

REPORT TO THE TRUST BOARD: PUBLIC

25 JULY 2019

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

Purpose of the Report:

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

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

Summary of key issues

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

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

In relation to improved population health outcomes, the first Task & Finish Group took place in June with a focus on Trust population health framework.

The work has commenced on project to help understand and develop strategic opportunities to support more people with serious mental illness into employment led by Dr. David Bridle, Medical Director for London Mental Health. Another project has commenced led by Paul Binfield to understand how we can best work with service users and communities to prevent and tackle loneliness. Across the six place-based systems in which the Trust operates, most practices have now joined primary care networks.

Each directorate now has a population health triple aim project underway, and all are making progress.

Following the Board Development session in April 2019, the annual plan priorities have been redrafted for the current year, with work streams set out against these. The intention is to provide a more outcome focused set of objectives, with a revision to the dashboard available for subsequent board meetings. We will also report on priorities for 2018-19 that are continuing.

The number of restraints and levels of violence remain a concern. The use of restrictive interventions including restraint and seclusion remains part of our violence reduction work using the 6 core strategies of learning together, data, leadership, working with service users and families, trauma informed care and rigorous debriefing. We are not yet however demonstrating improvement in this area, and this issue continues to be addressed through the quality committee.

In relation to improved staff experience, A “Leading People Essentials” course will be commissioned in 2019, and the Trust’s collective leadership programme (which commenced in April 2019) will be used to target the development for first time leaders. External agency has been commissioned to develop the core competencies for the community health staff to deliver the integrated care. The Respect and Dignity @ Work project continues to plan.

Through My Eyes completed in June 2019 will be followed by a series of focus groups chaired by the CEO and attended by line managers to share the interpretations from some of the anonymous stories collected.

The BAME Network held two network meetings were in June, together with a wonderful conference on 28 June attended by 150 people.

We have been accredited by Greater London Authority Healthy (GLA) Workplace Award Foundation Level and we are finalists for the Healthcare People Management Awards (HPMA) for Excellence in Employee Engagement for the Enjoying Work Project and the ELFT in 1 voice Choir.

For improved value, the operating surplus (EBITDA) to end of June 2019 of £4,012k compared to planned operating surplus of £4,055k. The Net surplus of £532k (0.5%) compared to planned net surplus of £331k (0.3%). Year to date favourable net surplus variance of £201k. Year to date favourable performance against control total of £34k. NHSI risk rating of “2” to end of June 2019. Cash balance of £82.9m as at the end of June 2019.

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

Based on the CQUIN 2019-20 there has been a change to the target for patients being followed up after discharge with 72 hours. The trust needs to review 80% patients post discharge within 72 hours. Trust wide recovery plan has been submitted to CCG/CSU. A survey has been conducted with service users to evaluate their experience of follow-up care to aid improvement work underway. In addition, an internal Trust wide steering group is in place once a month represented by key operational leads and medical director to support delivery of this work.

Discharge notification (NODF) continues to show decline in performance since January as a consequence of the roll out of e-correspondence for NODF compounded by factors such as high occupancy. The dip has increased in April as the roll out was further extended across the directorates. We expect there will be substantial improvement over the next two to three months.

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

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

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

Committees/meetings where this item has been considered

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

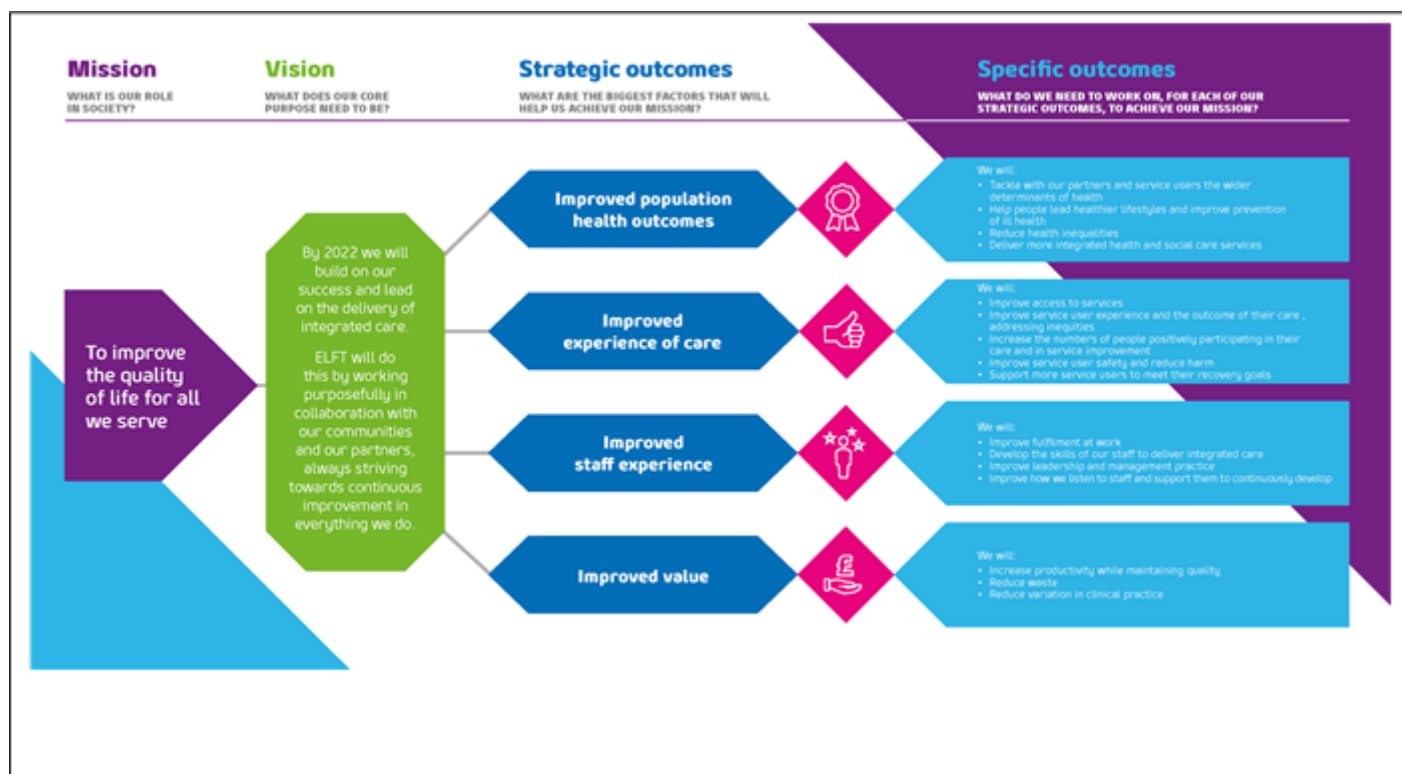
Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's equalities work stream.
Risk and Assurance	This report and supporting appendices cover performance for the period to the end of April 2018 and provides data on key Compliance, NHS Improvement, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The NHSI return, CQUIN report and contract compliance summary will highlight the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
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:	Delivery lead:	Timeframe:
Increase the number of people with serious mental illness in employment & work to reduce the number of people in contact with all Trust services who feel lonely	Director of Integrated Care	March 2020
Increase awareness of the Trust population health objective with staff and service users	Director of Integrated Care	March 2020
Develop our mental and community health service offer to primary care networks	Director of Integrated Care	March 2020
Deliver a population health “triple aim” projects in each directorate	Director of Integrated Care	March 2020

Executive Commentary – Annual Plan Priorities

The first Population Health Task & Finish Group took place on 4/6/19, with a focus on a detailed review of the Trust population health delivery framework. A number of actions were agreed to further develop and strengthen our plans.

The Trust has commenced a project to help understand and develop strategic opportunities to support more people with serious mental illness into employment. Led by Dr. David Bridle, Medical Director for London, an initial report with recommendations for next steps is due in August 2019, following on from which we expect to deploy our developing triple aim approach to testing and measuring change ideas.

The Trust has commenced a project to help understand how we can best work with service users and communities to prevent and tackle loneliness. Led by Paul Binfield, Associate Director of People Participation, the project is currently focussing on understanding the evidence base, and the experiences of service users, to help determine appropriate change ideas to test from autumn 2019 onwards.

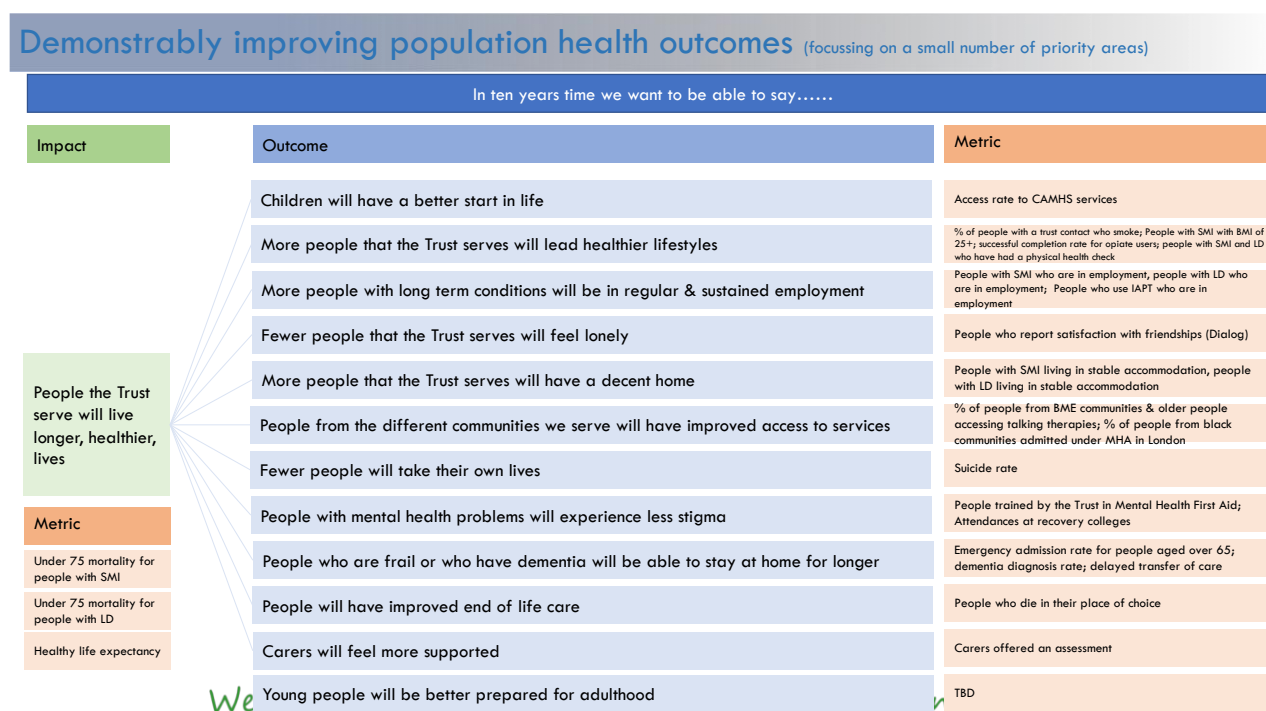
Across the six place-based systems in which the Trust operates, most practices have now joined primary care networks. Whilst in some areas of the Trust primary care networks are well-established, in others they are forming. In Bedford Borough, Central Bedfordshire, Newham and Tower Hamlets, where the Trust provides community health services, we have established programmes of work through the place-based Transformation Boards to organise district nursing and therapy services around primary care networks. We have

developing programmes of work to develop the mental health offer around primary care networks in each of the six place-based systems.

Each directorate now has a population health triple aim project underway, and all are making progress.

Executive commentary - Integrated Dashboard

Work to develop the Trust population health dashboard against agreed population health metrics is ongoing: some of the proposed metrics require new data flows, including external to the Trust.



Of the metrics currently included in the dashboard, the following show special cause variation since the last Board report:

% of people with dementia who have received a diagnosis within eighteen weeks of referral: there has been a reduction in the number of people with dementia who have received a diagnosis within eighteen weeks of referral; the main reasons are patient engagement and service capacity. We are also reviewing our SLA for neuroimaging as the delays are often caused by MRI scans availability and feedback meetings which often get rescheduled few times due to patient's engagement/choice.

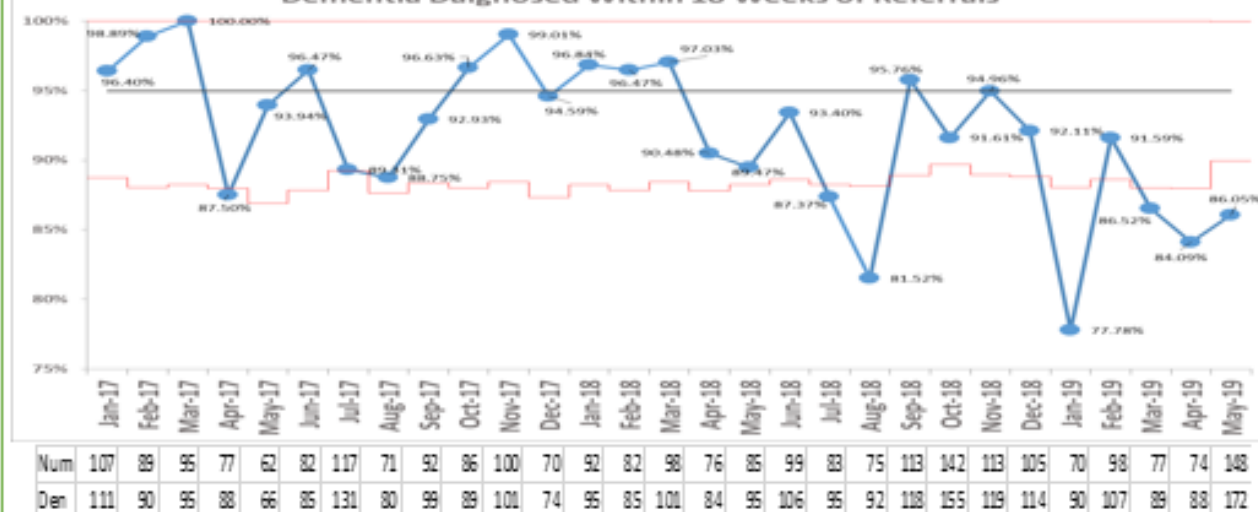
% of people on CPA who smoke: The proportion of people on CPA who smoke appears to have reduced over recent months, as reported at the last Board.

Number of people accessing talking therapies from BME communities and number of older people accessing talking therapies. This has increased as Tower Hamlets Talking Therapies activity has been added for the first time in Q4

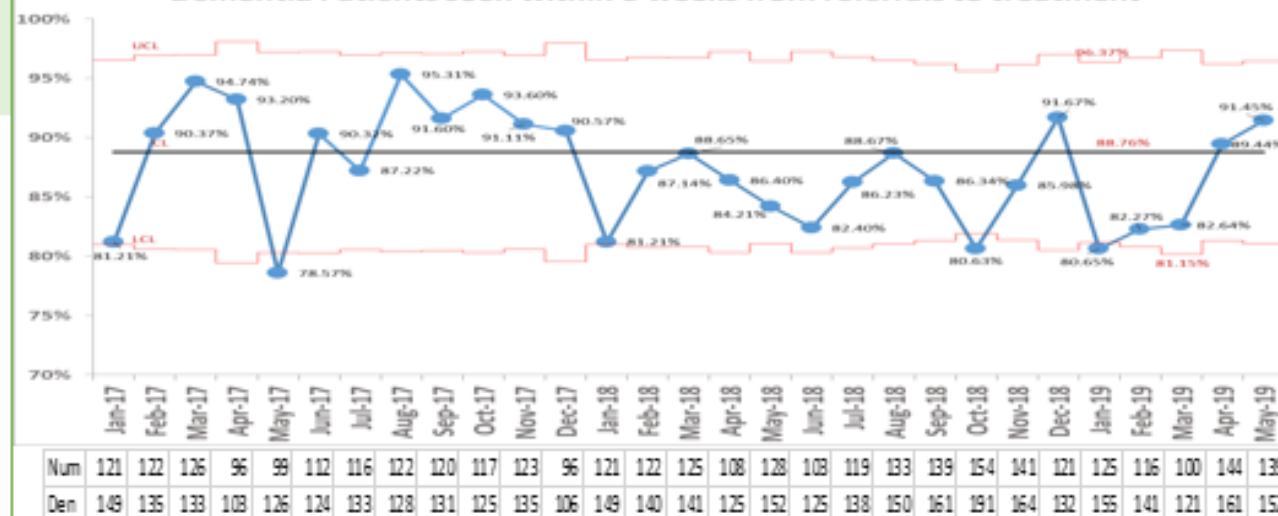
IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

