

REPORT TO THE TRUST BOARD: PUBLIC
13 MAY 2019

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

Purpose of the Report:

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

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

Summary of key issues

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

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

In relation to improved population health outcomes, the new set of metrics have been signed off and are summarised in the report. Work is commencing to develop our Trust wide approach to improvement against the metrics. It is proposed that the first area of focus will be on employment and loneliness, led by Dr. David Bridle, Medical Director for London Mental Health.

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.

For improved patient experience, positive progress in improved waiting times in secondary care psychological therapy services in all three London Boroughs. Further work done on dialog dashboards giving individual level information on people's satisfaction and experience. The number of restraints and levels of violence remain a concern. The date for the CQC inspection for 2019 has not yet been confirmed. However, plans have already commenced in preparation for the visit which also takes account of feedback from 2018.

In relation to improved staff experience, the priorities have been proposed for the current year with focus on four key areas - 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 Respect & Dignity @ Work project is well underway. 20 'Big conversations' have been arranged across the Trust for 'Through my Eyes' Focus groups that are being externally facilitated. There is generally good progress on the Equalities plan. The 2018 national staff survey results have been published. The Trust has generally

maintained its overall positive scores, and the overall staff engagement score remains at 3.91. There is a separate agenda item on staff experience.

For improved value, the Trust's overall financial performance remains at "1" under the NHSI single oversight framework. The Trust has delivered a surplus of £13.59m, including £7.3m PSF income.

The Trust has achieved £9.1m of CRES savings against an internal plan of £12.3m. Discussions have begun with commissioners in East London with regard to possible schemes for 2019/20.

In relation to other performance issues for escalation, performance against the standard of assessing patients referred to mental health services from GPs improved in March. 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.

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

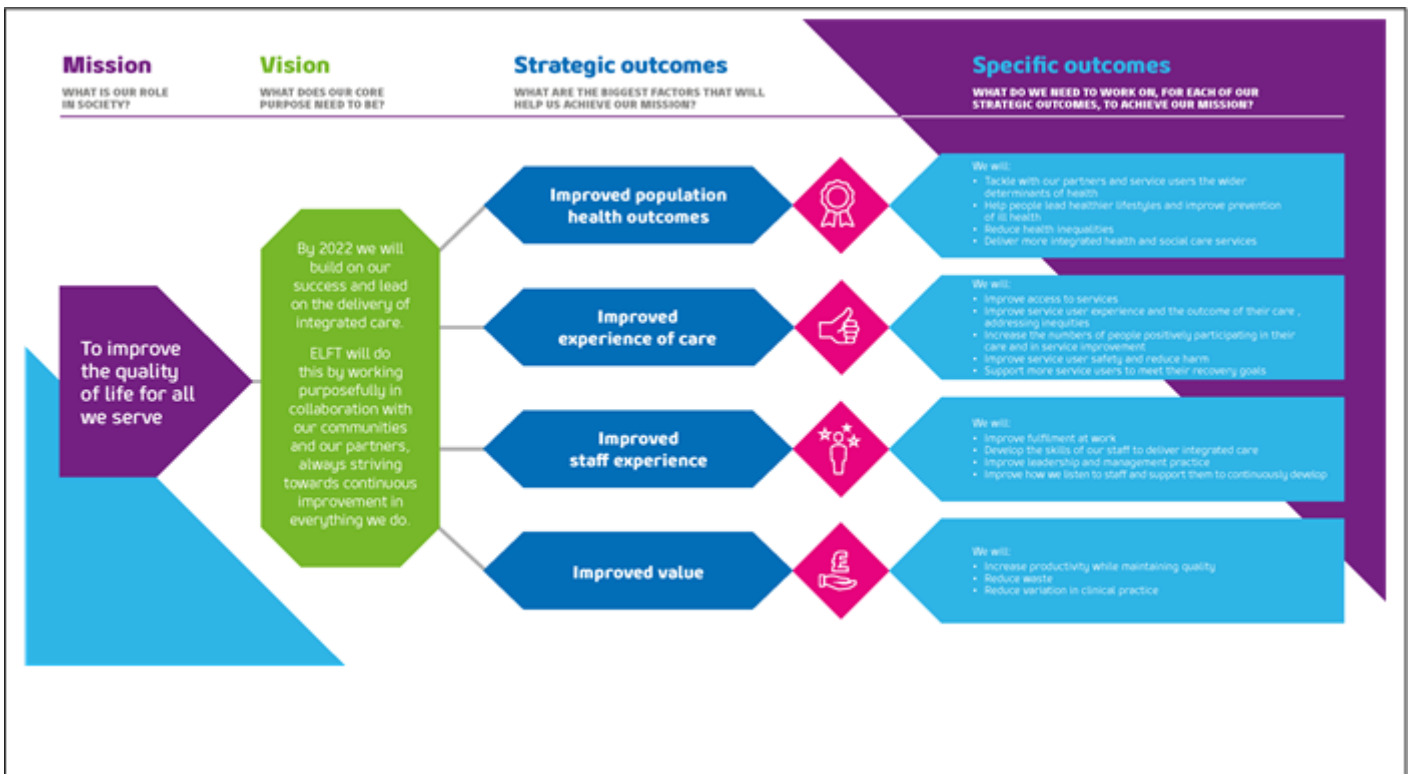
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's equalities work stream.
Risk and Assurance	This report and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

Impact	Update/detail
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

In 2018/19, the Trust finalised a population health framework, and is currently developing plans and priorities for implementation in 2019/20. The Board has agreed to form a Population Health Task & Finish Group to provide assurance regarding the delivery of the population health framework priorities in 2019/20 and develop steady state governance for population health. The Task & Finish Group will meet for the first time in June 2019.

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

The Trust has been successful in working with the BLMK Integrated Care System and the East London Health & Care Partnership to secure Wave 2 national funding for Individual Placement & Support in Luton (provided by the Trust) and City & Hackney and Newham (provided by voluntary sector partners).

The Trust has delivered the physical health CQUIN, including smoking interventions.

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.

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

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

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

% of people on CPA who smoke: The proportion of people on CPA who smoke appears to have reduced over recent months. Whilst the cause for the reduction is being explored, the Trusts approach to physical health assessment, and targeted smoking cessation offer may be having an impact. Our Smoking Cessation Service consider the following factors to be material:

- impact of improved smoke free legislation (which has impacted the general population also)
- E-cigarettes because 1) E-cigarettes are effective for helping people to become smoke free and maintain smoke free status 2) E-cigarette users are now viewed as 'ex-smokers' and this wasn't always the case when recording status when they were first introduced 3) E-cigarettes technologies are advancing
- Increased implementation of tobacco control strategies delivered by local authorities in partnership with local partners
- A change in perception, as previously it was believed that smokers with mental health problems were less motivated to stop smoking, but recently it has been shown that they are similarly motivated to stop smoking to the general population
- Public Health commissioning has become more focused on priority groups and less so on the general population.

% of people on CPA who had a physical health check: normal variation, however it should be noted that the 2018/19 planning guidance required 60% of people with serious mental illness on GP registers to have had a physical health check in primary care. The Trust supports the delivery of this target through our primary care mental health services in London, and in particular the primary care health care assistants in City & Hackney. In City & Hackney 71.6% of people with SMI had a physical health check, which was the best performance in the country by a significant margin. Tower Hamlets (48.8%) was top decile and Newham (41.3%) was top quartile.

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 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

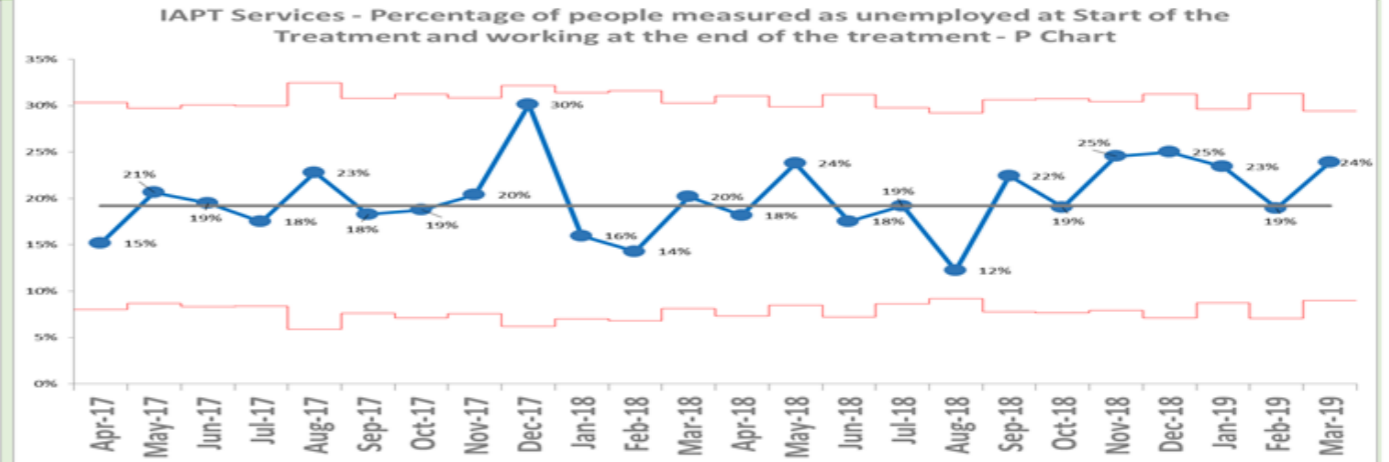
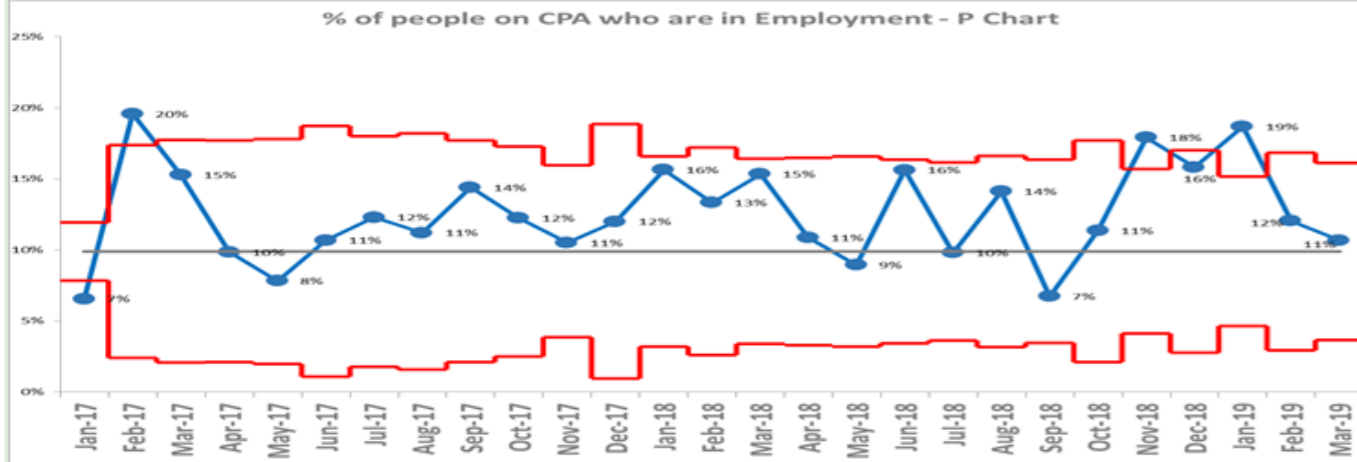
Controlled growth in emergency admissions for people at high risk of admission (or 65+)

