sept 18       | Aug 18         |
| 95.2%         | 89.0%          |

### Assessment Done within 28 days of Referral

May to August 18 have shown a concerning decline with four months below the lower process limit. September data is now showing common cause variation.



# National and Local Indicators

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

Reporting Month : Sept 18

Target : 95%



|  | Current Month    | Previous Month  |
|--|------------------|-----------------|
| Care Plan In Date Document 12 Months Old | Sept 18<br>87.7% | Aug 18<br>87.2% |

Average is 89.1%

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