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

Dementia Diagnosed Within 18 Weeks of Referrals

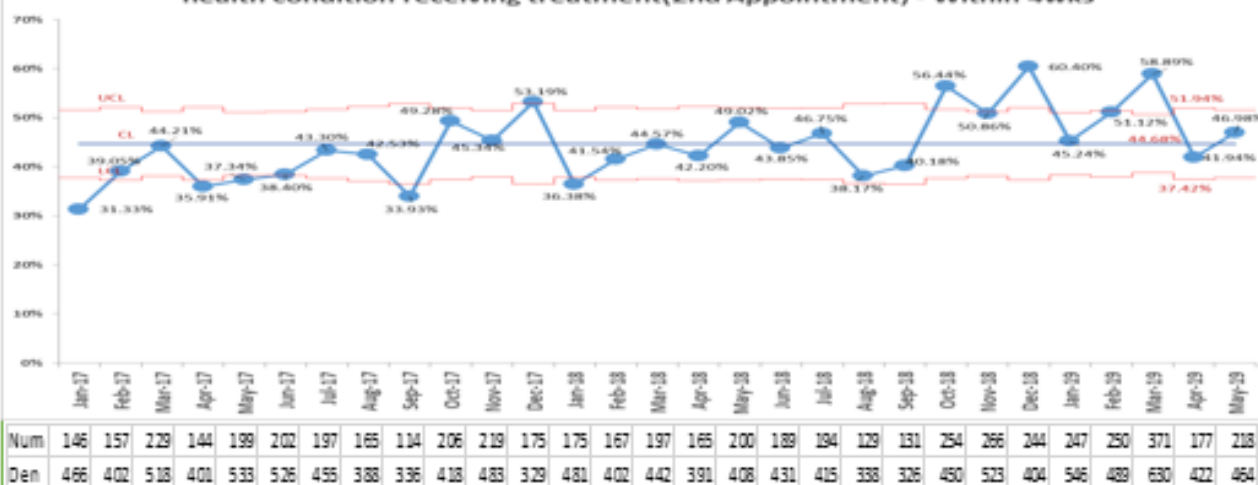


Dementia Patients seen within 6 weeks from referrals to treatment



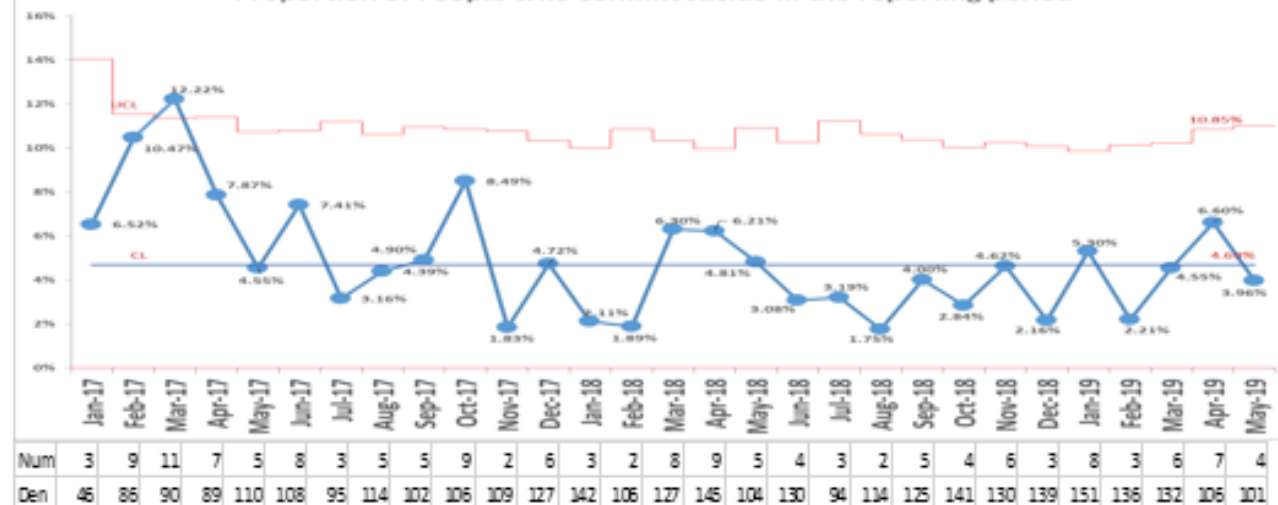
Children will have a better start in life

% of children and young people aged under 18 with a diagnosable mental health condition receiving treatment(2nd Appointment) - Within 4wks



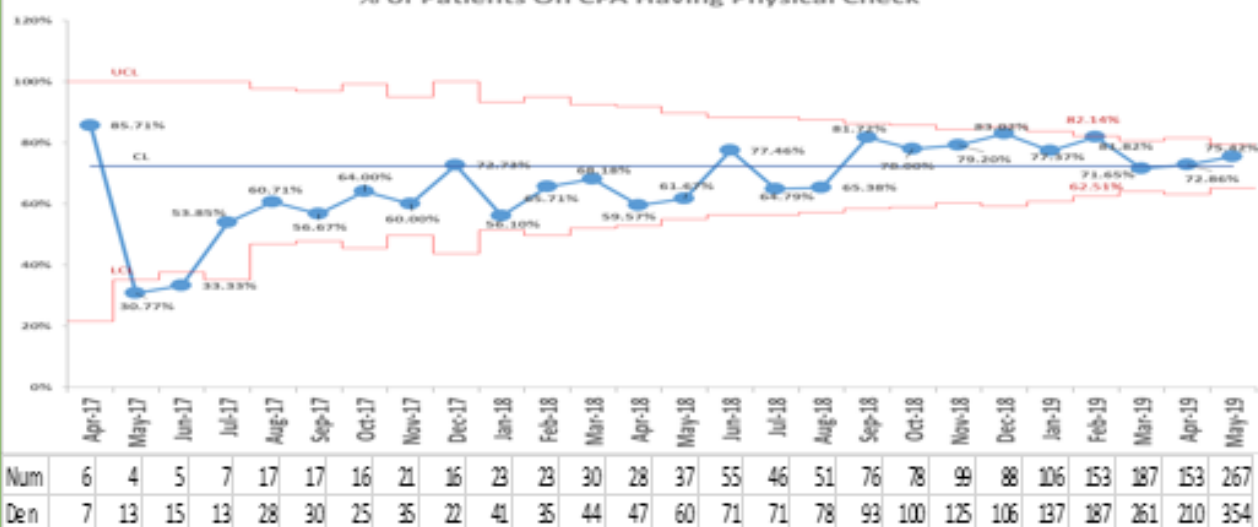
Fewer people will take their own lives

Proportion of People who commit suicide in the reporting period



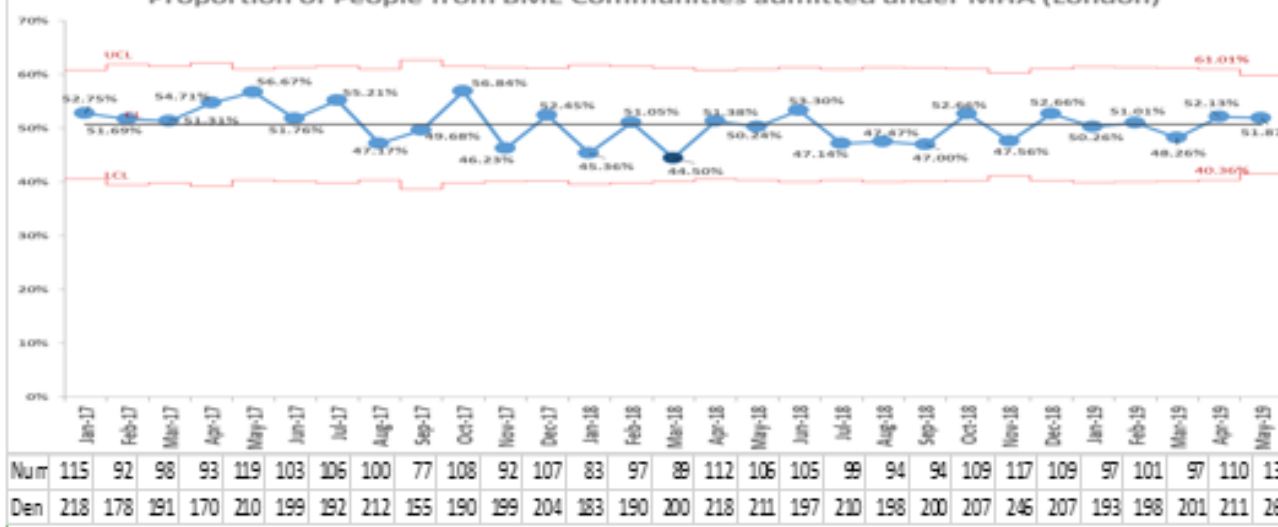
More people that the trust serves will lead healthier lifestyles

% of Patients On CPA Having Physical Check



People With Mental Health Issues Experience Less Stigma

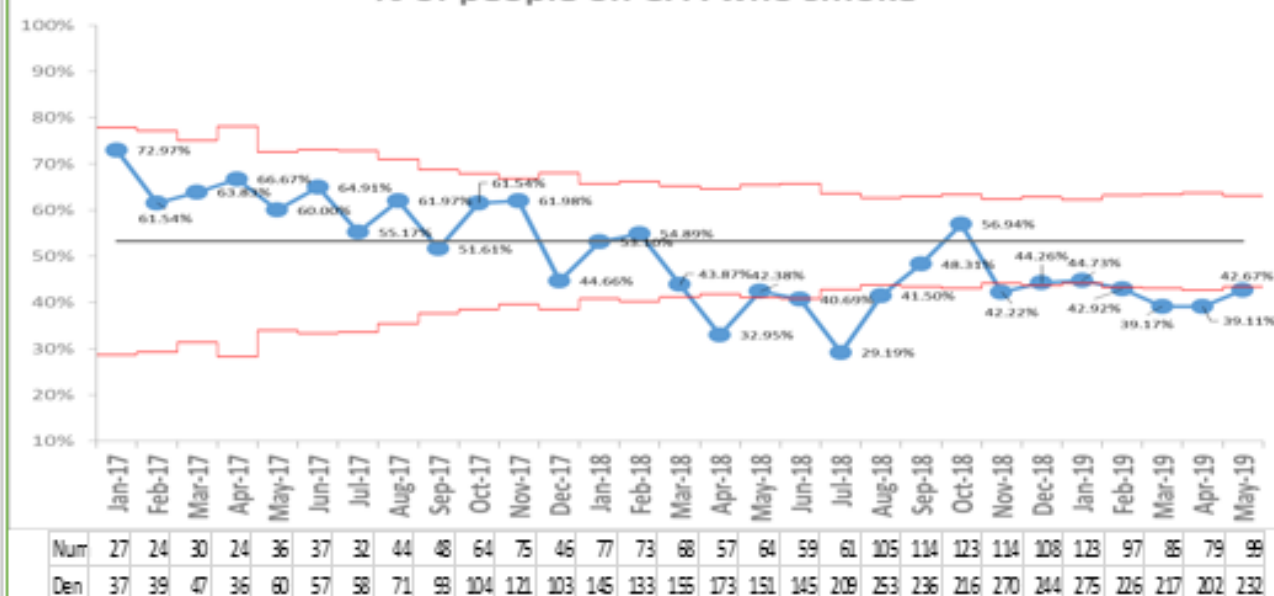
Proportion of People from BME Communities admitted under MHA (London)



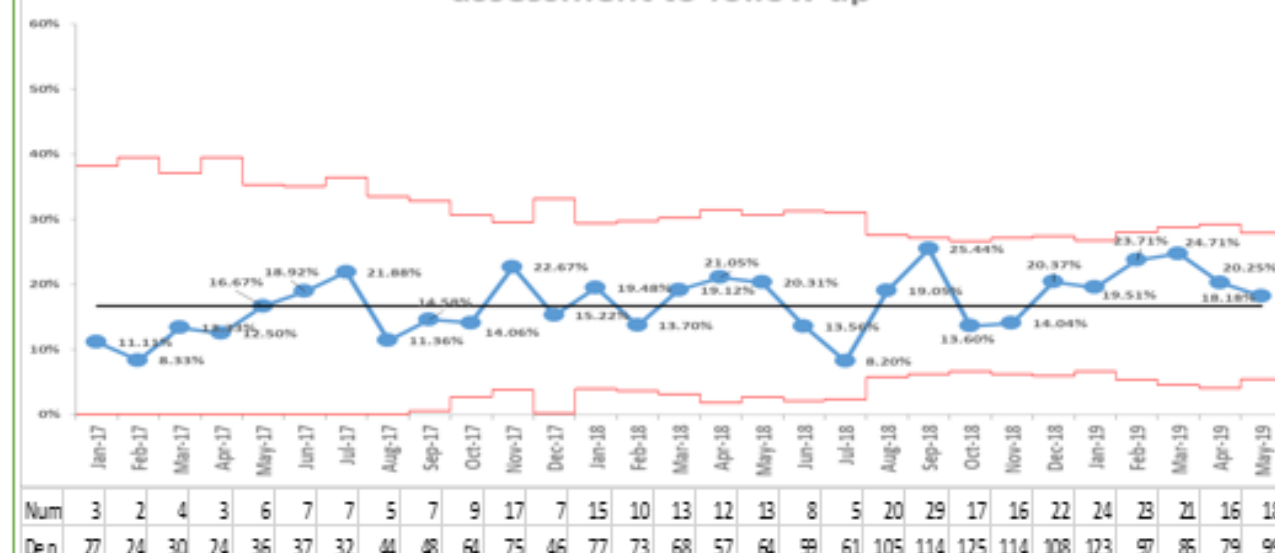
IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

More people that the trust serves will lead healthier lifestyles

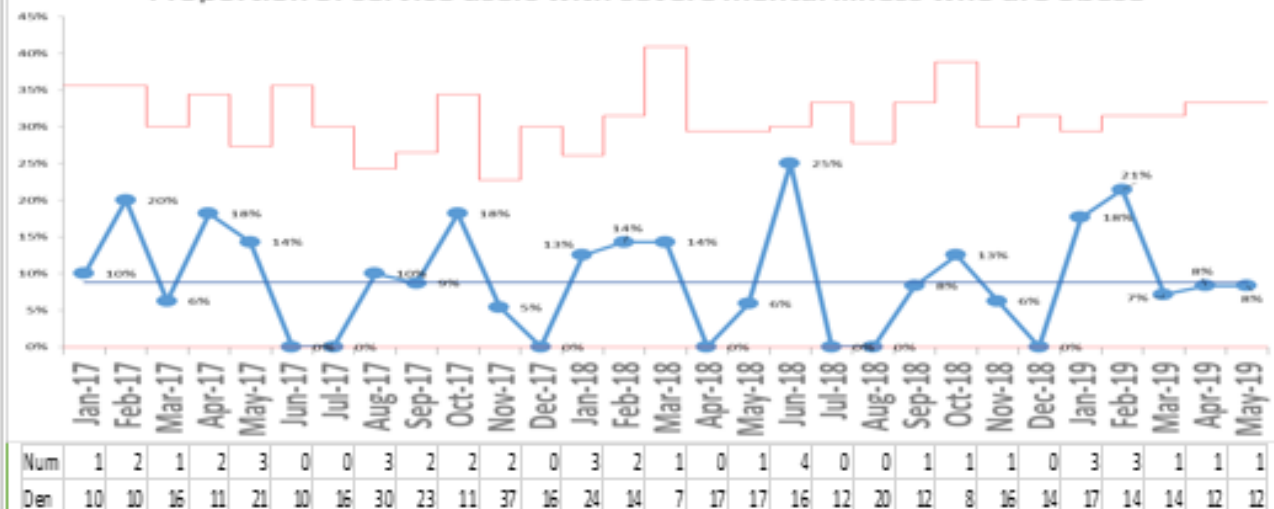
% of people on CPA who smoke



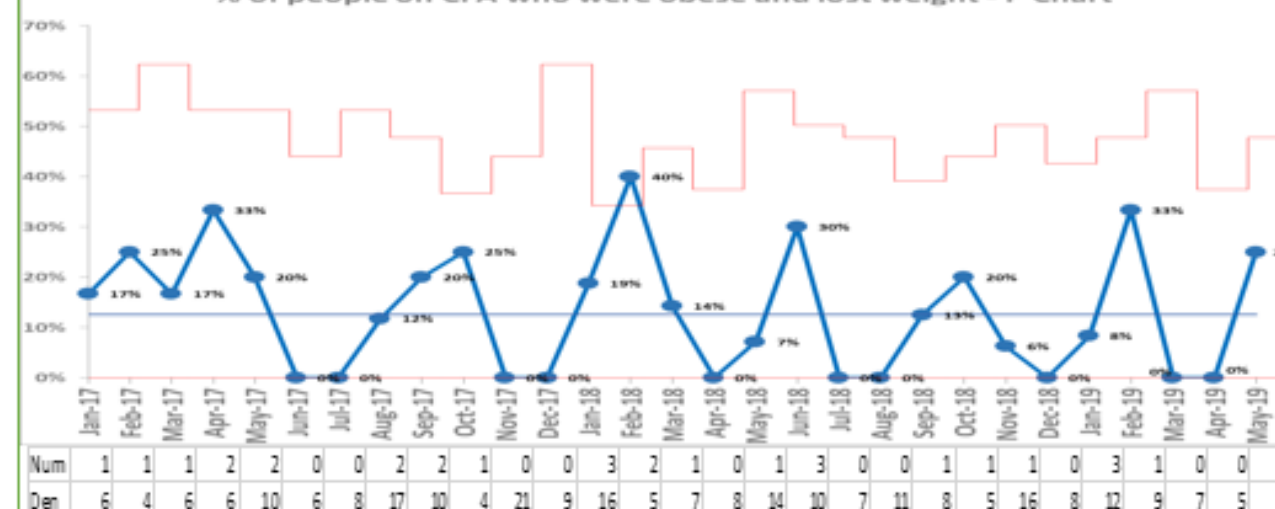
Percentage of people who left smoking from initial assessment to follow up