Controlled growth in care home admissions

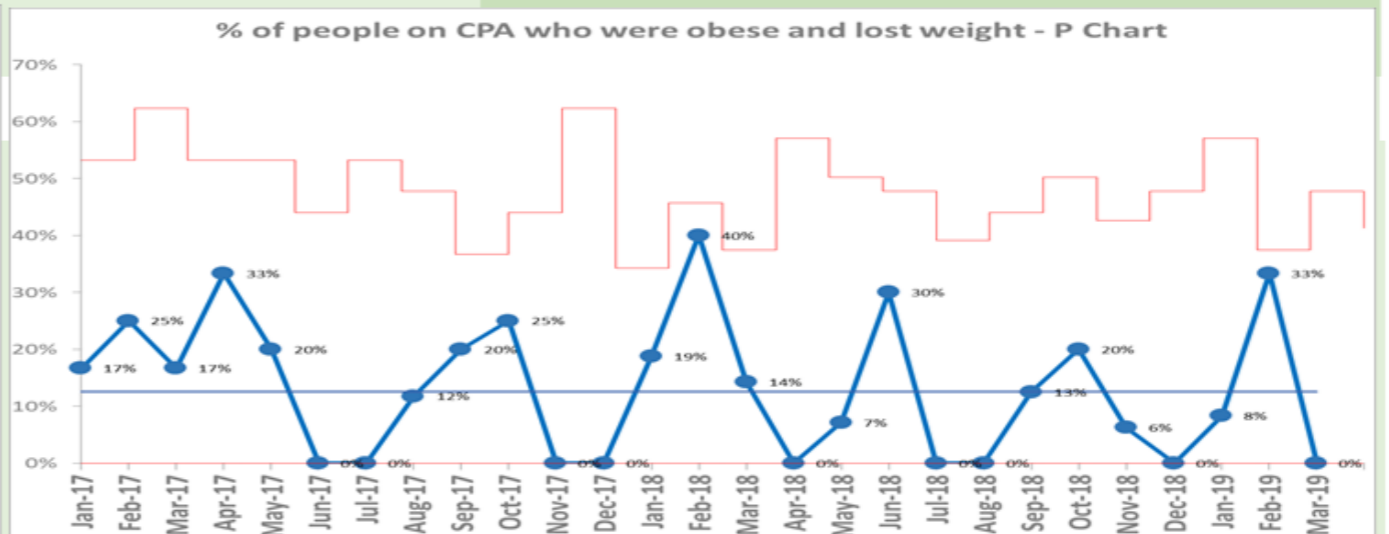
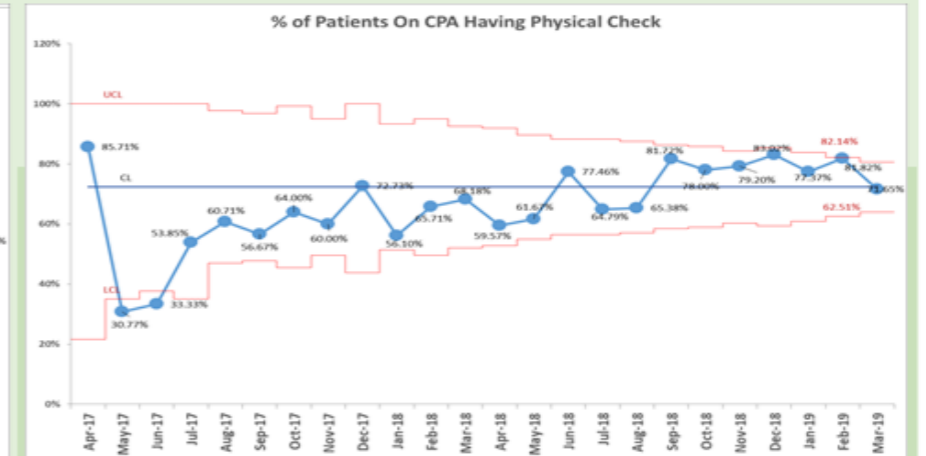
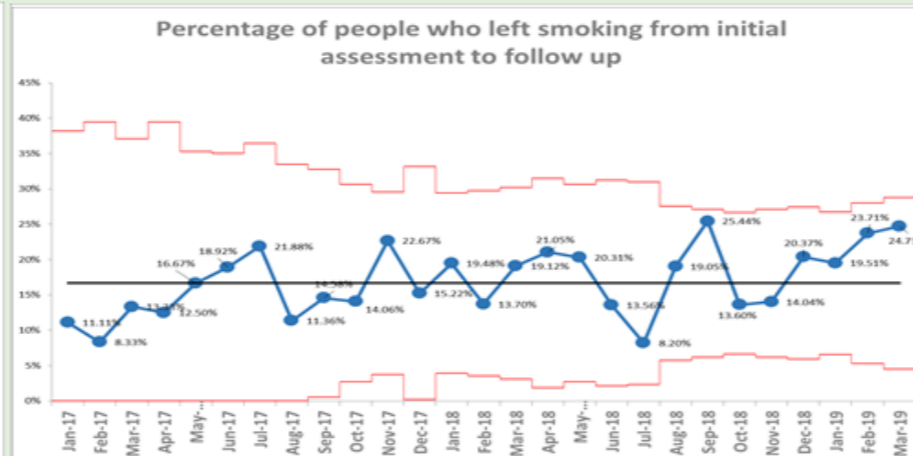
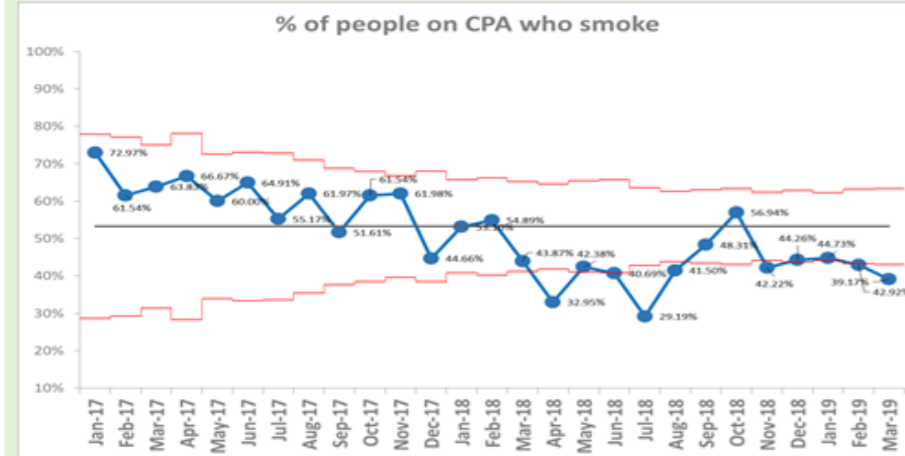
Number of presentations/admissions for self-harm and deliberate injuries in children and young people

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



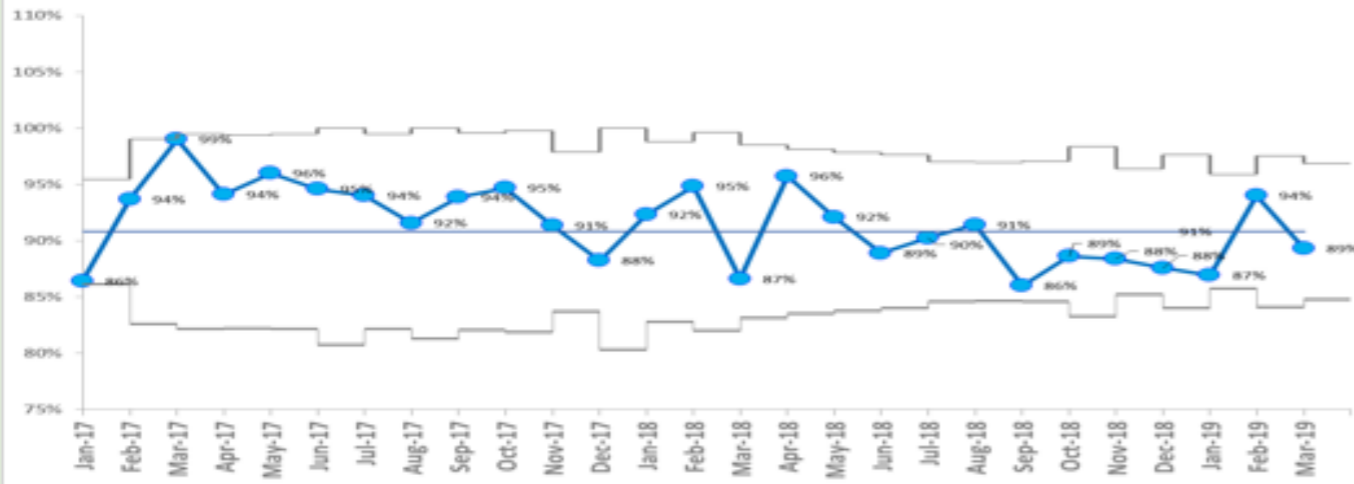
More people that the trust serves will lead healthier lifestyles



IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

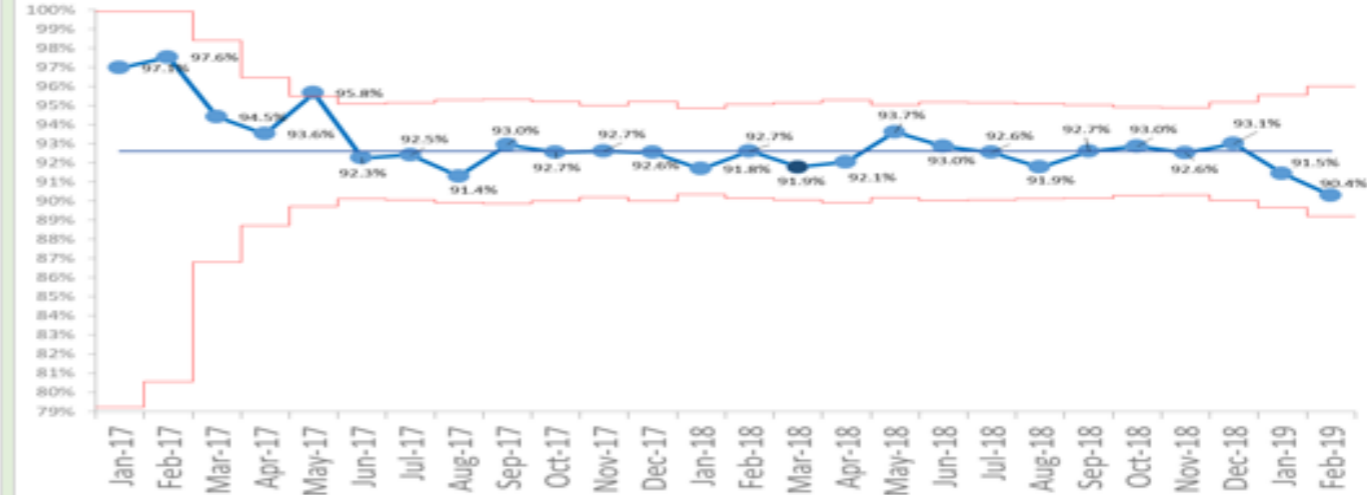
More people that the trust serves will have a decent home

% of People on CPA in Settled Accomodation - P Chart



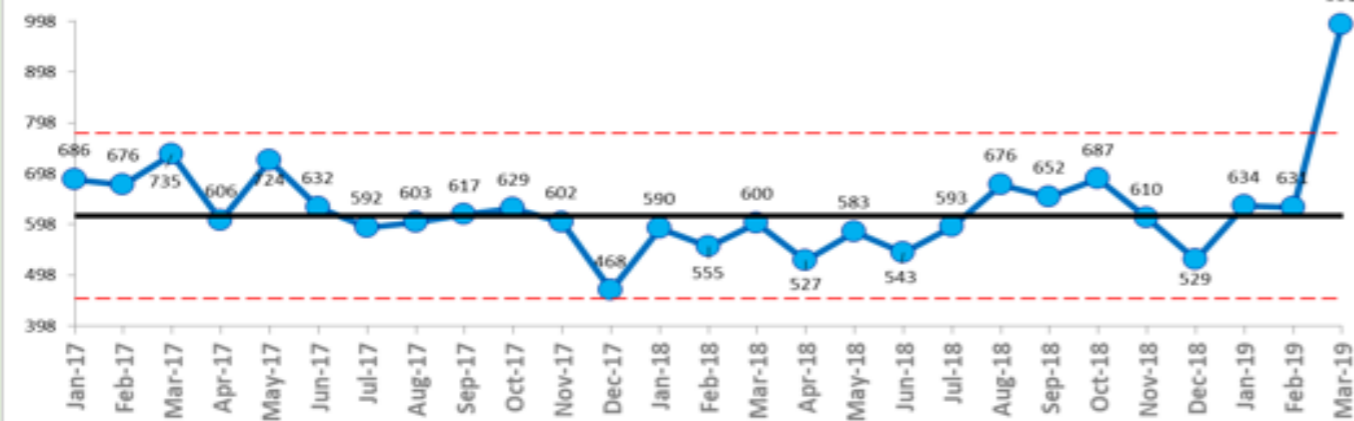
Fewer people that the trust serves will feel lonely

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

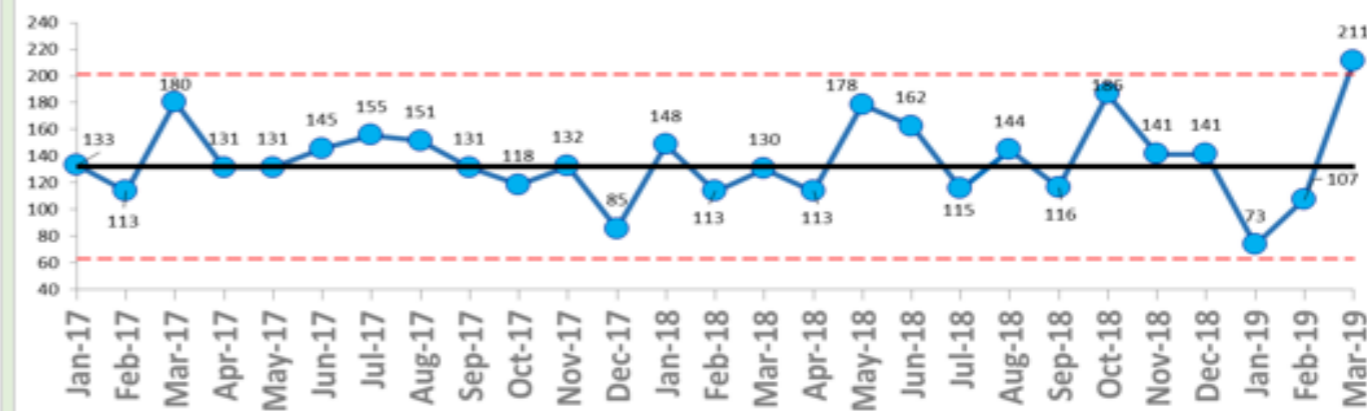


People from the different communities we serve will have improved access to services

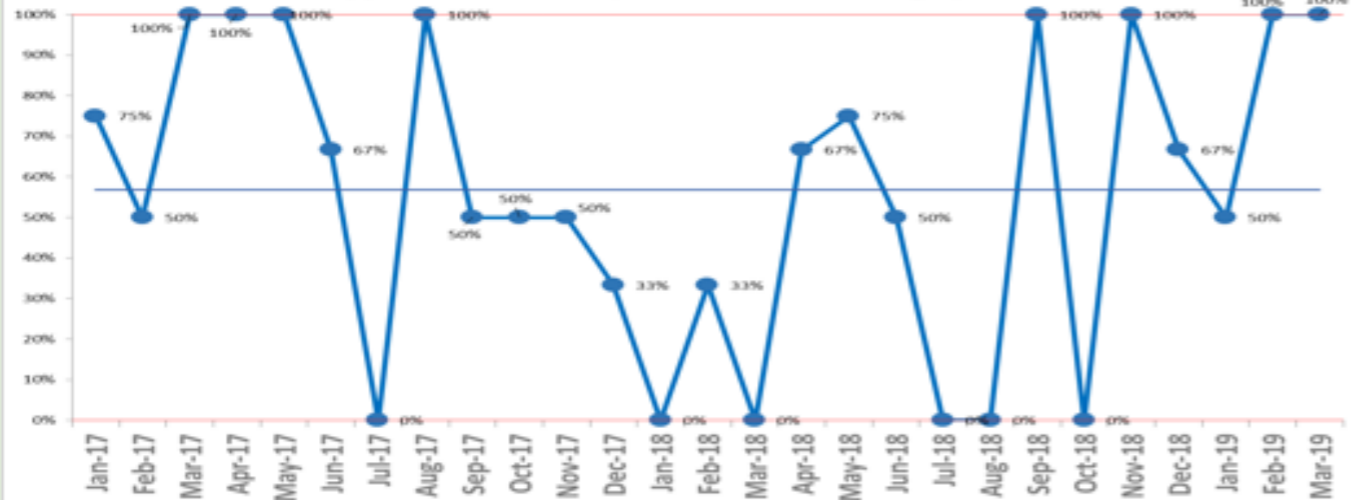
IAPT - Number of people accessing talking therapies from BME communities - I Chart



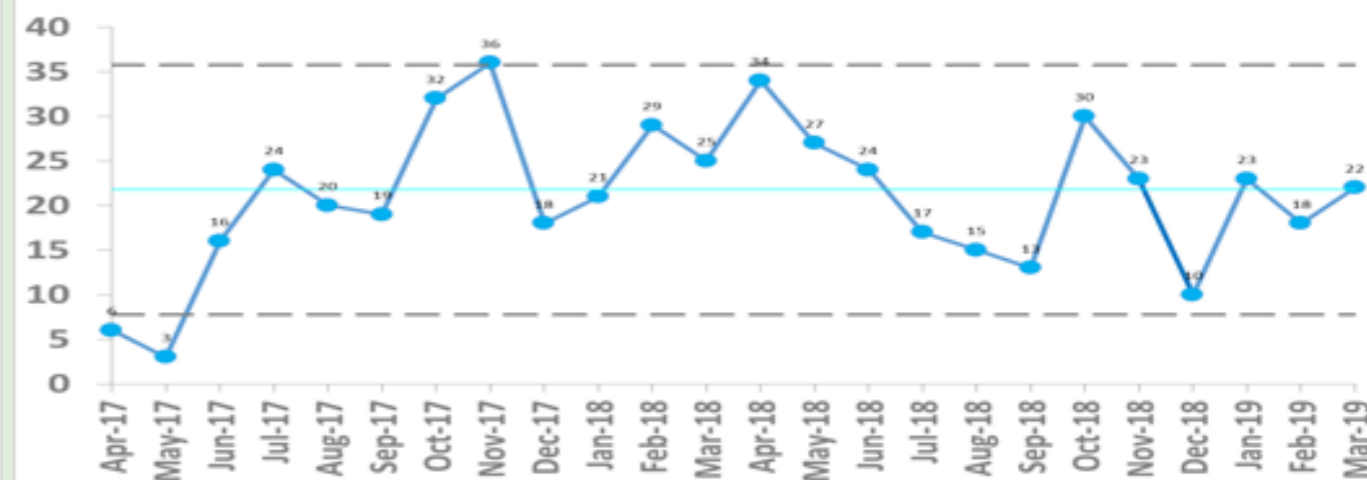
Number of older people accessing talking therapies - I Chart