Proportion of service users with severe mental illness who are obese

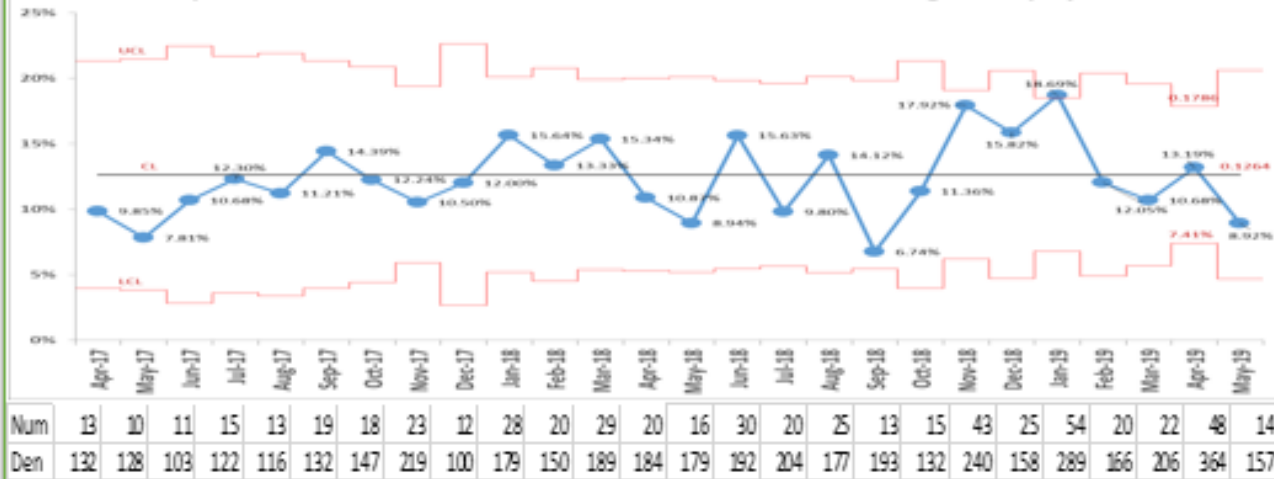


% of people on CPA who were obese and lost weight - P Chart

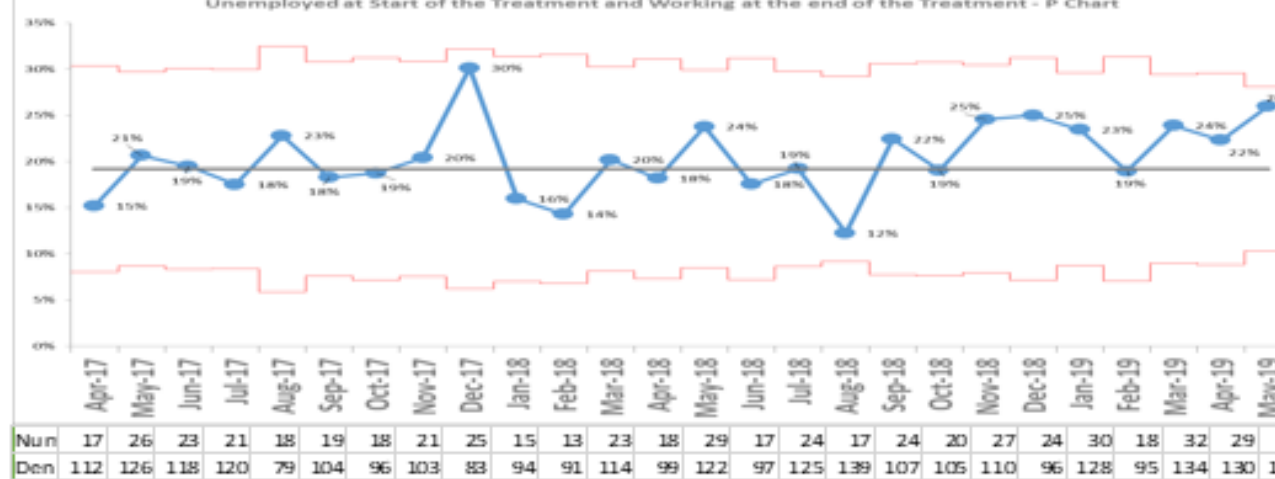


More people with long-term mental and physical health problems will be in regular employment

Proportion of service users with severe mental illness who are in regular employment



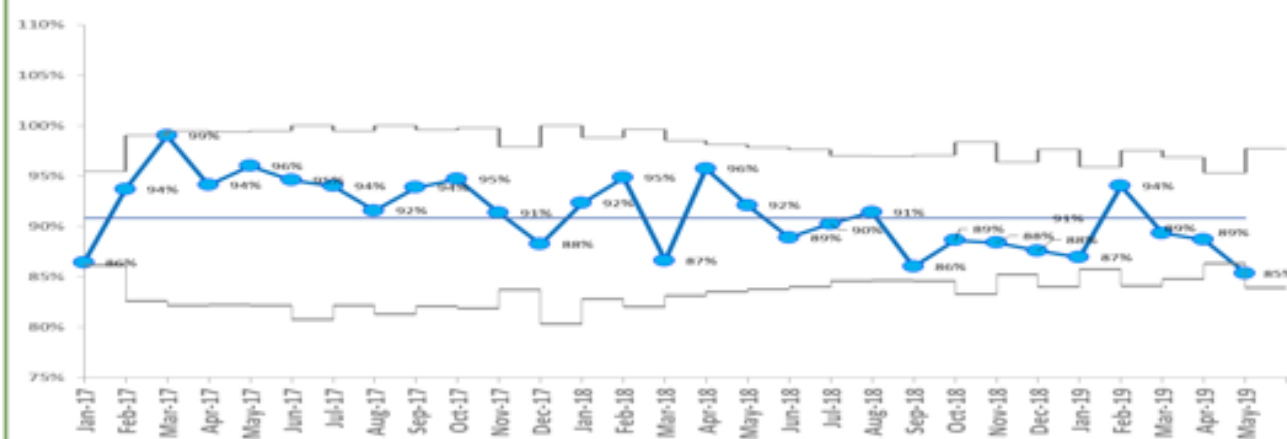
IAPT Services - Percentage of People Ending IAPT Treatment in Reporting Month Measured as Unemployed at Start of the Treatment and Working at the end of the Treatment - P Chart



IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

More people that the trust serves will have a decent home

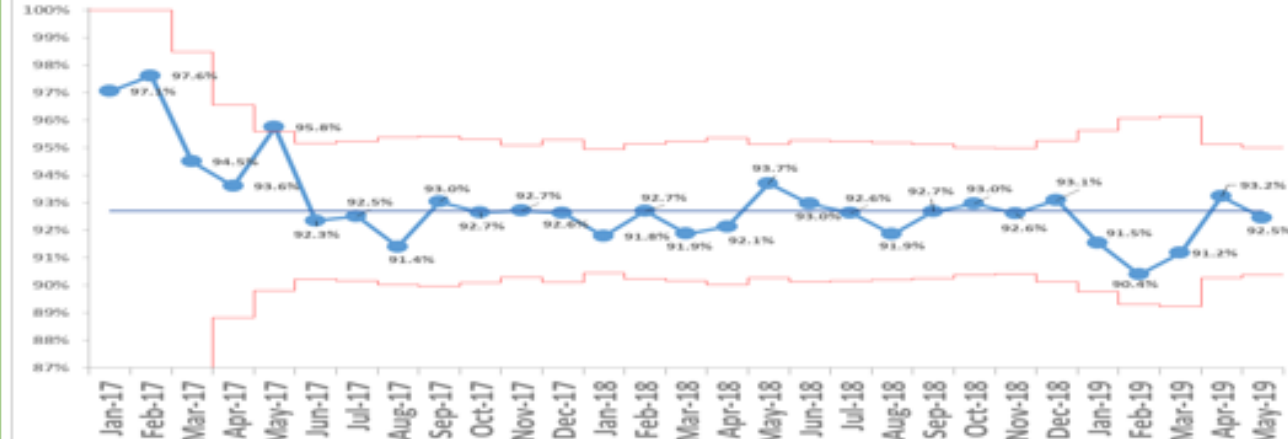
% of People on CPA in Settled Accommodation - P Chart



Num	299	104	99	96	96	70	94	76	92	89	137	60	108	92	110	135	140	144	176	181	166	117	213	141	253	157	184	329	134
Den	346	111	100	102	100	74	100	83	98	94	150	68	117	97	127	141	152	162	195	198	193	132	241	161	291	167	206	371	157

Fewer people that the trust serves will feel lonely

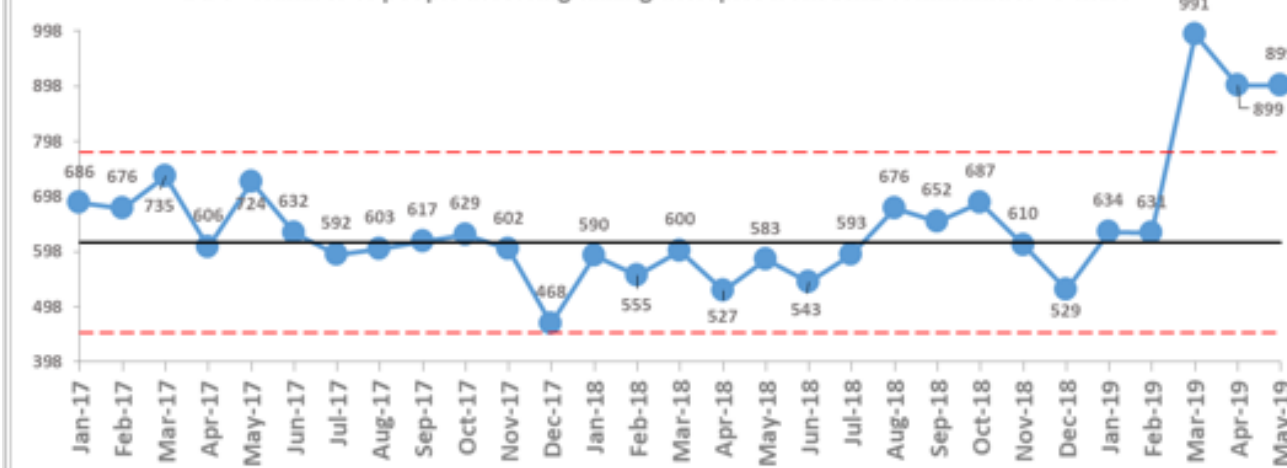
% of Service Users who are satisfied with their social contacts - P Chart



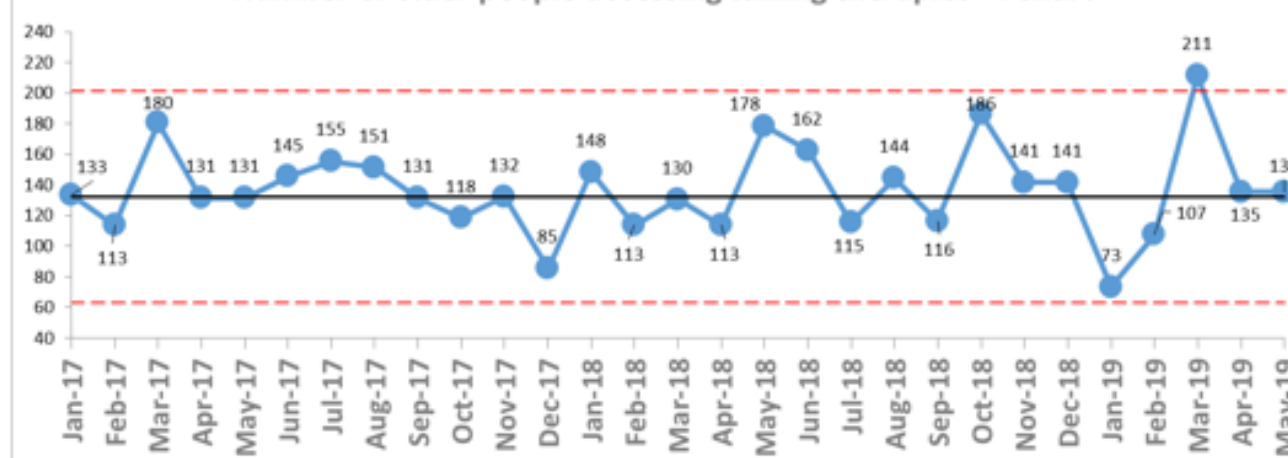
Num	33	41	172	381	699	917	877	776	762	832	980	843	1106	941	871	785	968	859	880	908	951	1057	1079	863	649	480	465	965	1054
Den	34	42	182	407	730	993	948	849	819	888	1057	910	1205	1015	948	852	1033	924	950	983	1026	1137	1165	927	709	531	510	1035	1140

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

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



Number of older people accessing talking therapies - I Chart

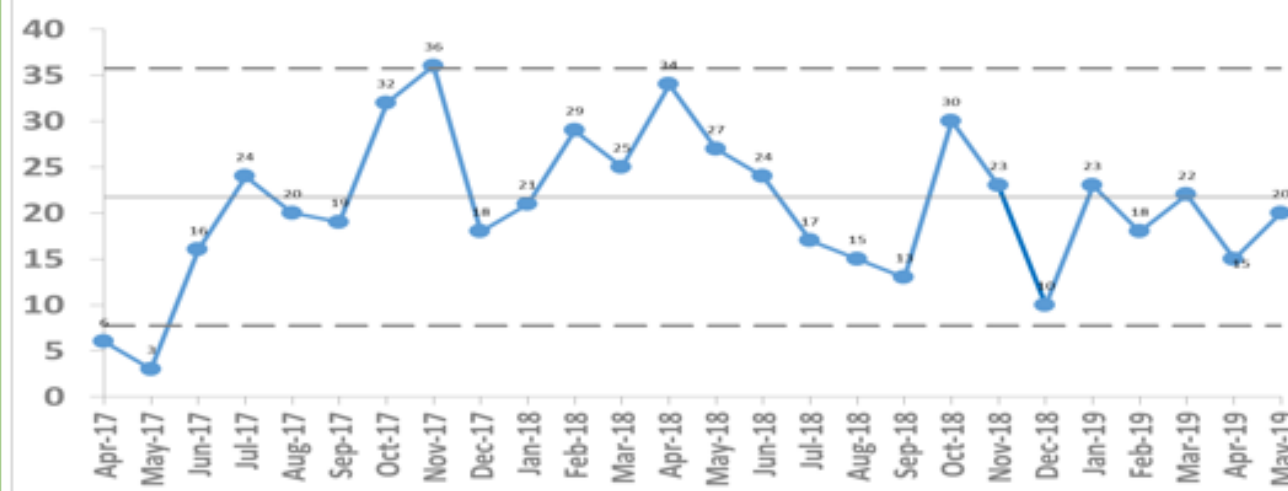


Proportion of people who were supported to die in a place of their choosing



Num	3	1	1	1	3	2	0	2	1	2	1	1	0	1	0	2	3	1	0	0	1	0	1	2	1	3	3	2	4
Den	4	2	1	1	3	3	2	2	2	4	2	3	1	3	1	3	4	2	1	1	1	1	1	3	2	3	3	2	5

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



Board Assurance

Risk description	Executive/ Committee lead	Current score	Executive commentary
Strategic risk 1: If there is a lack of agreement across local health and care systems regarding major plans and/or changes to external factors outside of the Trust's control, this may adversely affect the Trust's ability to achieve quality and financial objectives	Director of Integrated Care Population Health Task & Finish Group	12	<p>Proposal to strengthen the wording of the risk to acknowledge the impact of changes to external factors. This will be considered at the next Population Health Task & Finish Group on 8 August 2019.</p> <p>The Trust is dependent on partners including in particular regulators, STPs, CCGs, Councils, GP Confederations and acute and community health providers, to deliver its strategic objectives. The Trust is also likely to undertake significant service developments that may require partner agreement or approval to proceed.</p> <p>Governance structures are in place, and development work undertaken, in each local health system. Further assurance is required in this developing area of governance.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Universal evaluation of data for increased service quality with concomitant decrease in costs to evidence the effectiveness of the new strategies and models of care • Executive leads developing subject-specific plans following the approval of the revised Trust Five-Year Strategy • An internal audit of the Trust's engagement with STPs and place based partnership has recently been completed, and action planning underway. The opinion is that "reasonable assurance" can be provided.
Strategic risk 2: If the Trust does not effectively engage with and influence partners in local health and care systems, citizens and communities, and enthuse and empower staff, there may be an impact on the development of transformation	Chief Medical Officer Population Health Task & Finish Group	12	<p>Proposal to widen the risk to include staff engagement. This will be considered at the next Population Health Task & Finish Group on 8 August 2019.</p> <p>The Trust is increasingly working with local partners in order to deliver care and make improvements. In particular the Trusts strategy requires us to engage more intensively with the communities and populations we serve.</p> <p>Risk is mitigated by executive engagement, local system governance, and the support of IHI in developing our approach to community engagement.</p>

Risk description	Executive/ Committee lead	Current score	Executive commentary
plans and the delivery of improvement initiatives			
RISK SCORING RECOMMENDATION: Risks 1 and 2 No change: to be considered at Population Health Task & Finish Group on 8 August 2019.			

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:
Providing a high quality experience of services	Roll out of new accreditation scheme Response to and learning from complaints and compliments Safer Services work to improve safety in inpatient services	Chief Operating Officer	March 2020
Improving provision of holistic care	Continue to roll out the use of outcome and experience measures, including Dialog Implementation of Physical Health strategy Work on loneliness Improving care at the end of life	Service and Clinical Directors	March 2020
Recovery orientated care	Reduction in restrictive practice Development of Peer Support roles Improving care planning through further development of CPA and use of Patient Activation measures Improving opportunities for employment and education	Chief Operating Officer	March 2020

Executive commentary – Annual Plan Priorities

The first wave of the accreditation scheme has gone live, with a good response from teams and positive feedback from both staff and service users involved in the process. It is anticipated that this will provide a further level of assurance and improvement in the quality of care being offered within teams. It includes the way in which teams learn from and respond to complaints and compliments that they receive.

Safer Services work continues, with Newham Inpatient services now provided solely on a single sex basis (Ruby triage ward was previously a mixed sex ward). Initial feedback has

been that this change in provision has been effectively managed, and the further roll out of safer services work is now in train.

Dialog roll out continues, with the first results now received of team level work to address significant areas of dissatisfaction. The work in Newham Community Recovery Services has been particularly notable, with significant improvements in service user satisfaction with their physical health (the area of highest dissatisfaction) as a result of focused work co-produced between service users and staff.

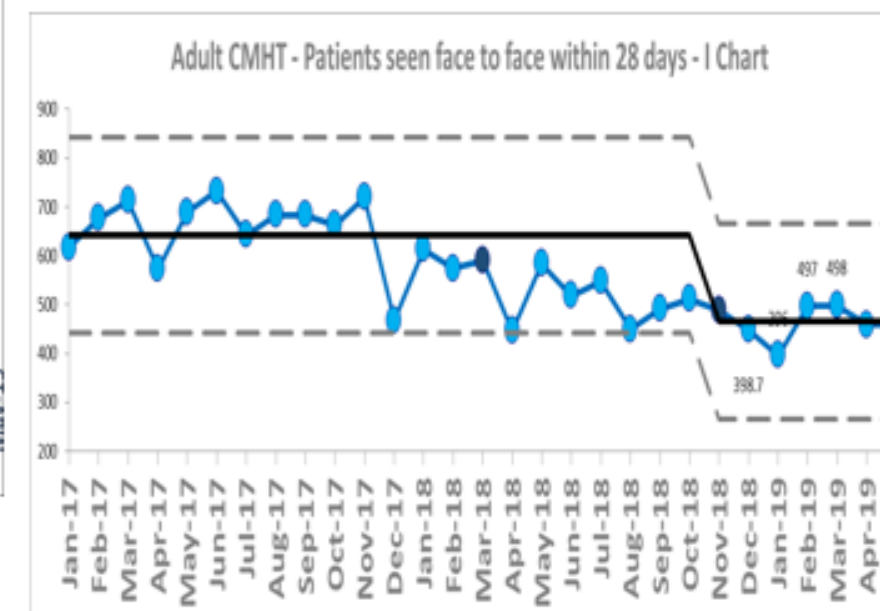
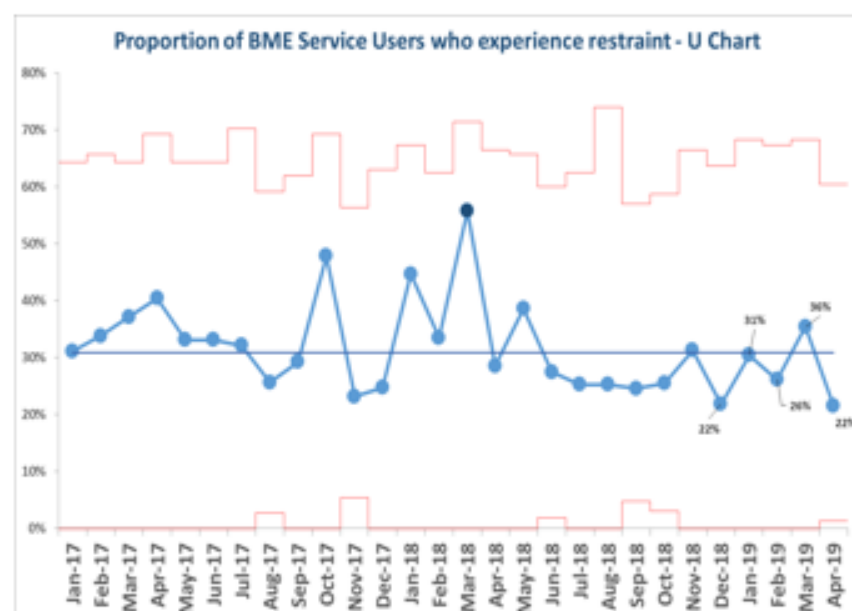
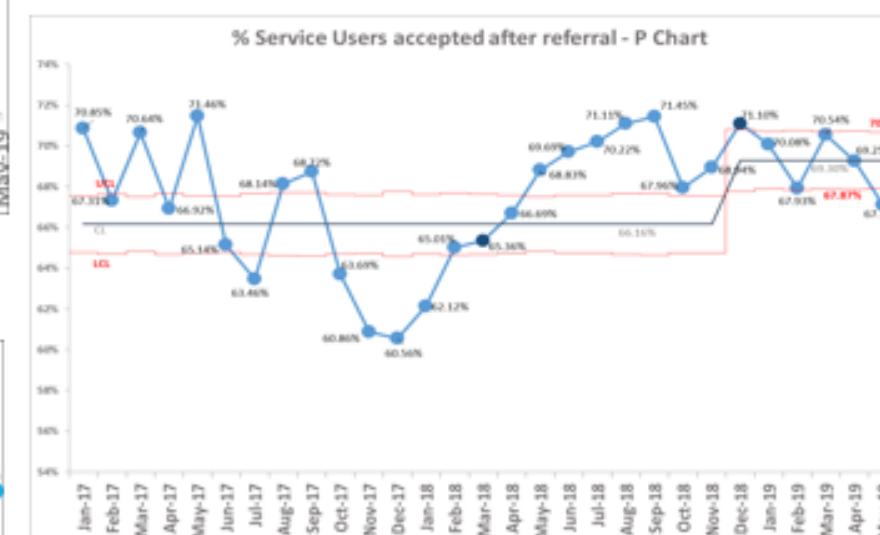
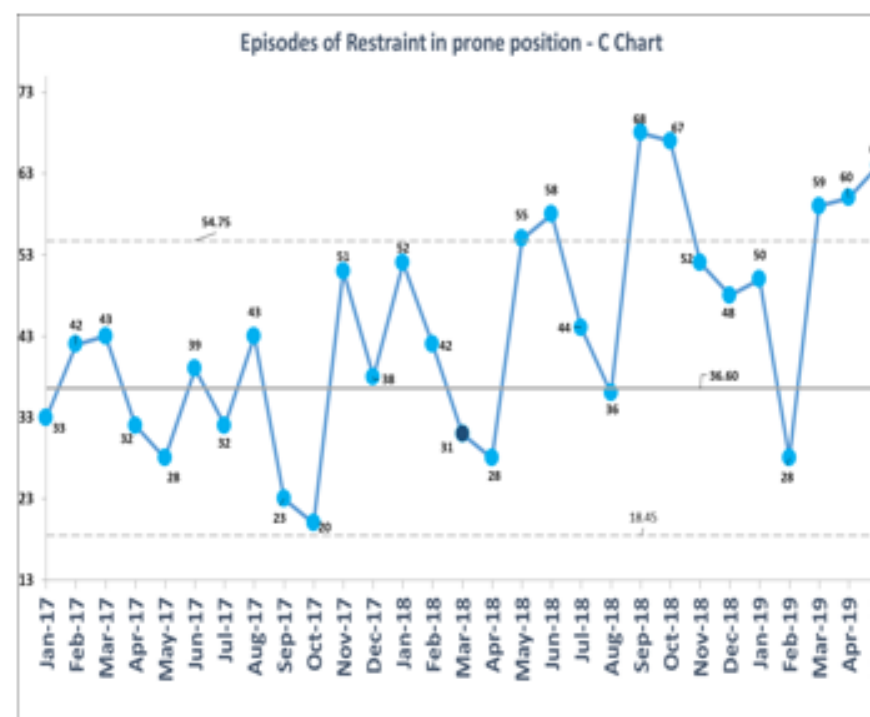
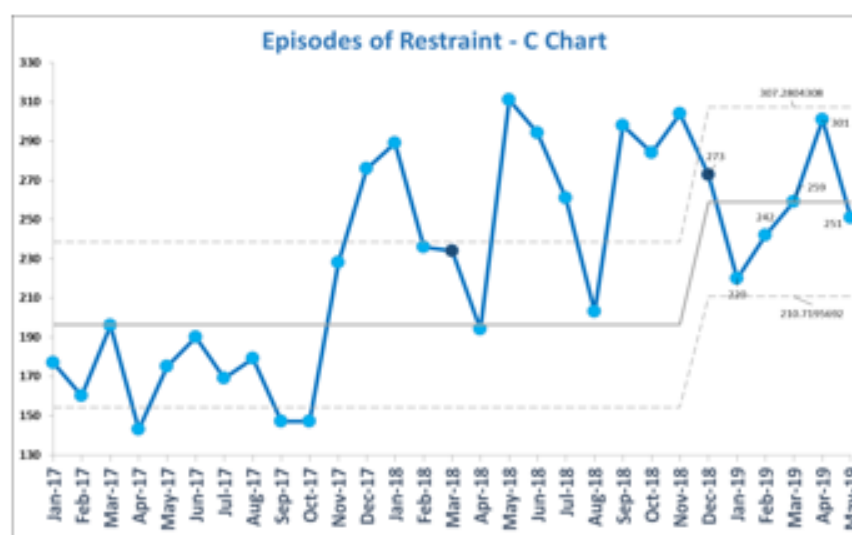
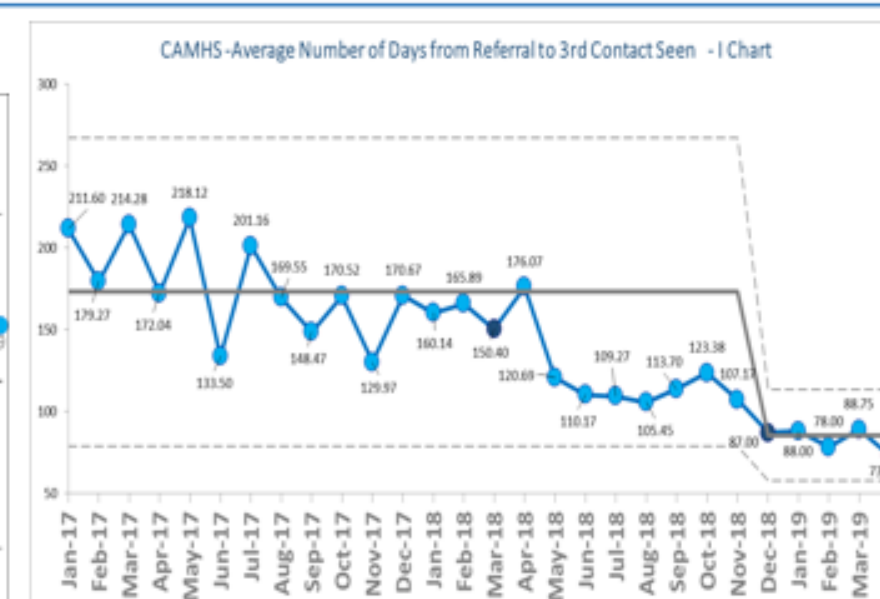
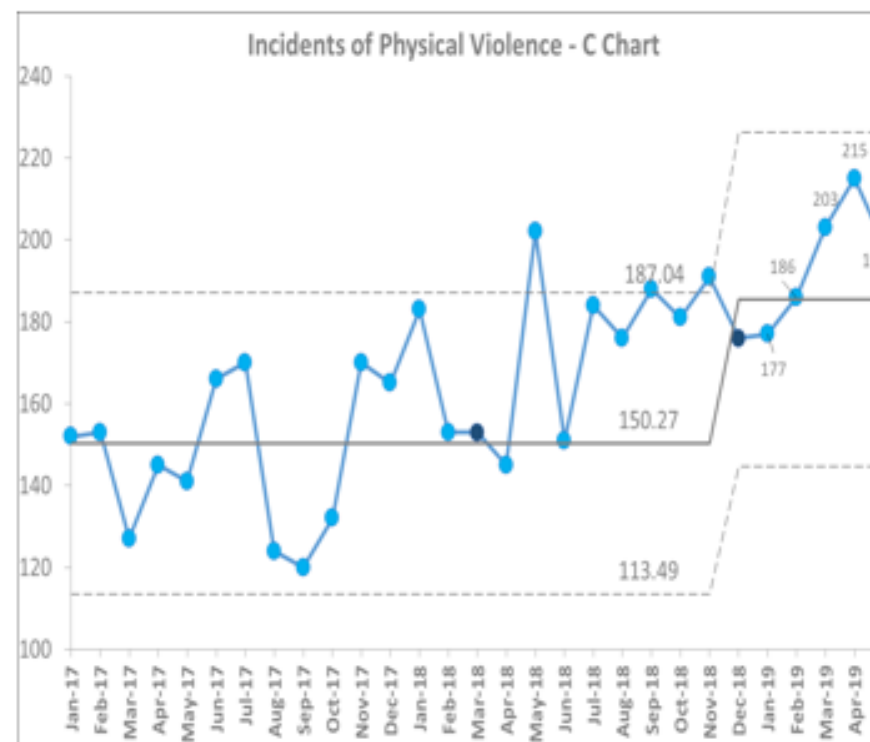
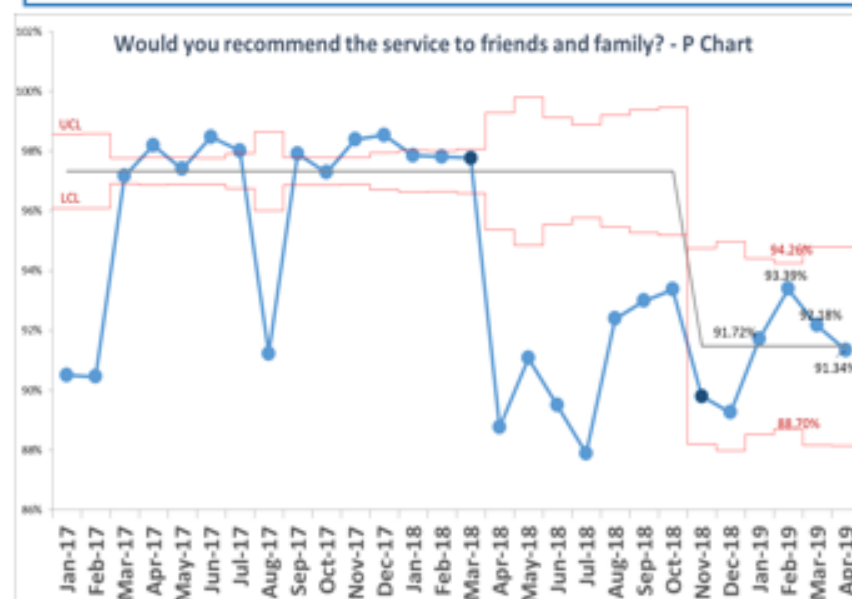
Peer Support training has now been accredited and a structure is being established to support this going forward and further funding has been received to expand employment support within community services.

Executive commentary - Integrated Dashboard

The number of restraints and levels of violence remain a concern. The use of restrictive interventions including restraint and seclusion remains part of our violence reduction work using the 6 core strategies of learning together, data, leadership, working with service users and families, trauma informed care and rigorous debriefing. We are not yet however demonstrating improvement in this area and this issue continues to be addressed through the quality committee.