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



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



Board Assurance

Risk description	Executive/ Committee lead	Current score	Executive commentary
Strategic risk 1: Lack of agreement across local health and care partnerships regarding major plans results in failure to achieve quality and financial objectives	Director of Integrated Care Trust Board	12	<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: Failure to effectively engage with local agencies and communities prevents the development of services and the delivery of improvement initiatives	Chief Medical Officer Trust Board	12	<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> <p>Consideration is being given to amalgamating R1 and R2 when establishing the risks for 2019/2020 due to the overlap across these two risks.</p>
RISK SCORING RECOMMENDATION: Risks 1 and 2 No change			

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

Executive commentary – Annual Plan Priorities

Dialog dashboards have been further developed, giving team and individual level information on people’s satisfaction and experience, as well as enabling the tracking of any changes in this. A new tab has been added to RiO, enabling clinicians to review changes in Dialog scores with service users.

Since the last report progress in improved waiting times in secondary care psychological therapies services has been maintained with all three London Boroughs on or ahead of trajectory in this area. Funding has also been received to increase employment services, and the accreditation scheme begins its pilot phase during the month of May.

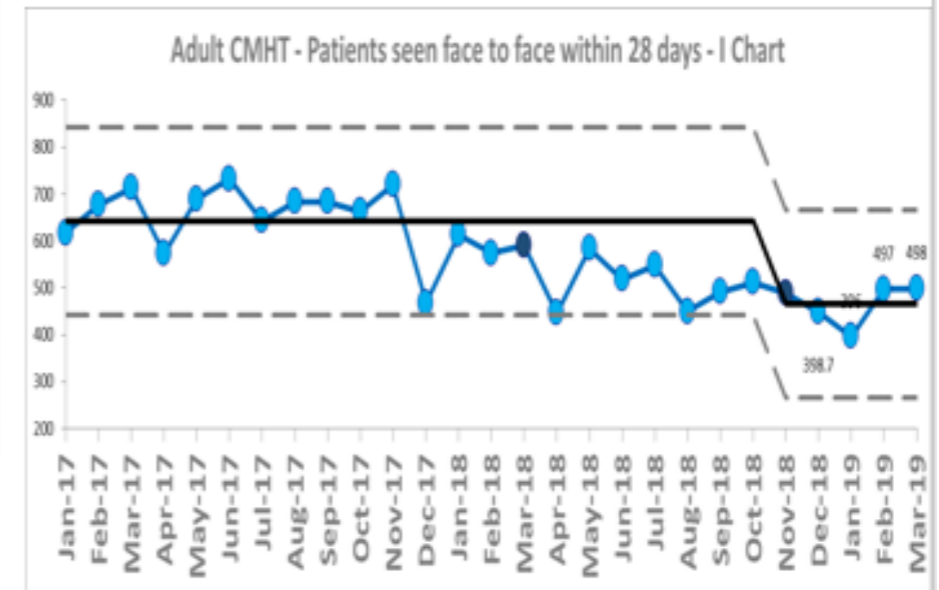
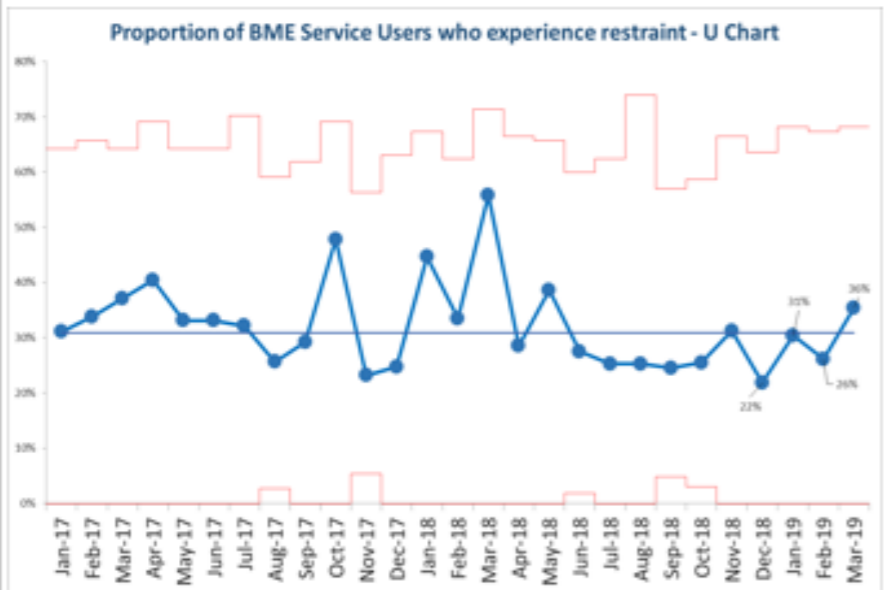
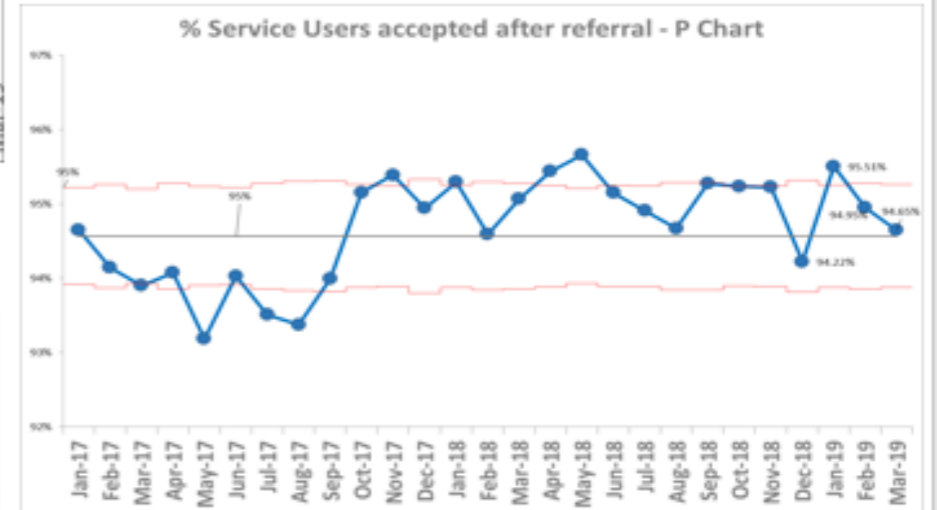
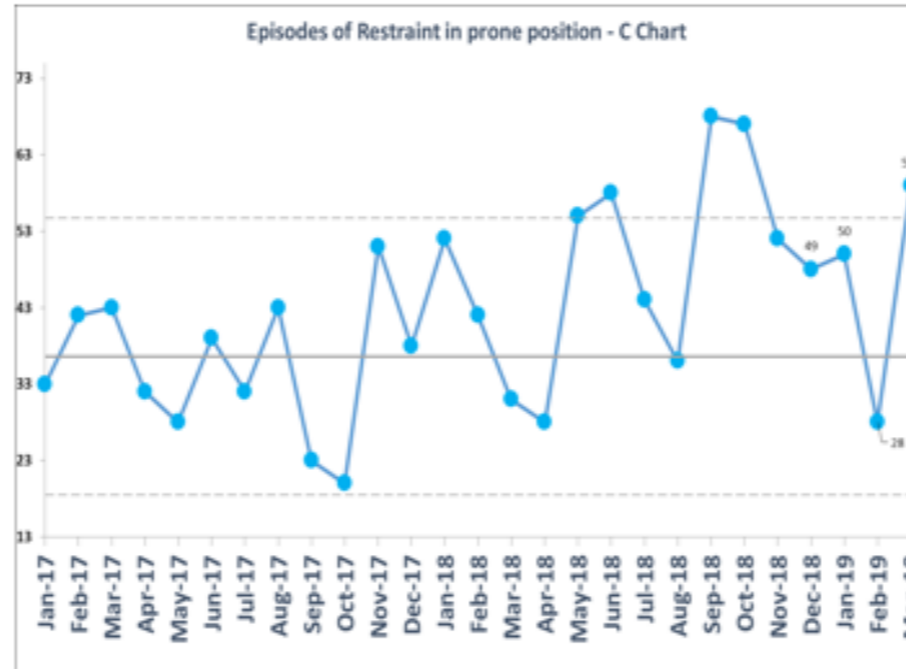
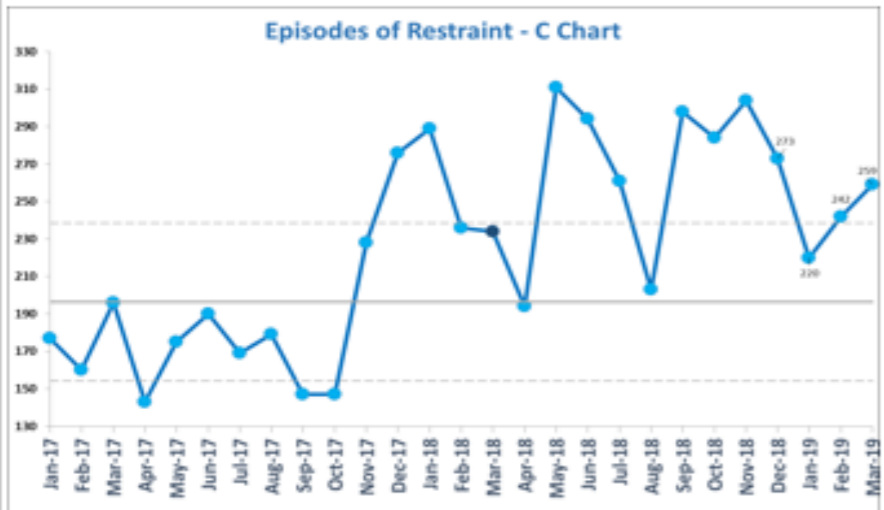
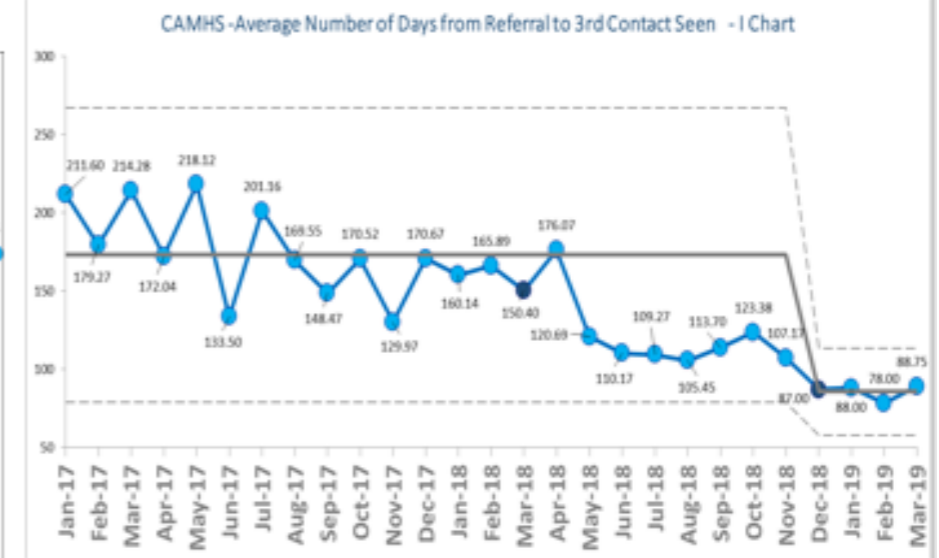
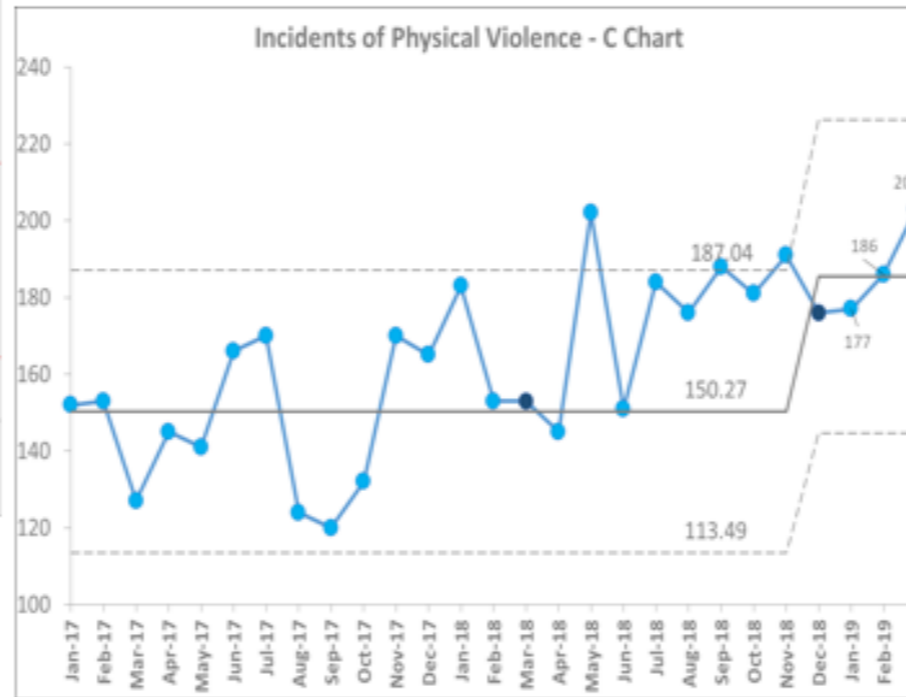
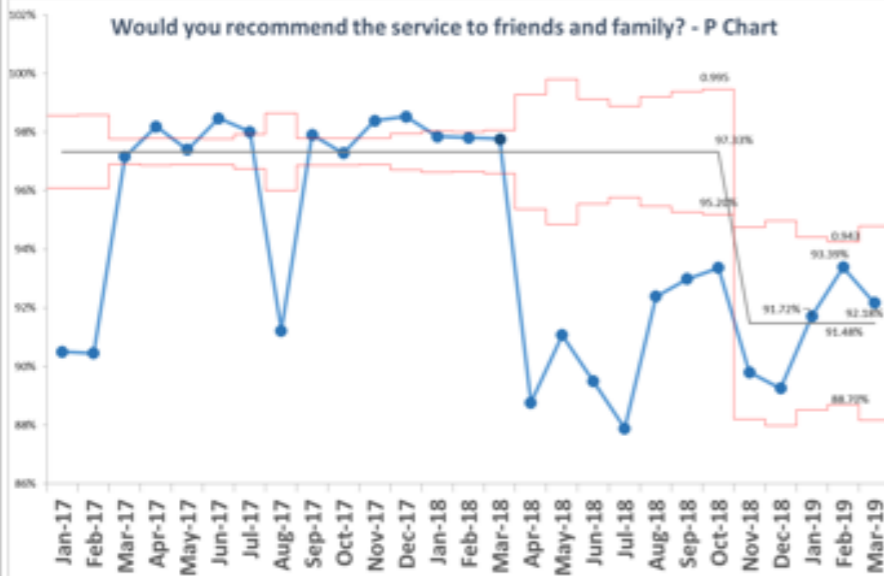
Executive commentary - Integrated Dashboard