IMPROVED PATIENT EXPERIENCE

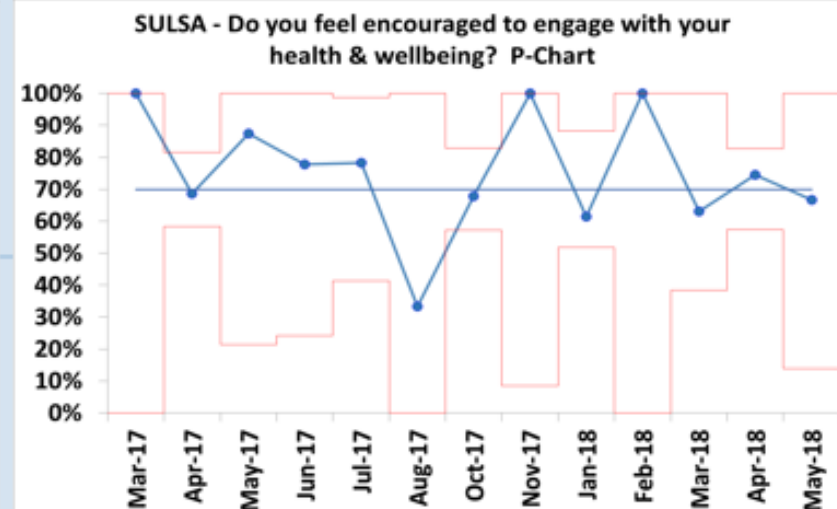
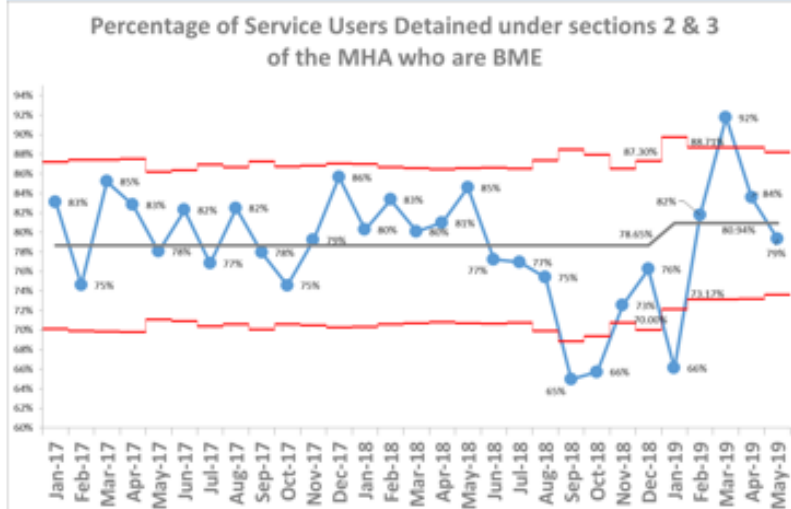
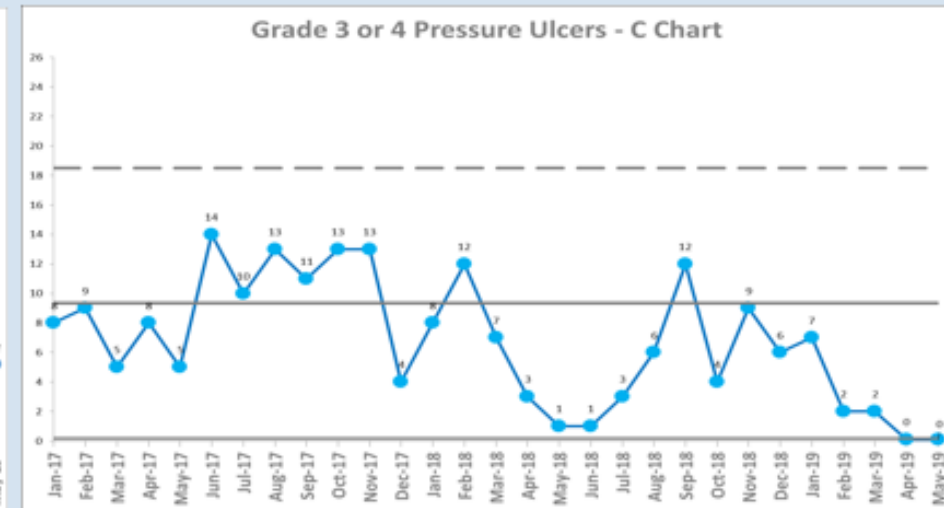
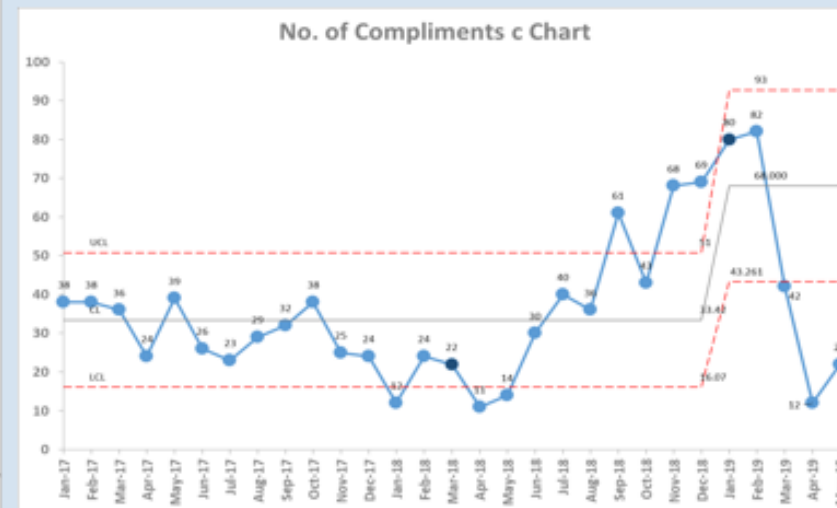
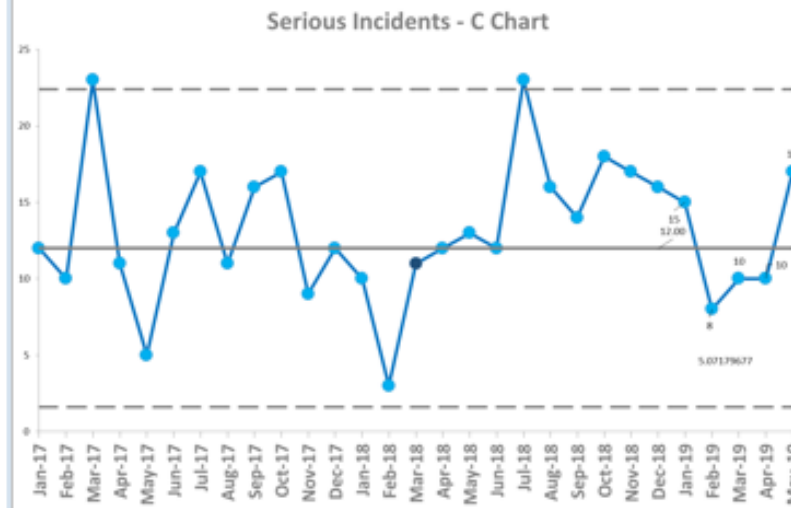
All patients will experience improved access to services



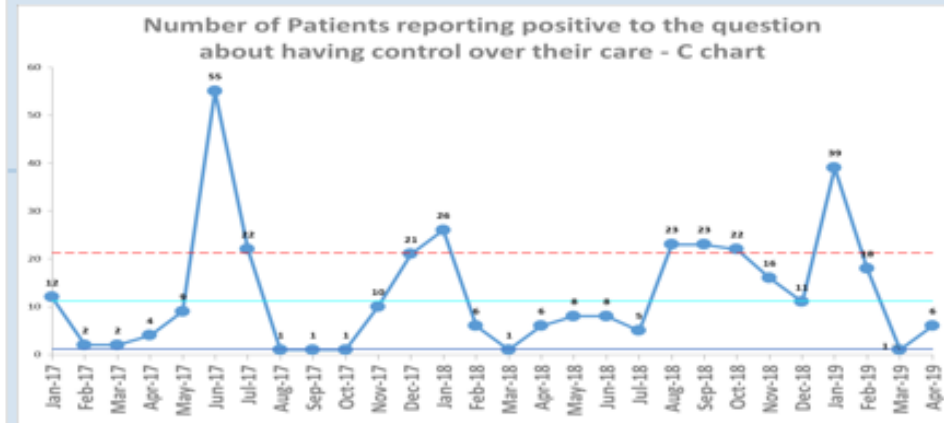
IMPROVED PATIENT EXPERIENCE

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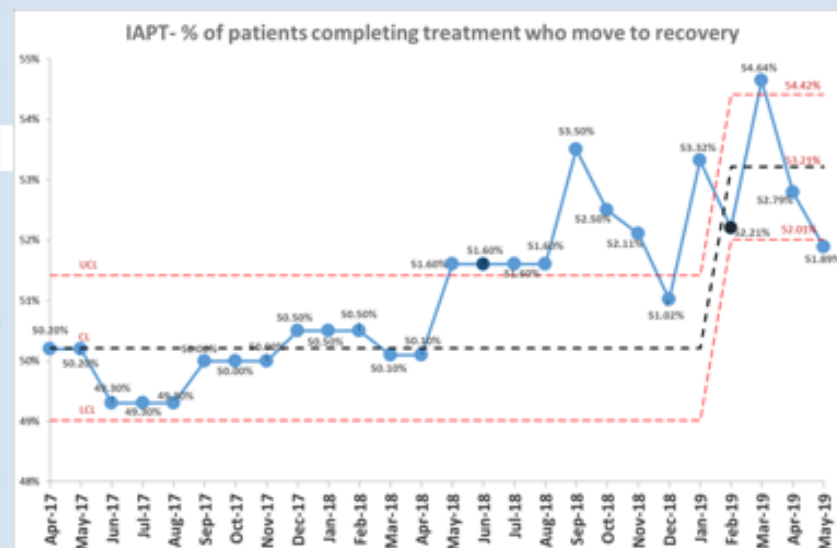
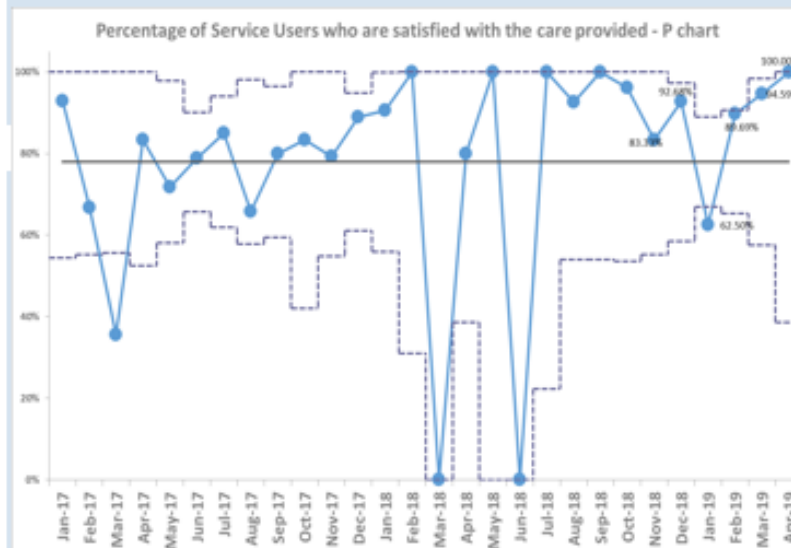
All patients will report an improved positive experience of contact with services across the patch



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



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



KEY

Data available but requires extraction

Measure needs to be defined further

Data not available within Trust

Board Assurance

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
Strategic risk 3: If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities	Chief Operating Officer Quality Assurance Committee	12	<p>There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services. The People Participation Committee oversees work programmes, which include development of peer support roles, increased involvement in QI projects, and implementation of the Carers Strategy.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Trust Strategy Implementation Group in place • Peer support worker roles: meetings have taken place with directorates to identify numbers, roles and next steps • Carers strategy: good progress being made - update provided at November 2018 Board meeting including priorities for the coming year. Annual update to be provided at November 2019 meeting • Capturing service user experience: The service user led accreditation process has begun roll out following approval by the Patient Participation Committee. Use of service user experience measures continues to develop, with greater use within community health services. There will be further work over the year on the use of the data collected through these measures. • Evaluation of the implementation of CPA and dialog+: A working group has been established to oversee and guide the next phase of the eCPA process including consistency of its use and further training for staff on the effective use of this tool.
Strategic risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	Chief Nurse Quality Assurance Committee	12	<p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • CQC Inspection: The date for the CQC inspection for 2019 not yet confirmed. However, plans have already commenced in preparation for the visit which also takes account of feedback from 2018. In addition, the Chief Nurse has commenced two-weekly meetings with all services as part of the preparation for the CQC visit; and introduced Chief Nurse quality reviews completed by the Directors of Nursing and Lead Nurses. Review will triangulate all quality and safety data, and will highlight issues and challenges; appropriate actions will be taken • Trust-wide Learning Lessons Framework: Quality and safety reviews introduced and system

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
			<p>in place to triangulate information including feedback from NED visits, CQC MHA visits, etc. (see patient safety review comments below). Services will then review this analysis and consider learning and address any issues or gaps at a local and Trust-wide level for specific themes.</p> <ul style="list-style-type: none"> • Patient Safety Review: An external review has been commissioned to review patient safety systems; work is also being undertaken on a Trust-wide learning lessons framework that triangulates intelligence and data to enhance the learning across the Trust as well as looking at governance requirements. The review commenced in March 2019 and is expected to be completed by March 2020. There are no major issues or concerns with regards to patient safety within the Trust. Learning is currently undertaken through localised areas and consideration will also be given to systems/digital solutions • Community Health CQC Review Programme: Initial discussions taken place and best practice/experience shared but due to changes in senior leads at Barts and Frimley Park, peer review has not been undertaken. Chief Nurse and Director of Nursing are considering how to progress particularly taking account of the practical challenges when undertaking peer reviews and also acknowledging that this is not necessarily a prime focus for each organisation. Also exploring peer reviews with Norfolk Community NHS FT (CQC rated outstanding) • Monitoring: Through the CQC quarterly engagement meeting and CQC intelligence monitoring any areas of concern/issues/risks can be identified which require action. Quality Committee framework now comprises of three sections with a new part focusing on deep dives into a specific directorate relating to quality and safety assurance. • Governance Arrangements: Quality Committee now comprises of 3 parts focusing on governance assurance, deep dives, and deep dives into a specific directorate relating to quality and safety assurance. Future quality and safety reports to QAC to focus on the Trust's strategic priorities
<p>RISK SCORING RECOMMENDATION: Risks 3 and 4 No change: The Quality Assurance Committee continues to seek assurance that the level of variation is being reduced.</p>			

4. Improved staff experience

Programme Governance:

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

Lead executive committee: Workforce Committee

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Develop leadership for all staff groups.	<p>Devise a structured career pathway for all professional staff groups</p> <p>Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff</p> <p>Make available a directory of internal programmes through learning and development</p> <p>Capture data for all external leadership programmes attended by staff</p> <p>Improve visibility, accessibility and monitor the return on investment / progression of staff who have attended programmes.</p>	Director of People & Culture	<p>Summer 2019</p> <p>Summer 2019</p> <p>Autumn 2019</p> <p>Autumn 2019</p> <p>Winter 2020</p>
Equip our staff to be able to deliver integrated care	<p>Refine the core competencies for community health staff to deliver integrated care</p> <p>Incorporate the 'wheel of partnership' and integrated care competences in appraisals for all AfC Staff</p> <p>Identify and roll out a digitised platform.</p>	<p>Director of People & Culture</p> <p>Director of People & Culture / Director of Integrated Care</p> <p>Director of People & Culture / Director of Integrated Care</p>	<p>Autumn 2019</p> <p>Spring 2020</p> <p>Summer 2020</p>
Create an environment in which our staff can thrive	<p>Cohort 3 of the Enjoying Work QI learning system</p> <p>Respect and Dignity @ Work:</p> <ul style="list-style-type: none"> 'A Mile in My Shoes' Big conversations 'Through My Eyes' 	<p>Director of Planning and Performance & Chief quality officer</p> <p>Director of People & Culture / Chief Nurse</p>	<p>Summer 2019</p> <p>Spring/Summer 2019</p>

	Deliver the revised workforce equalities plan	Director of People & Culture	Ongoing
Improve the health and wellbeing of our staff	A wellbeing plan for staff that factors in the determinants of health. Healthy Workplace Charter	Director of People & Culture	Summer 2019 Spring 2019

Executive commentary - Annual Plan Priorities

The table above sets out our proposed priorities to improve staff experience in our 2019-20 annual plan. The four key areas of focus will be to activate leadership across all levels, to equip our staff to deliver integrated care, to create an environment where all our staff can thrive, and to adopt a population health lens to improve health and wellbeing of our staff.

The Trust's Leadership Committee has been reviewing the Trust's leadership challenges and the current gaps in programmes. The Committee has agreed that the priority gap to address is the development available for first-time leaders. A "Leading People Essentials" course will be commissioned in 2019, and the Trust's collective leadership programme (which commenced in April 2019) will also be used to target this group of staff. The second cohort of our senior clinical leaders programme is nearing completion, and incorporates peer learning sets, guest speakers, 360-feedback and a book club.

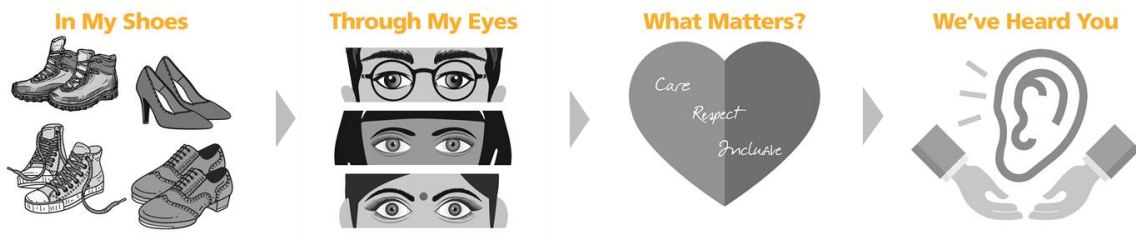
Core competencies for community health staff to deliver integrated care have been developed. We have now commissioned an external consultancy to take this work forward which has been funded by HEE funding. We are also progressing the work around Making Every Contact Count and Health Coaching.

Preparation for our third cohort of the Enjoying Work programme is underway, and more details are included in the Quality report.

The Respect and Dignity @ Work project continues to plan as we move through to the stages of the planned activity following the success of the initial stage – A Mile in My Shoes. Through My Eyes is a series of sessions/workshops which aim to capture our staffs own stories, be it in a slightly different format. An external facilitator captures anonymous stories from our staff shared during the sessions that are confidential and anonymous. Through My Eyes completed in June 2019. This will be followed by a series of focus groups chaired by the CEO and attended by line managers to share the interpretations from some of the anonymous stories collected. We will also be looking to hear from the line managers about the support and development they need to become more effective and better supported managers.

We are
HERE

Dignity and Respect @Work



On our equalities plan, we have seen a lot of activity across the networks. The BAME Network held two network meetings were in June, together with a wonderful conference on 28 June attended by 150 people. We have appointed two network leads for the LGBTQ network, and preparations are underway for the London Pride and Black Pride events. The ability network is preparing for the annual conference in October 2019 and a new campaign aiming to raise awareness in tackling preconceived ideas of disabled staff as well as setting up a working group on making the reasonable adjustment pathway more efficient. The women's network hosted a women's health afternoon in June.

A series on menopause workshops have been arranged, some of which are for women only and some are mixed to include line managers so that they can better understand how they can support women going through the menopause. We're in the process of setting up an intergenerational network following feedback from the February Department Management Team Event (DMT), the executive sponsor for which is the Chief Quality Officer.

We have been accredited by Greater London Authority Healthy (GLA) Workplace Award Foundation Level and we are finalists for the Healthcare People Management Awards (HPMA) for Excellence in Employee Engagement for the Enjoying Work Project and the ELFT in 1 voice Choir. The presentation to the judges included a Peer Support Worker, member of the QI team and a manager from one of the Enjoying Work teams.

In June 2019, we began a new internal pulse survey using a system called Go Engage. This new pulse survey will be shorter in length than the annual staff survey, taking less than 10 minutes to complete, and be sent to a random sample of staff every 4 months. This will help us keep a closer eye on staff engagement, and guide our improvement activity in a more real-time way.

Executive commentary - Integrated Dashboard

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

Trust turnover is continuing to reduce from 16.00% in April to 15.99% in May 2019, against a Trust target of 16%.

WTE Vacant

There is a pattern that vacancies tend to be higher early in the year after budgets are reset and new investments are in place, with a gradual decline over the year. There was a significant reset of the Bedfordshire CHS budget at the start of the year which appears is one of the main reasons for the jump.

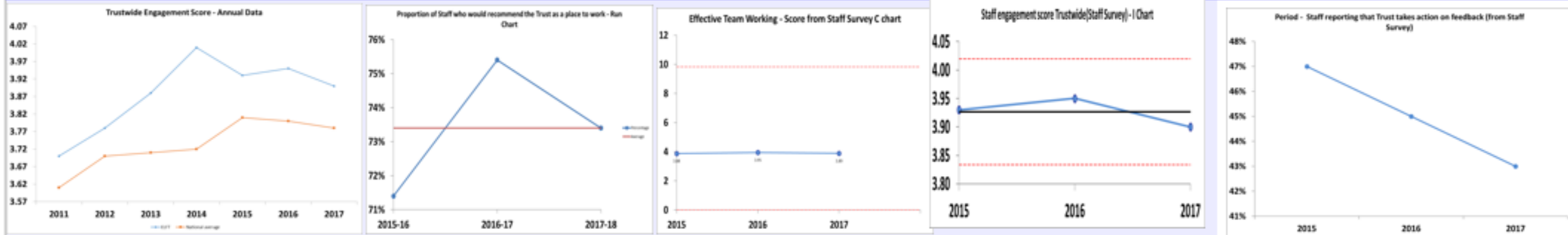
There is often non-recurrent funding ending in March, which reduces budgets in April (Corporate in particular, also Specialist), which can have the effect of swinging vacancies in the opposite direction.

By contrast, numbers of staff in post is generally less volatile.

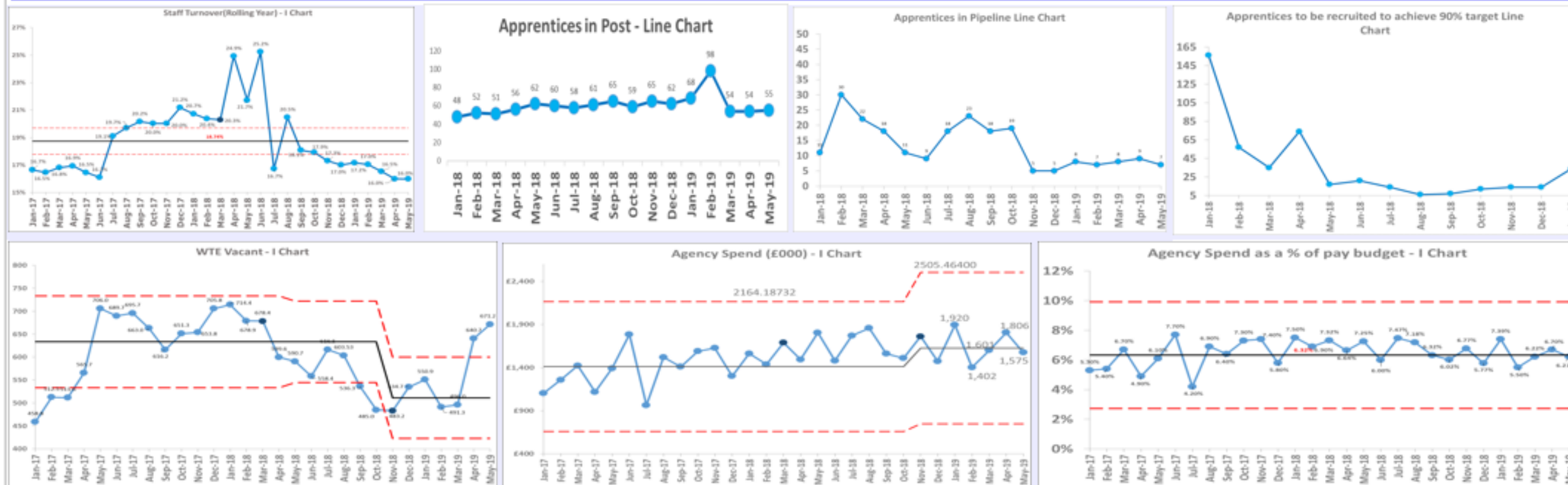
MAR-19					APR-19							
Services	Funded Wte	In Post WTE	Vacancy WTE	% Vacancy	Services	Funded Wte	In Post WTE	Vacancy WTE	% Vacancy	Due to budget change	Due to WTE in post	Total change
CITY & HACKNEY	543.77	524.81	(18.96)	3.5%	CITY & HACKNEY	542.97	510.9	(32.07)	5.9%	0.80	(13.91)	(13.11)
NEWHAM	475.69	420.84	(54.85)	11.5%	NEWHAM	476.57	416.94	(59.63)	12.5%	(0.88)	(3.90)	(4.78)
RWK304-TOWER HAMLETS	596.45	568.44	(28.01)	4.7%	RWK304-TOWER HAMLETS	594.7	558.9	(35.80)	6.0%	1.75	(9.54)	(7.79)
SPECIALIST SERVICES	799.95	725.91	(74.04)	9.3%	SPECIALIST SERVICES	805.24	716.91	(88.33)	11.0%	(5.29)	(9.00)	(14.29)
SPECIALIST CHS	145.77	122.43	(23.34)	16.0%	SPECIALIST CHS	156.14	121.6	(34.54)	22.1%	(10.37)	(0.83)	(11.20)
FORENSIC SERVICES	554.72	514.32	(40.40)	7.3%	FORENSIC SERVICES	588.82	516.92	(71.90)	12.2%	(34.10)	2.60	(31.50)
NEWHAM CHS	490	431.27	(58.73)	12.0%	NEWHAM CHS	490.56	438.86	(51.70)	10.5%	(0.56)	7.59	7.03
CORPORATE	552.57	516.51	(36.06)	6.5%	CORPORATE	515.02	503.96	(11.06)	2.1%	37.55	(12.55)	25.00
ESTATES & FACILITIES	20.59	16.14	(4.45)	21.6%	ESTATES & FACILITIES	20.74	19.14	(1.60)	7.7%	(0.15)	3.00	2.85
Bedford Directorate	644.88	566.51	(78.37)	12.2%	Bedford Directorate	656.83	560.9	(95.93)	14.6%	(11.95)	(5.61)	(17.56)
Luton Directorate	384.29	317.82	(66.47)	17.3%	Luton Directorate	388.75	321.46	(67.29)	17.3%	(4.46)	3.64	(0.82)
TOWER HAMLETS CHS	245.72	179.03	(66.69)	27.1%	TOWER HAMLETS CHS	253.01	179.69	(73.32)	29.0%	(7.29)	0.66	(6.63)
BEDFORDSHIRE CHS	371.55	425.92	54.37	-14.6%	BEDFORDSHIRE CHS	441.11	423.57	(17.54)	4.0%	(69.56)	(2.35)	(71.91)
Grand Total	5825.95	5329.95	(496.00)	8.5%	Grand Total	5930.46	5289.75	(640.71)	10.8%	(104.51)	(40.20)	(144.71)
					Change in vacancy WTE			(144.71)				

IMPROVED STAFF EXPERIENCE

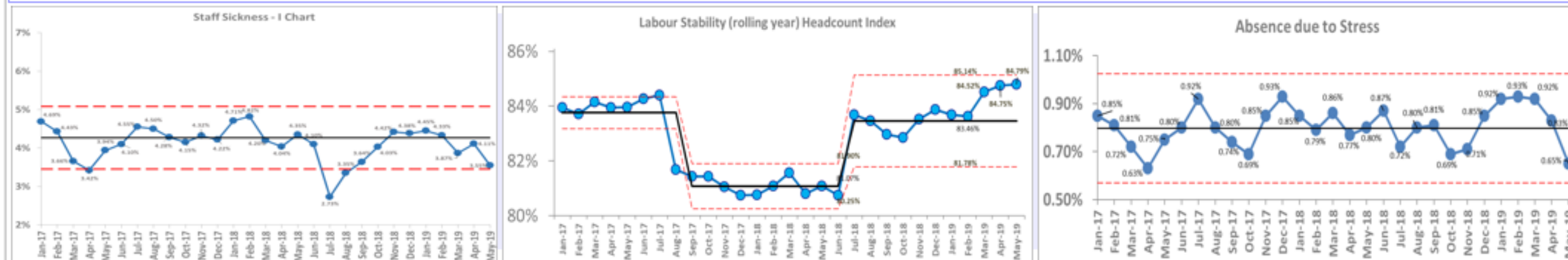
Increased sense of engagement by staff – Annual Figures



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



Staff feel supported and motivated to come to work



KEY Data available but requires extraction Measure needs to be defined further Data not available within Trust

Board Assurance

Risk description	Executive/ Committee lead	Current score	Executive commentary
Strategic risk 5: If the Trust does not effectively plan for, attract and retain the right numbers and skills of staff required, there will be an impact on the Trust's ability to deliver safe, high quality integrated care	Director of People and Culture Appointments & Remuneration Committee	12	Actions being taken to reduce the risk target score include: <ul style="list-style-type: none"> • Risk amended to include 'retention' of staff. • The Trust has historically had a low vacancy rate which 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 planning for a workforce that can deliver high quality integrated care. • A strategic recruitment group has been set up which includes subject matter experts (SME) to address the current recruitment shortages and b) to work through the different professions in the creation of new roles. This group regularly reports to the People & Culture Committee so that they have oversight of progress • Workforce projections have been drafted in collaboration with localities. • A new community resourcing and a dedicated team has been created to better meet the needs of Community Health Services. • In terms of recruitment, exploring a project with a company called Diversity by Design to improve the diversity of candidates from application to appointment with an additional focus out also the potential of applicants.
Strategic risk 6: If issues affecting staff experience, health and wellbeing and equalities are not addressed there will be a high turnover of staff as well as staff burnout	Director of Planning and Performance Appointments & Remuneration Committee	12	Actions being taken to reduce the risk target score include: <ul style="list-style-type: none"> • Building on our Population Health approach to staff wellbeing a number of well-received workshops have been run for women going through the menopause and also sessions for line managers. The focus groups generated a number of possible recommendations that are being developed with the women's network. • A new intergenerational network is being set up and the Exec lead is the Chief Quality Officer. • A number of staff have received grants from Cavell Nursing. NEYBER is due to launch in July. We have also promoted the details of other charities for each profession. • We wrote to all staff re the issue of knife crime, gangs and county lines and had a positive response. The project group that was set up and is planning next steps which are likely to be focus groups with the 50 or so affected and/or

Risk description	Executive/ Committee lead	Current score	Executive commentary
			<p>interested.</p> <ul style="list-style-type: none"> • A staff engagement platform call 'Go Engage' was procured and we are in the processes of launching with the first quarterly pulse survey going live in August. • Respect and Dignity @ Work is being led by the Director of People and Culture, and the Chief Nurse. Empathy Museum commissioned to run the exhibition 'A Mile in my Shoes' and focus groups held called 'Through My Eyes'. Both stages of the project included an on online presence internet, intranet and Twitter. All Execs made pledges. The Workforce Committee has oversight of this work and will monitor progress of strategy • Go Engage will run four quarterly staff surveys with a sample of 25% of the organisation, in addition to the annual NHS staff survey. Previously we only ran three. Also the areas are broader so we anticipate better intelligence. • Later this year the OH provision will be re-procured and we will seek to include more services for general staff wellbeing.
<p>RISK SCORING RECOMMENDATION: Risks 5 and 6 No change: The Remuneration & Appointments Committee continues to seek assurance that the level of variation is being reduced.</p>			

5. Improved value

Programme governance:

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead executive committee: Service Delivery Board

Annual Plan priorities

Annual Priority:	Delivery lead:	Timeframe:
New Infrastructure plans around efficient and effective use of digital and estate	Director of Estates and Chief Information Officer	March 2020
Launching waste reduction campaigns and supporting teams to think value	Chief Finance Officer	March 2020
Incorporating value and waste into the Trust's QI work	Chief Finance Officer	March 2020
Delivering high quality services using 97% of the resources available compared to FY18/19	Chief Finance Officer	March 2020

Executive commentary – Annual Plan Priorities

The data visualisation project is on track with a procurement exercise identifying Power BI (a Microsoft product) as the platform with which to proceed. A new data warehouse has been procured and a project board commenced in January in order to develop the system. The Digital Board continue to receive progress reports on the aspects of the Trust's digital strategy and also feedback from directorates. The first of the Dashboards through BI is to be delivered in August 2019.

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

Details of the Financial Value programme are set out in the commentary below.

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

Executive commentary - Financial performance

A summary of financial performance is as follows:

- Operating surplus (EBITDA) to end of June 2019 of £4,012k compared to planned operating surplus of £4,055k.
- Net surplus of £532k (0.5%) compared to planned net surplus of £331k (0.3%).
- Year to date favourable net surplus variance of £201k.
- Year to date favourable performance against control total of £34k.
- NHSI risk rating of “2” to end of June 2019.
- Cash balance of £82.9m as at the end of June 2019.

The contractual income detailed in this report is based on signed contracts for 2019/20 for all NHS contracts over £5m, and agreed or anticipated contract values for other contracts.

The Trust's 2019/20 control total is £5,683k including PSF income of £3,319k (£2,366k excluding PSF income). The Trust has agreed the control total for 2019/20.

The Trust was notified by NHSI on 3rd July 2019 that it would receive an adjustment to the 2018/19 Bonus PSF amounting to an additional £167k. As the Trust were notified of this after completion of final accounts, the advice from NHSI is that the Trust should “record this immaterial 2018/19 item within 2019/20 accounts.”

While this will have the effect of improving the Trust's overall net surplus and cash position, it will not benefit the Trust reporting against the 2019/20 control total; i.e. the Trust will still need to make a surplus of £2,366k in 2019/20 **excluding** the additional £167k, in order to qualify for 2019/20 PSF income.

	Budget £000	Jun-19 Actual £000	Variance £000	Annual Budget £000	May-19 Variance £000	Change +/- £000
Operating Income	106,882	107,148	267	428,679	29	237
Operating Spend	102,827	103,137	(310)	408,103	(202)	(107)
Operating Surplus (EBITDA)	4,055	4,012	(43)	20,575	(173)	130
Interest Receivable	75	152	77	300	19	58
Interest Payable	(520)	(520)	0	(2,081)	0	0
Depreciation	(1,776)	(1,775)	0	(7,102)	0	0
Public Dividend Capital	(1,503)	(1,503)	0	(6,010)	(0)	0
Underlying Net Surplus / (Deficit)	331	365	34	5,683	(154)	188
Non-Recurrent Support Adjustment	0	0	0		0	0
Control Total Net Surplus / (Deficit)	331	365	34	5,683	(154)	188
2018/19 Bonus PSF Reported in 2019/20	0	167	167		0	167
Reported Net Surplus / (Deficit)	331	532	201	5,683	(154)	355

Expenditure Risk

The Trust is reporting an adverse variance of £310k against operating expenditure at 30th June 2019.

Financial Viability Programme

The delivery of the overall financial plan is predicated upon achieving the requirements of the Trust's Financial Viability Programme (previously referred to as "CRES").

The Trust is continuing to work on finalising the financial values of proposed schemes for the 2019/20 Financial Viability Programme. A separate paper is tabled to FBIC including relevant detail of the programme.

The total internal Trust savings requirement to achieve the 2019/20 control total are £10.0m, of which £0.4m are reported within Directorates for schemes identified but not delivered during 2018/19.

The planned savings required to 30th June 2019 were £683k, against which the Trust is slightly ahead on plan at the end of June 2019.