The number of restraints and levels of violence remain a concern. The use of restrictive interventions including restraint and seclusion remains part of our violence reduction work using the 6 core strategies of learning together, data, leadership, working with service users and families, trauma informed care and rigorous debriefing.

There has been a significant increase in the number of detained patients with are BAME over the last month, and we continue to monitor this indicator closely to try and understand experience in more detail.

IMPROVED PATIENT EXPERIENCE

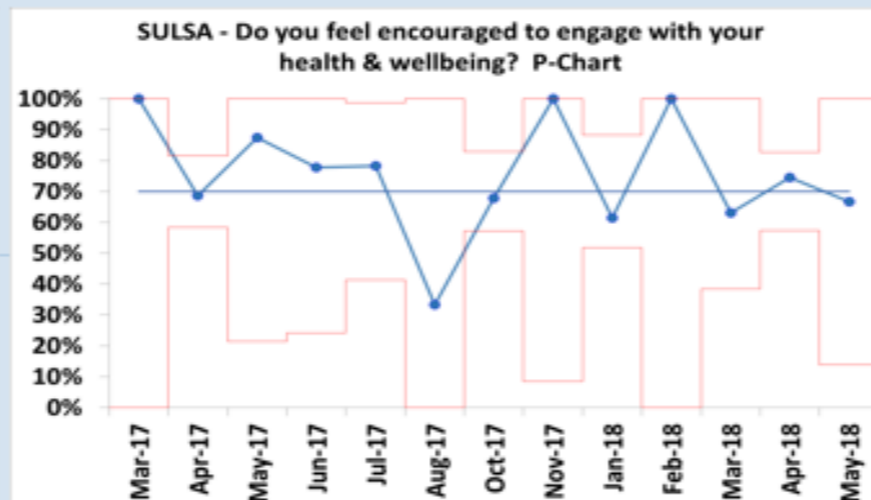
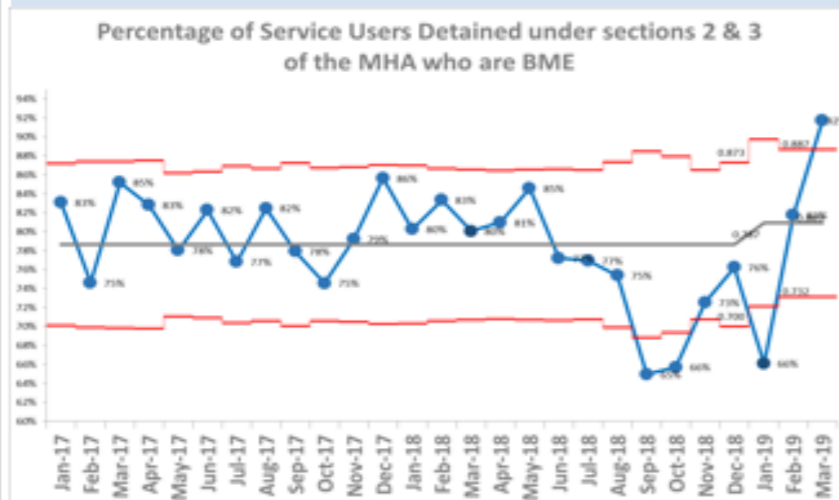
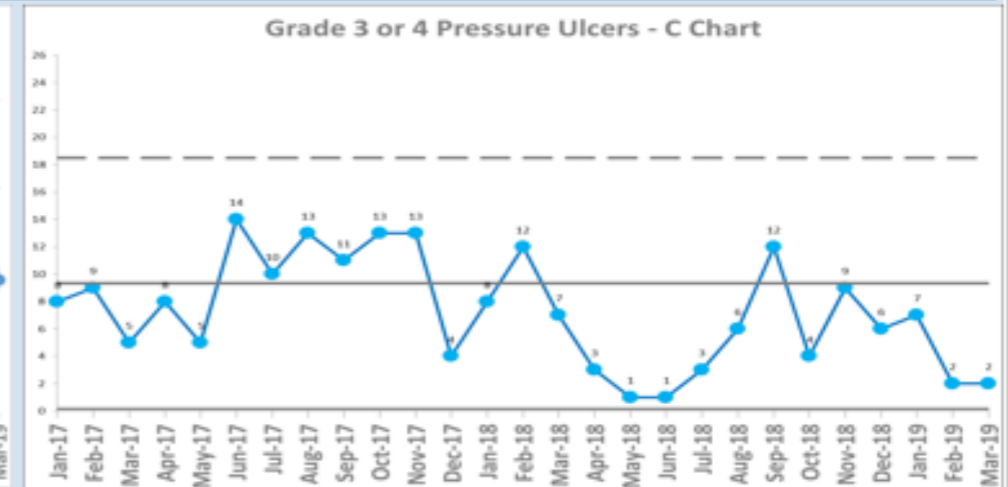
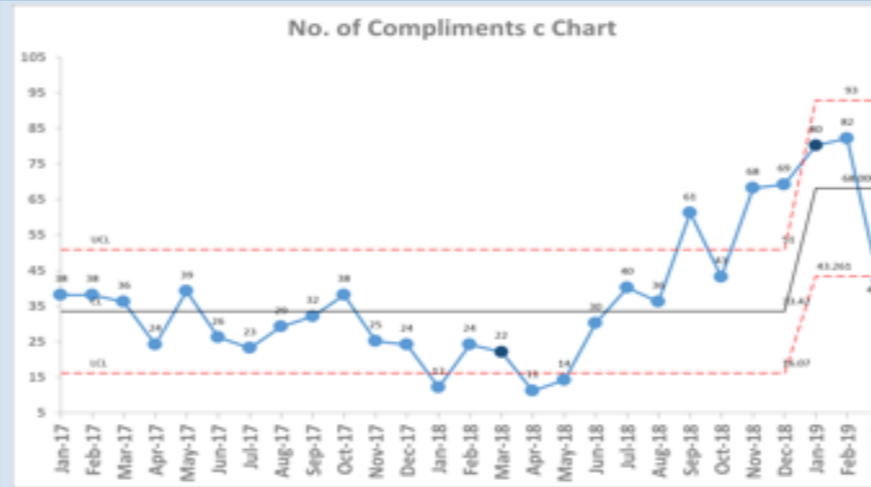
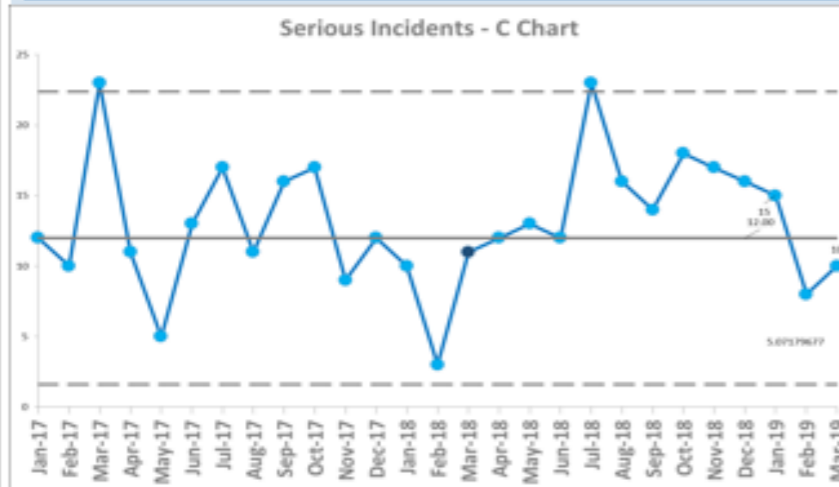
All patients will experience improved access to services



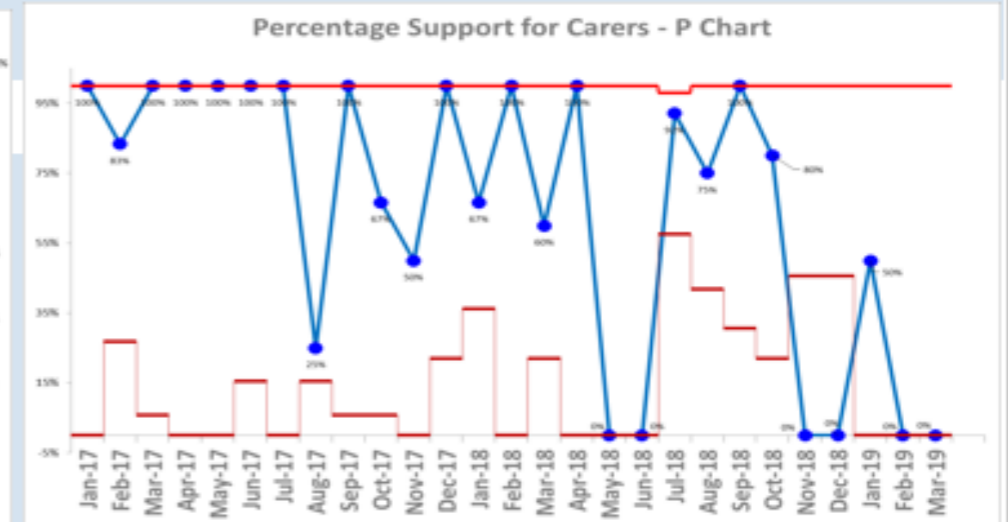
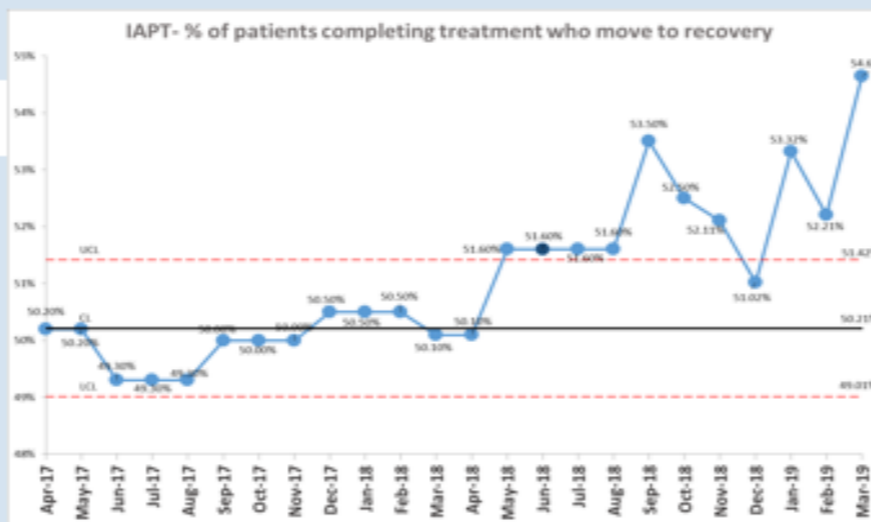
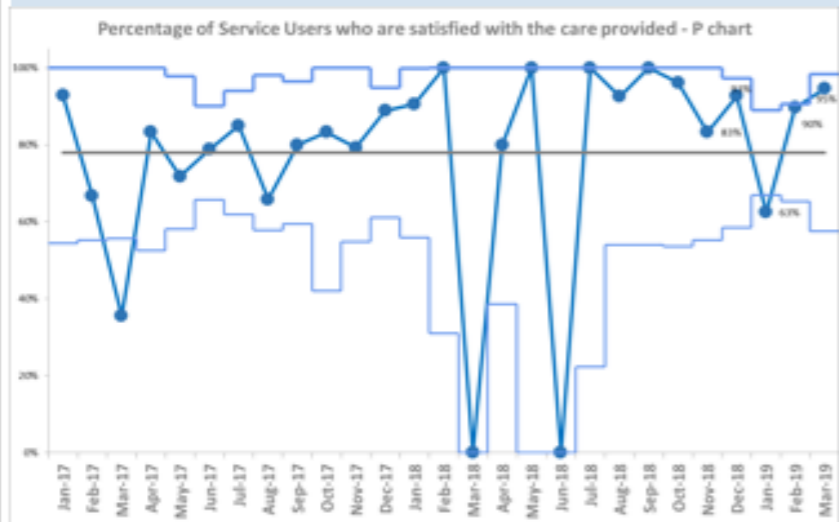
IMPROVED PATIENT EXPERIENCE

All patients will experience improved access to services

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



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: Failure to effectively work with patients and local communities in the planning and delivery of care results in services that do not meet the needs of local communities	Chief Operating Officer Quality Assurance Committee	12	<p>There is variation across the Trust in the level of patient and wider involvement in the planning and delivery of services. The People Participation Committee oversees work programmes, which include development of peer support roles, increased involvement in QI projects, and implementation of the Carers Strategy.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Develop peer support worker roles: meetings have been taking place with directorates to identify numbers, roles and next steps • Carers strategy: good progress being made - update provided at November Board meeting including priorities for the coming year. Next update to be provided November 2019 • Capturing service user experience: being taken forward through the service-user led accreditation of services. This framework has been approved and a pilot due to commence in Beds • Evaluation of the implementation of CPA and dialog+: this has been completed, data collected and analysed. A working group has been established to oversee and guide the next phase of the eCPA process including consistency of its use.
Strategic risk 4: Failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm	Chief Nursing Officer Quality Assurance Committee	10	<p>A series of actions are being taken to reduce the risk target score including:</p> <ul style="list-style-type: none"> • CQC Inspection: The date for the CQC inspection for 2019 has not yet been confirmed. However, plans have already commenced in preparation for the visit which also takes account of feedback from 2018. In addition, the Chief Nurse has commenced two-weekly meetings with all services as part of the preparation for the CQC visit. Good progress has been made with the 'should do' actions with the majority of actions completed.

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
			<ul style="list-style-type: none"> • Trust-wide Learning Lessons Framework: Quality and safety reviews introduced and system 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. • Patient Safety Review: An external review has been commissioned to review patient safety systems and as part of this review, work is being undertaken on a Trust-wide learning lessons framework that triangulates intelligence 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. There is still value in undertaking a peer review and the Chief Nurse and Director of Nursing are considering how to progress particularly taking account of the practical challenges when undertaking peer reviews and also acknowledging that this is not necessarily a prime focus for each organisation • 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

Risk description:	Executive/ Committee lead	Current score:	Executive Commentary:
			directorate relating to quality and safety assurance.
Risks 3 and 4 No change			The Quality Assurance Committee continues to seek assurance that the level of variation is being reduced.

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

	Deliver the revised workforce equalities plan	Director of Human Resources	Ongoing
Improve the health and wellbeing of our staff	A wellbeing plan for staff that factors in the determinants of health.	Director of Human Resources	Summer 2019
	Healthy Workplace Charter	Director of Human Resources	Spring 2019
	Triple aim QI project on a particular staff group	Director of Human Resources / Chief quality officer	Winter 2020

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.

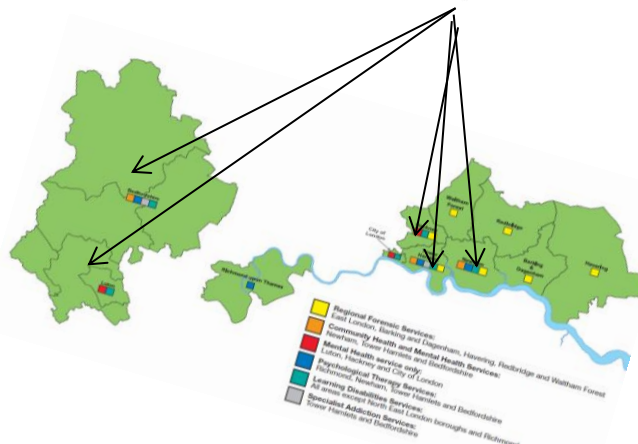
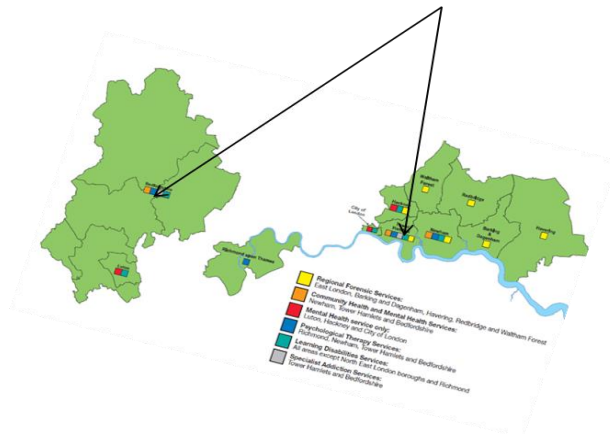
The Trust's Leadership Committee has been reviewing the Trust's leadership challenges and the current gaps in programmes. The Committee has agreed that the priority gap to address is the development available for first-time leaders. A "Leading People Essentials" course will be commissioned in 2019, and 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 began in March 2019, 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.

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

The Respect & Dignity @ Work project is well underway and the Empathy Museum exhibition 'A Mile in My Shoes' arrives at Mile end on 13 – 17 May 2019 and will be at Twinwoods 20 - 25 May 2019. A Twitter campaign has been launched #RespectELFT and #DignityELFT. All Executives have made personal pledges and these have been posted on Twitter and the Trust intranet.

20 'Big conversations' have been arranged across the Trust for 'Through my Eyes' Focus groups that are being externally facilitated. We're been deliberate with the branding and storytelling so that staff make the connection with the staff survey results and the number of people that reported that felt bullied and harassed.



We are making progress on the Equalities Plan, we have undertaken target communications to BAME and women consultants and have run a number of workshops. A direct impact has been that the number of Clinical Excellence Awards (CEAs) applied for by women has increased by 5% from last year and 44% of the awards went to women consultants. There is a further round in September 2019 and we will run a further series of workshops.

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.

We have procured an employee engagement system called Go Engage and are 1 of 4 NHS 'Quest' trusts to do so and will roll out in June 2019 this will then triangulate data from the Staff Survey and the quarterly Friends Family Test and other workforce data.

Executive commentary - Integrated Dashboard

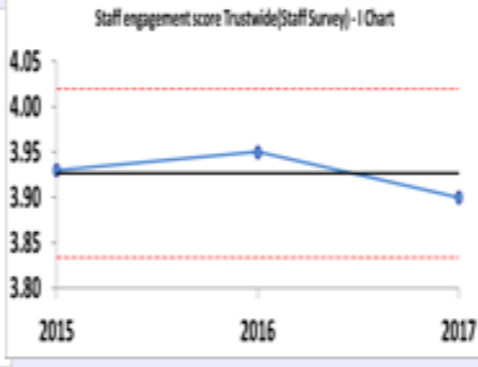
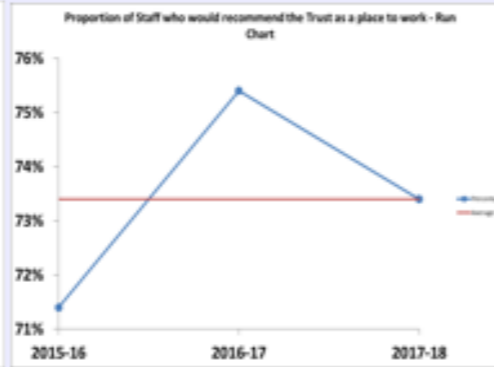
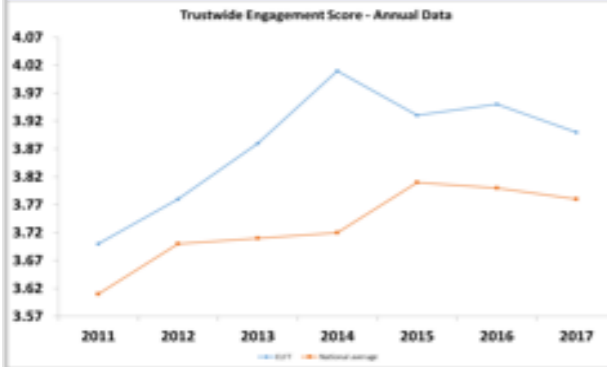
The metrics which are being focused on are related to recruitment and retention, staff experience, and wellbeing.

The 2018 national Staff Survey results have been published. The Trust has generally maintained its overall positive scores, and the overall staff engagement score remains at 3.91. A presentation which detailing our staff survey results is on the agenda.

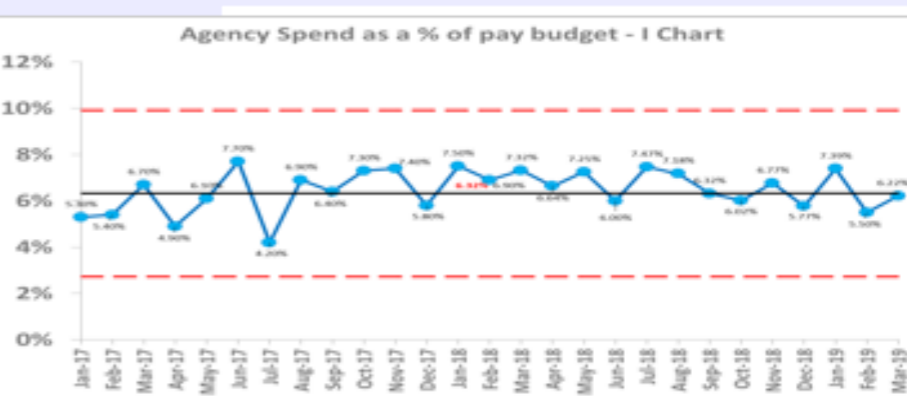
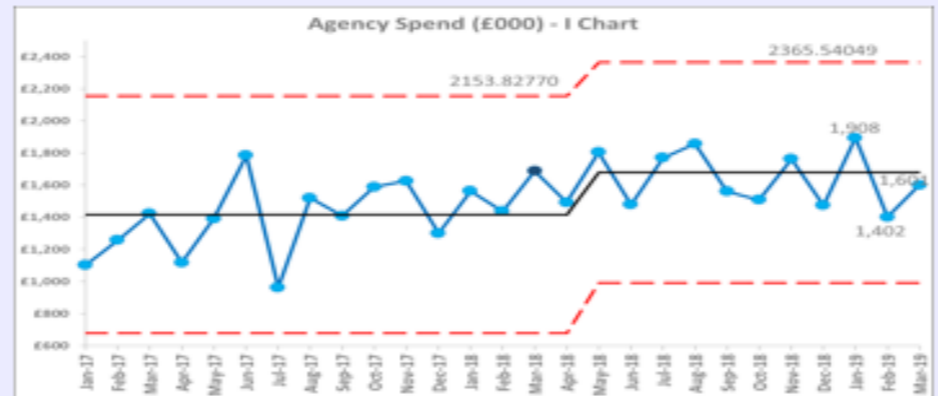
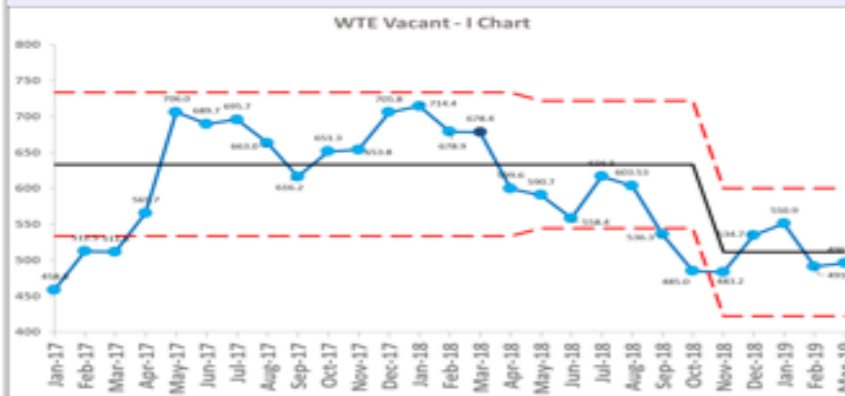
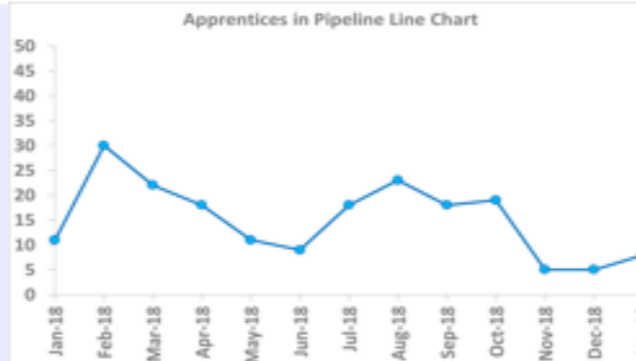
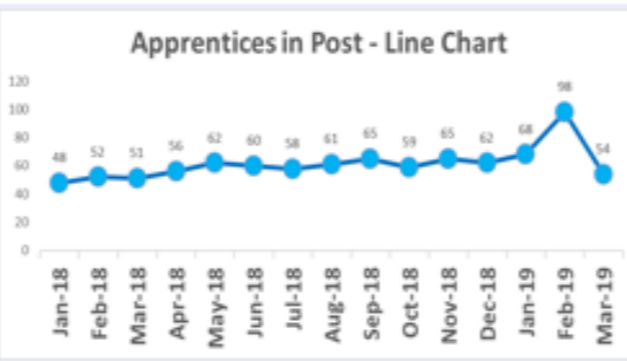
Trust turnover is continuing to reduce from 17.04% to 16.54% against a Trust target of 16%.