NHSI Agency Ceiling

The NHSI ceiling set for the Trust was £4.10m to the end of June 2019. The Trust is reporting expenditure of £4.80m, a variance of £0.93m from the ceiling (22.7%).

This gives the Trust an agency risk rating of "2" at Month 3, and is well within the 50% variance that would trigger an agency risk rating of "4" and an overall risk rating of "3".

The Trust plan assumed agency spend would not fall within the agency ceiling at this stage, and variance from the planned agency expenditure is 4.8%.

The Trust is committed to finding ways to reduce agency expenditure during 2019/20, including looking at ways to move from agency to bank where temporary cover is required.

All agency bookings above 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 rules.

The key driver for the reported overspend in Bedfordshire CHS is use of bank and agency staff over budget, with further overspends in particular services. Similarly, in Bedfordshire Mental Health services, there is high agency use in Medical staffing and bank and agency use in inpatient wards and CMHTs.

The overspend shown against Bedfordshire CHS is partly offset via a designated reserve, and the net overspend is £248k. In making this assumption in the accounts, the Trust is accepting that the contribution from this contract is lower than planned in the business case.

Areas of high overspend in Corporate departments are in the process of being reviewed by the finance team and Chief Finance Officer to understand the reasons for these variances and to discuss what action can be taken.

The Trust is managing overspend against expenditure budgets via reserves at Month 3. However, this is not a sustainable position, and consideration will need to be given as to how the current level of overspend against some budgets can be reduced.

Forecast

The revised plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of “1” under the Risk Assessment Framework by March 2020. This is in line with the revised NHSI control total of £5.7m (including PSF income of £3.3m). The plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of “1” under the Risk Assessment Framework by March 2020. This is in line with the revised NHSI control total of £5.7m (including PSF income of £3.3m).

Length of Stay Adult Mental Health

All East London inpatient wards have experienced significant pressures in the past few months, particularly as a result of wider bed availability issues in London. This has prompted additional out of area short stay admissions into ELFT beds until users are repatriated. This will have impacted positively on our length of stay figures. However, the additional pressures have also prompted measures being put in place across the Trust to focus on facilitating timely discharge from all our wards as follows;

- Additional weekly trust wide bed huddles to review and unblock emerging issues
- Additional bed meetings with senior clinicians and borough Directors (and CCGs as required) to expedite potential delays
- City and Hackney inpatient QI project is continuing to improve flow within our inpatient wards

IMPROVED VALUE FOR MONEY

The Trust will improve the utilisation of its estate

Space Utilisation Ratio (m2 per staff)

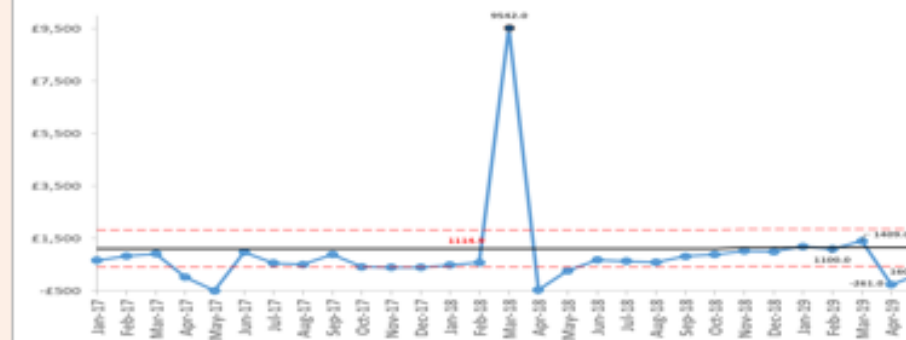


All budget holders will be held responsible for the management of their budgets

Cash in bank (£m) - I Chart

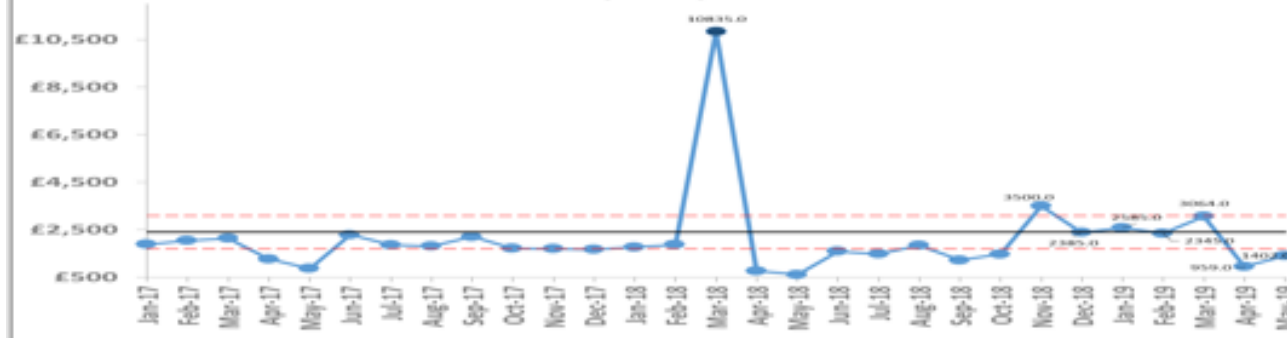


Net surplus (£000) - I Chart

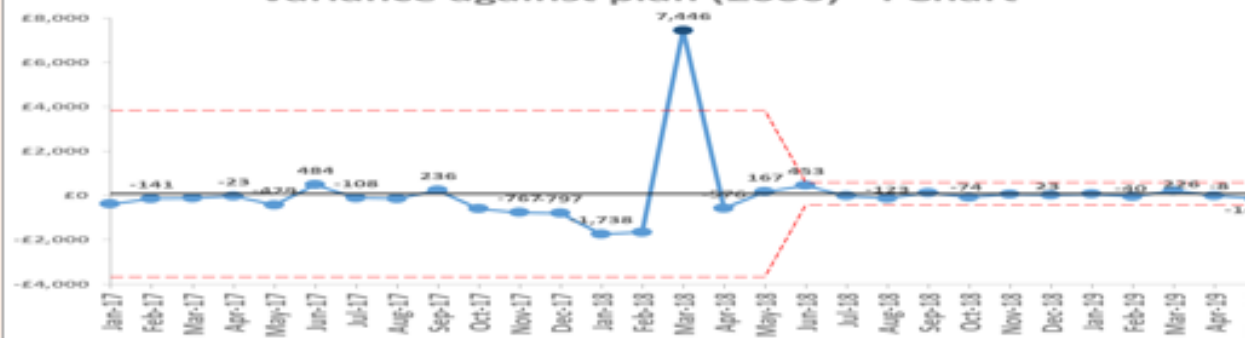


All budget holders will be held responsible for the management of their budgets

EBIT-DA (£000) - I Chart

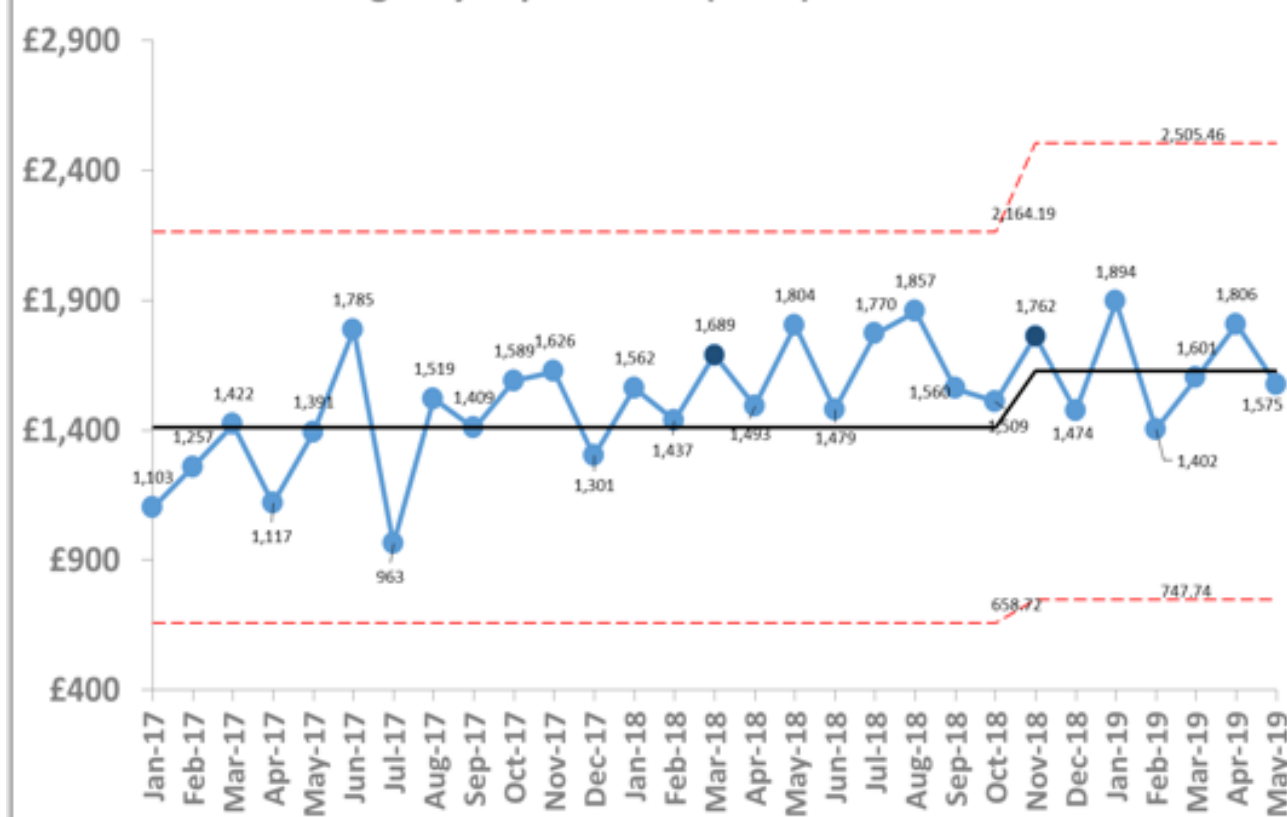


Variance against plan (£000) - I Chart

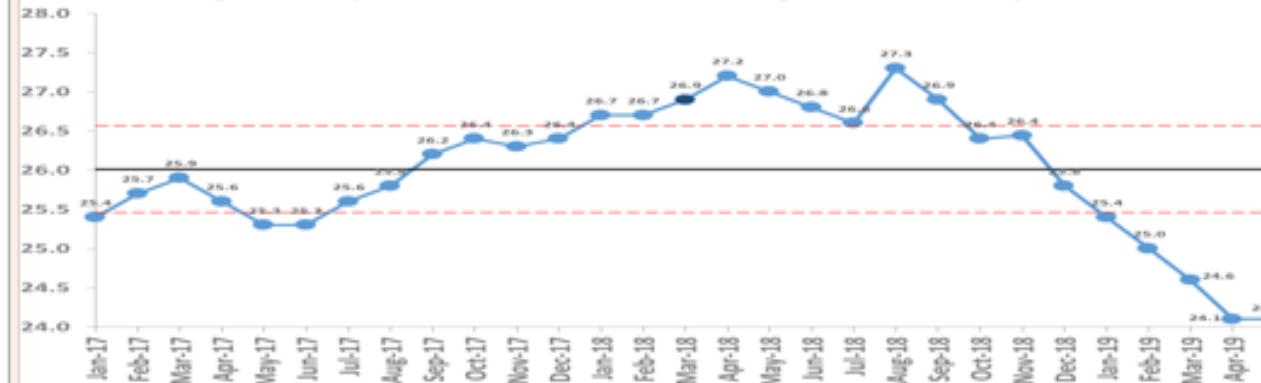


The Trust will increase the efficiency and effectiveness of resource utilisation

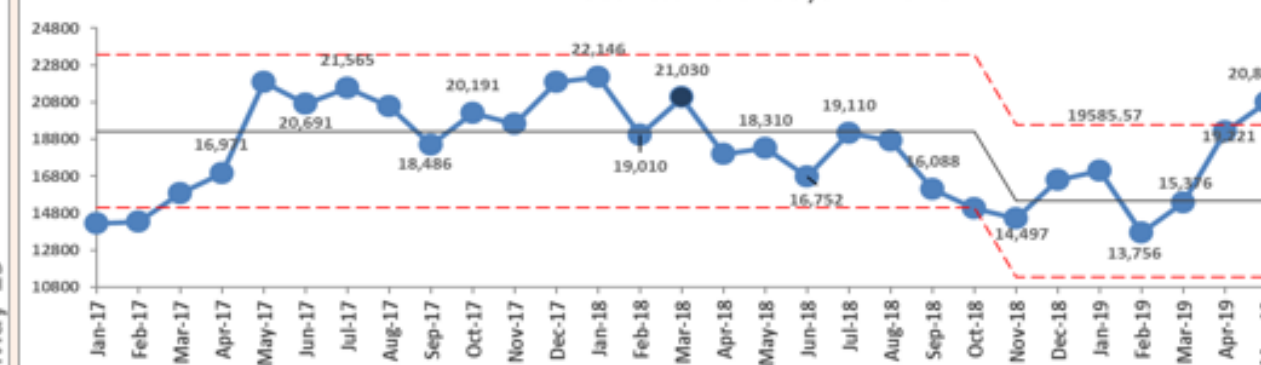
Agency Expenditure (£000) - I Chart



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



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



Board Assurance

Risk description	Executive/Committee lead	Current score	Executive commentary
Strategic risk 7: If behavioural and culture changes are not embedded, the new approach to value and financial sustainability may result in resorting to previous methods of delivering efficiency savings	Director of Commercial Development Finance, Business and Investment Committee	25	<p>Risk for 2019/20 has been amended to reflect the focus on value, financial sustainability and waste reduction.</p> <p>A series of actions are being taken to support the successful delivery of the Trust's new approach to value and financial sustainability, and therefore to minimise risk. Action plans have been developed which will be rolled out with a staged approach. Examples of actions being taken to mitigate the risk include:</p> <ul style="list-style-type: none"> • Working with Leeds to understand the assurance on their revised model and visiting NHS Scotland to learn from their success • Developing Qi programmes on identified waste management plans • Staff engagement plan in place to support the delivery of the new waste management plans. These include: <ul style="list-style-type: none"> - Regular video blogs - Staff engagement through waste reduction idea generation and interaction through online voting and competition on ideas - Staff training
Strategic risk 8: If the adoption of supporting plans is not embedded to aid waste reduction, in year financial benefits may not be delivered. This includes infrastructure, people and directorate plans	Chief Finance Officer Finance, Business and Investment Committee	10	<p>Risk for 2019/20 has been amended to reflect the focus on financial sustainability and waste reduction, and the importance of key plans which include digital on financial delivery. Reference should therefore also be made to Risks 5 and 6 in relation to the People Plan</p> <p>There is regular feedback from staff that poor quality data and information systems impact on service delivery. Procurement is underway for both the data warehouse and the data visualisation system in order to make improvements on this area.</p> <p>The mitigation for the risk around quality data is focussing currently on systems and data stability. However, there is also a risk around the quality of data entry that needs further, longer term work, and consideration of the source and level of assurance required.</p> <p>Actions being taken to reduce the risk score include:</p> <ul style="list-style-type: none"> • Procurement for data warehouse and data visualisation software is under way with the aim

Risk description	Executive/ Committee lead	Current score	Executive commentary
			<p>to make improvements in performance reporting as well as access to data for clinical and operational teams. The Trust has partnered with an external provider to deliver these projects with an additional bid for resource also being prepared to enable future project delivery</p> <ul style="list-style-type: none"> • Significant investment is being made in the underlying IT infrastructure to support the Trust's digital ambitions. This is being managed through the Trust's capital programme and includes provision for hardware, software and cyber security <p>The mitigation for risk around quality data is focussing currently on systems, data stability and how the use of systems are being maximised to their fullest capacity with a focus on training, behavioural and cultural change:</p> <ul style="list-style-type: none"> • There is a risk around the quality of data entry which is being considered • Weekly meetings at an operational level include discussions/updates on informatics to improve the robustness of data reporting • Digital Programme Board is reviewing the Trust's digital ambition (which links into estates strategy). • Programme Board of Digital Visualisation Programme has been established • FBIC received a detailed presentation on the Trust's Digital & Capital Plan.
<p>RISK SCORING RECOMMENDATION: Risks 7 and 8 No change: The Finance, Business & Investment Committee continues to seek assurance that the level of variation is being reduced.</p>			

6. Regulatory compliance

NHS Improvement Single Oversight Framework

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

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

The main change has been the improvement in financial performance.

Theme	Current Rating	
Quality of Care		No Concerns
Finance and Use of Resources		The Trust has an overall NHSI Risk Rating of "2".
Operational Performance		No Concerns
Strategic Performance		No Concerns
Leadership and Improvement Capability		No Concerns

NHS Improvement operational performance metrics

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

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 : May 19

Target : 50%

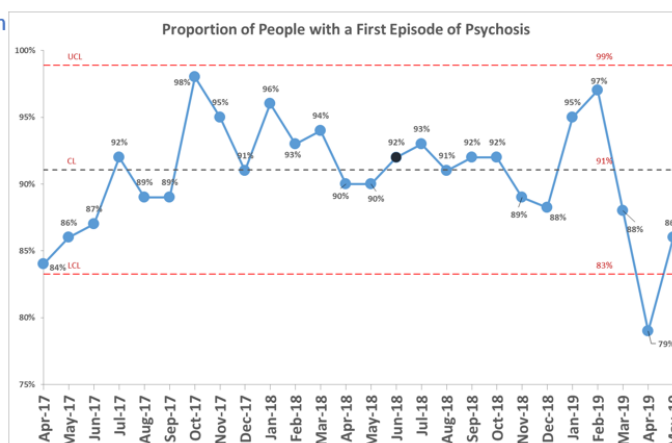
Month
May 19

Number of people starting treatment within 2 weeks of Referral

Total Waiters

% of people starting treatment within 2 weeks of Referral 86%

This measure though still above the target dropped to its lowest level this month since April 2017.



The monthly performance improved 86% versus April 79% against 75% target.

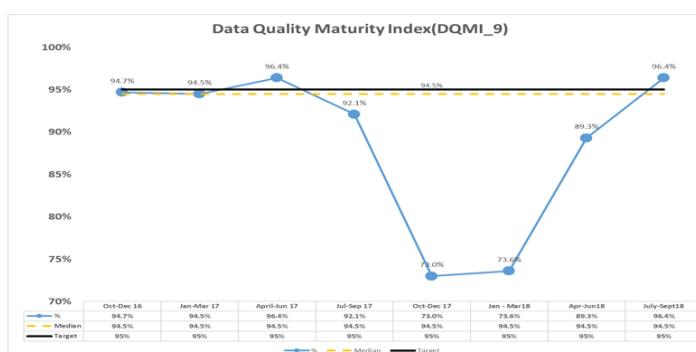
Data Quality Maturity Index (Quarterly Data)

Reporting Month : Mar 19

Target : 95%

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

This metric now reported monthly from October 2018. Please see the chart below.

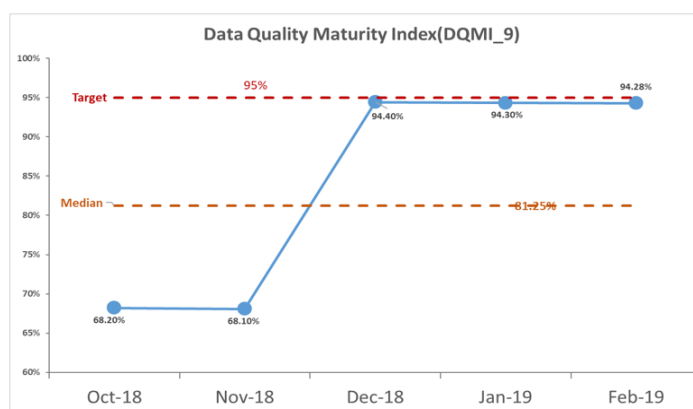


Data Quality Maturity Index (Monthly Data)

Reporting Month : May 19

Target : 95%

Data available up to January 2019, currently above the median and slightly below the 95% target.



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

Reporting Month : May19

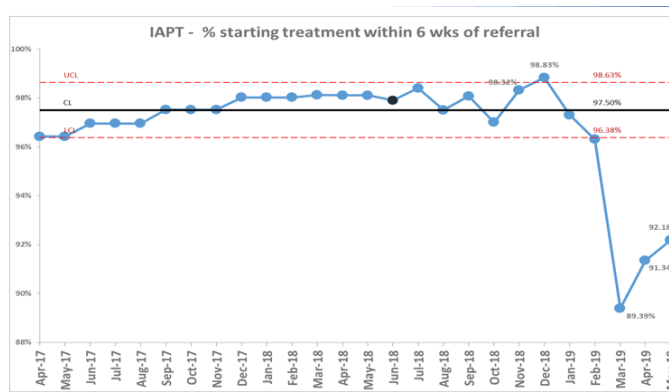
Target : 75%

% of patients having Treatment within 6 weeks of referral

Current Month
May 19
92.18%

April 19
91.34%

This measure although currently below the lower control limit and showing a special cause variation, is still performing above the target of 75%



The monthly performance improved 92.2% versus April 91.3% against 75% target.

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

Reporting Month : May 19

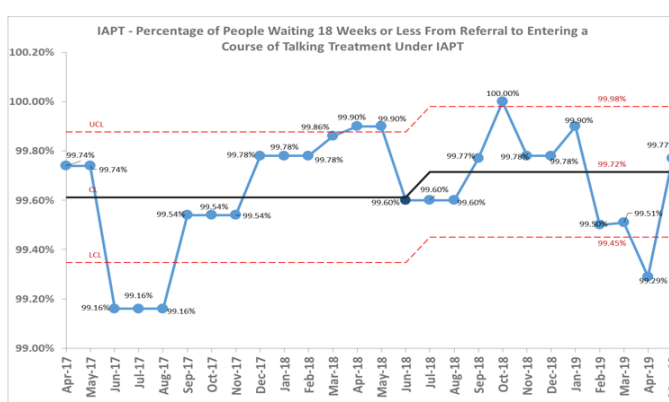
Target : 95%

% of patients having Treatment within 18 Weeks of referral

Current Month
May 19
99.77%

April 19
99.29%

Still performing above the 95% target and now currently within the common cause variations.



Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : May 19

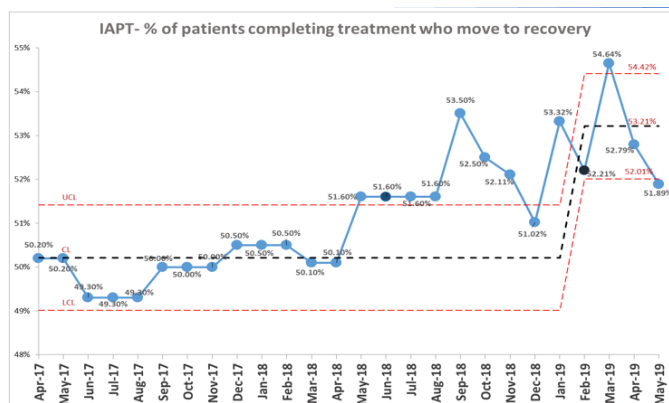
Target : 50%

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

Current Month
May 19
51.89%

Apr 19
52.79%

This measure is now slightly below the lower limit, indicating a special cause variation.



Out of Area Placements – Number of Occupied Bed Days

Reporting Month : May 19

No Target

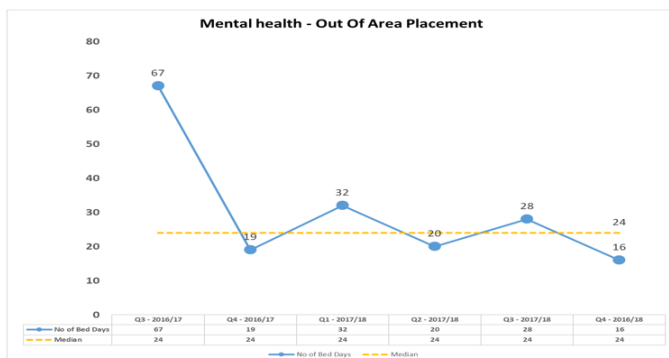
Out of Area Placement
Number of Bed Days

Quarter 1
2018/19
4

Quarter 4
2017/18
16

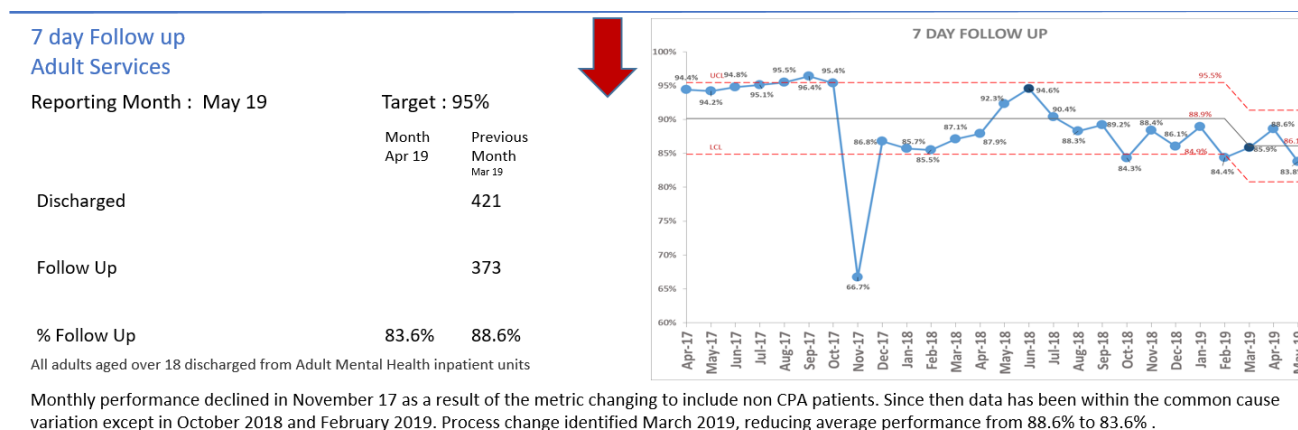
Quarter 3
2017/18
28

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



Other performance issues for escalation (National and Local indicators)

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

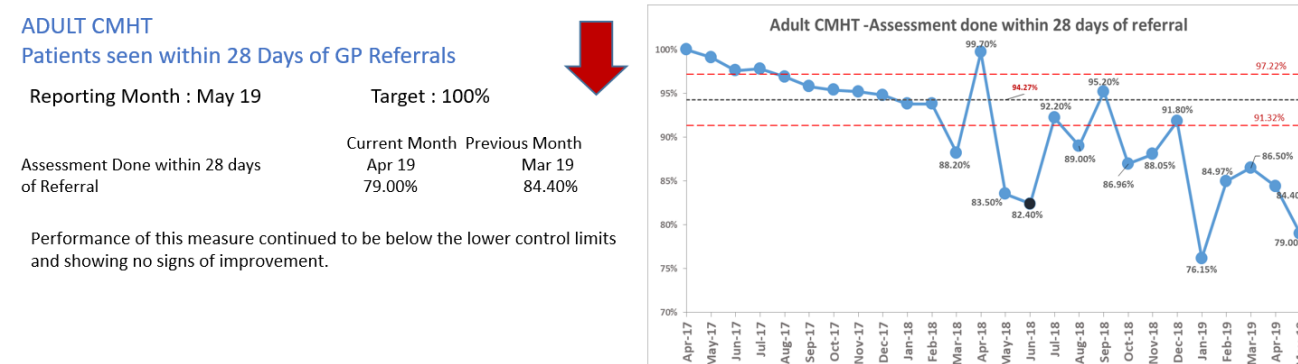


7 day follow up - as the Board are aware, the definition for this indicator changed, and services have been putting in place systems to ensure that all inpatients are contacted within 7 days. Based on the CQUIN 2019-20 there has been further changes to this indicator. The trust needs to review 80% patients post discharge within 72 hours.

The figure is 83.6% and the previous month's figure is 88.6%. Key themes were around not having the correct details and non-engagement by patients despite having several attempts.

Detailed breakdowns of breaches and actions being taken is discussed in monthly performance meetings with directorates.

Trust wide recovery plan has been submitted to CCG/CSU. A survey has been conducted with service users to evaluate their experience of follow-up care to aid improvement work underway. In addition, an internal Trust wide steering group is in place once a month represented by key operational leads and medical director to support delivery of this work.



Assessments within 28 days – performance declined further in May 79% versus April 84.4% against 100% target. This is largely due to difficulties in getting sufficient medical staffing in

some directorates, including locums. All clinical directors have recruitment plans in order to mitigate this risk, but recruitment remains difficult in some areas.

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

Reporting Month : Mar 19

Target : 95%

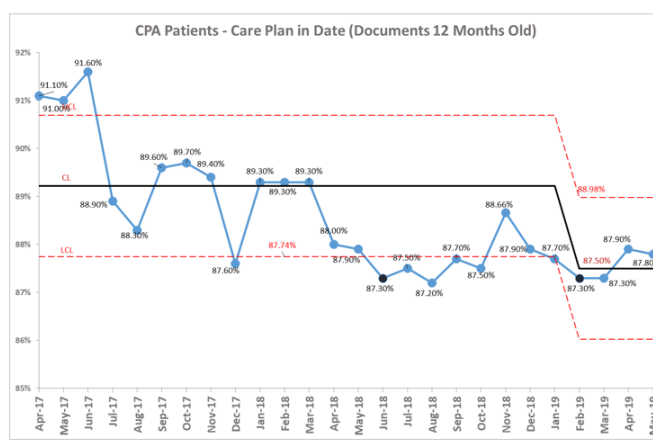


Care Plan In Date Document 12 Months Old

Current Month April 19 87.9%
Previous Month March 19 87.3%

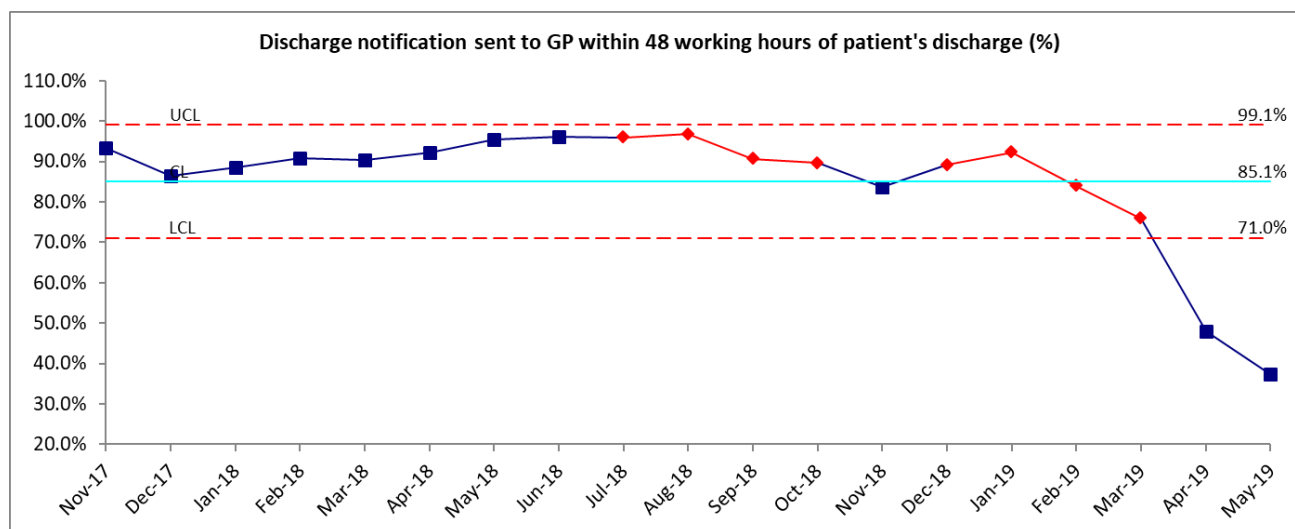
Average is 89.22%

Performance has been in decline since June 2018 and change in process identified in February 2019. Data currently within the control limits



CPA care plans in date – as above, performance in this area slightly declined in May 87.8% versus 87.9% in April against the 95% target. Detailed plans are in place and monitored in monthly performance meetings. Additional performance meetings have been put in place at team level, chaired by clinical directors.

Discharge notification sent to GP within 48 working hours of patient's discharge (Target 95%)



The ongoing trial of using the current version of the NODF across the trust has led to the conclusion that it's not going to be feasible to consistently complete it within the 48hr target window, given current constraints, and that we're therefore iterating a 3rd version of the form. Our Rio Clinical lead has been working with staff across all directorates and proposed a number of changes to the forms. The new process for NODFs was rolled out to the wards in February with the induction of the new junior doctor group.

This process represents a significant change in practice for doctor and pharmacy teams, and requires adaptations of clinical practice, digital clinical systems use, communication between

professional teams, and prioritisation of workload. This is major change in practice and there has been a progressive fall in percentage completion from February to May whilst the teams adapt to it. We realise that this needs to be urgently addressed and working to make the necessary improvement. The pharmacy team have identified 5 key areas in which variations in practice have resulted in missing the 48hr target for individual patients and these were addressed in a training session for ward doctors in May.

Current clinical use of Rio is also a significant factor. Cultural change is required to move toward incremental completion of inline Rio forms over the course of the patient's admission, rather than at fixed points in the patient journey. The recent Rio update from Servelec included a fix to the auto-save feature, the lack of which has contributed to ward doctors making ward round entries into an offline document, rather than directly into Rio inline forms. Once the updated forms have been completed, a broader piece of work about conveying the reliability of Rio, and the primacy of the inline forms for continuous clinical documentation will become possible.

A further period of high bed usage and high turnover in recent weeks (122 inpatient discharges in May) has contributed to the fall in percentage completion, because prioritising the 48hr NODF target becomes more challenging with this increased workload.

The Trust's Electronic Prescribing and Medicines Administration (EPMA) system called 'JAC' will be implemented across all the inpatient wards. This major change is being supported by significant extra resource including a JAC clinical team present on the wards during the roll-out. Discharge medication prescribing and dispensing will be partially automated within JAC, and this will support communication between the medical and pharmacy teams. Ongoing efforts will be made to embed NODF processes via training and direct ward support, in parallel to JAC implementation over the next 2-3 months. This is expected to significantly improve compliance.

The new 24hr target will be addressed by refinement of the existing process. We recognise that the new target around this is for 24hour compliance which we are working towards as part of the eNODF and an SDIP is in place for this with commissioners.

7.0 Recommendations and Action Being Requested

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