IMPROVED STAFF EXPERIENCE

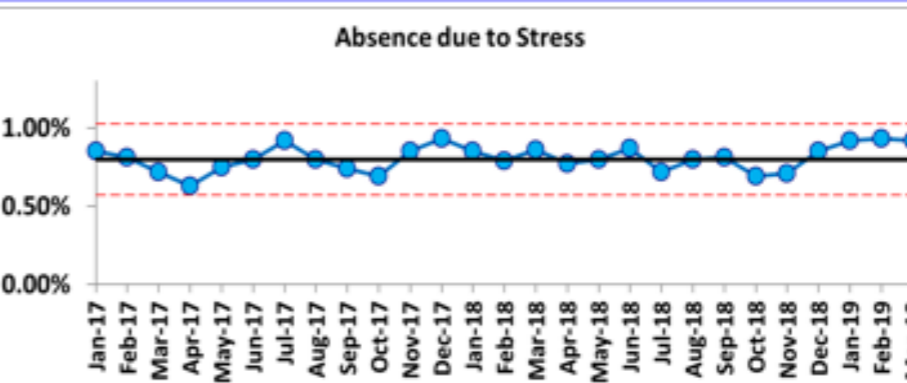
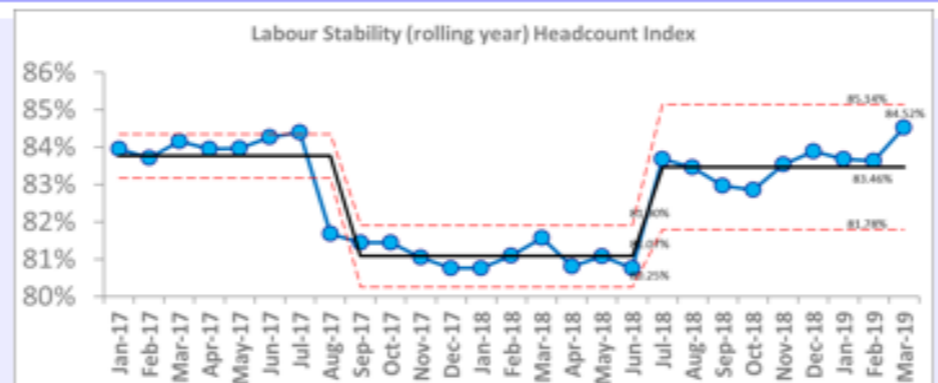
Increased sense of engagement by staff – Annual Figures



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
<p>Strategic risk 5: Failure to effectively plan for and attract the right numbers and skills of staff required will impact on the Trust's ability to deliver safe, high quality integrated care</p>	<p>Director of Human Resources</p> <p>Appointments & Remuneration Committee (RemCo)</p>	<p>16</p>	<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 Plan sets out the direction of travel, and directorate plans have been coproduced with services for each locality. HR, OD, Coms and services are working to improve our presence on line including a branding initiative for Community Services.</p> <p>Actions being taken to reduce the risk target score include:</p> <ul style="list-style-type: none"> • Establishment of Workforce Committee which will ensure the delivery of the Workforce Plan • Workforce Plan has been agreed by Board and being implemented; regular updates provided to RemCo from Workforce Committee to provide assurance, identify issues, challenges, etc. • A new project has been initiated – Respect@Work; includes the Mile in My Shoes exhibition run by the Empathy Museum • Supporting Equality & Diversity Plan approved and metrics/targets agreed with network leads • Trust's benefit offering has been reviewed and improved • Focus on retention of staff – current turnover rate has reduced for three consecutive months; stability rate is 84% • Resourcing Team reconfigured to create specific Community Resourcing Teams; work is being undertaken to 'brand' CHS.
<p>RISK SCORING RECOMMENDATION: Risk 5</p> <p>Reduced to 12 High</p>			<p>At its April 2019 meeting RemCo reviewed the recommendation from the Director of HR that the risk scoring is reduced from 16 (Significant) to 12 (High), i.e. the consequence</p>

Risk description	Executive/ Committee lead	Current score	Executive commentary
			with much emphasis being placed on the effect of bullying and harassment and more broadly dignity at work: remains at 4 <i>major</i> but the likelihood is reduced to <i>possible</i> at 3 taking account of the actions which have been implemented. If agreed, this will meet the risk target score.
<p>Strategic risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover</p>	<p>Director of Planning and Performance</p> <p>Appointments & Remuneration Committee</p>	12	<p>2018 Staff Survey response is 48% compared to 50% in 2017. The Trust will be using Go Engage, a platform that triangulates HR data and will enable the Trust to forecast and be proactive.</p> <p>The Trust is taking a population health approach to staff wellbeing</p> <ul style="list-style-type: none"> • This was presented to the Corporate Services DMT meeting on 6 February to seek feedback from key stakeholders • Now have a membership with Cavell Nursing (benevolent fund for midwives, • will educate staff in terms of finances, etc nurses and HCAs) • Exploring other benevolent funds for other staff groups • Financial wellbeing • Salary sacrifice electrical roll out – 48 orders totally £56k in a short window • Lease cars have had a good take-up • Wellbeing video produced to elicit staff feedback re roll out of staff benefits scheme which • Dignity & Respect work project launched • Gender Pay Gap: arranging workshops for consultants who are women and/or BAME • Enjoying Work QI programme • Briefings held for EU staff re EU Exit and resettlement arrangements. Trust initially paid the £65 fee (this has now been scrapped by the Government)
<p>RISK SCORING RECOMMENDATION: Risk 5</p> <p>Reduced to 9 High</p>			<p>At its April 2019 meeting RemCo reviewed the recommendation from the Director of HR that the risk scoring is reduced from 16 (Significant) to 9 (High), i.e. the consequence has reduced to 3 <i>moderate</i> and the likelihood is reduced to <i>possible</i> at 3 taking account of the actions which have been implemented. If agreed, this will meet the risk target score.</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.

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

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

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

Executive commentary - Financial performance

A summary of financial performance is as follows:

- 2018-19 surplus per 2018-19 draft accounts of £13.59k (including an additional £3.9m PSF allocation)
- Annual performance against the Control Total for 2018-19 of £13.08m

- A comprehensive surplus for 2018-19 (including impairments charged to the I&E reserve of £21m
- Overall Risk rating of “1” to the end of March 2019.
- Cash balance of £85.3m as at the end of March 2019
- The Trust has achieved £9.1m of CRES savings against an internal plan of £12.3m.

The performance for the financial year 2018/19 is based on the M12 management accounts. The final position is subject to the external audit process due to commence on the 29th April 2019. The risk ratings reported are subject to confirmation once the relevant returns have been submitted to NHSI.

	2018-19 Surplus £m	2018-19 Control Total £m	2018-19 Comprehensive Income £m
Operating income	428.70	428.70	428.70
Operating Expenditure	(400.44)	(400.44)	(400.44)
add back impairments / (reversals)	(0.67)	(0.67)	(0.67)
EBITDA	27.60	27.60	27.60
Interest receivable	0.65	0.65	0.65
Interest payable	(2.37)	(2.37)	(2.37)
Depreciation	(7.16)	(7.16)	(7.16)
PDC Dividends Payable	(5.80)	(5.80)	(5.80)
add back impairments / (reversals)	0.67		0.67
remove: capital donations impact		0.14	
remove: non cash pensions		0.02	
Impairments charged to I&E reserved			7.30
Pensions re-measurements			0.11
	13.59	13.08	21.00

NHSI Agency Ceiling

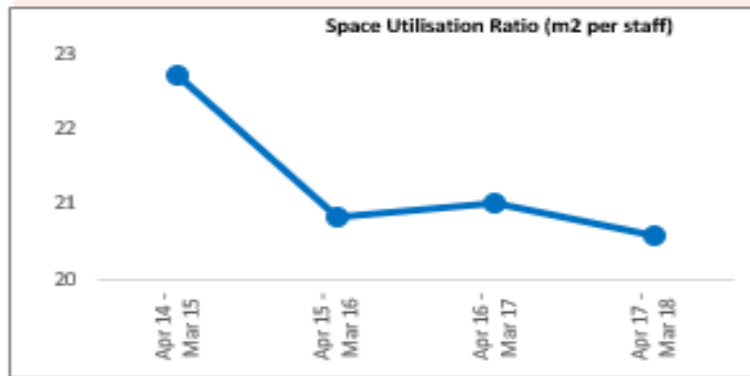
The Trust has an agency ceiling of £14,156k for 2018/19.

Agency expenditure for 2018-19 was reported at £19,183k, £3,474k above the agency ceiling (35.51% variance).

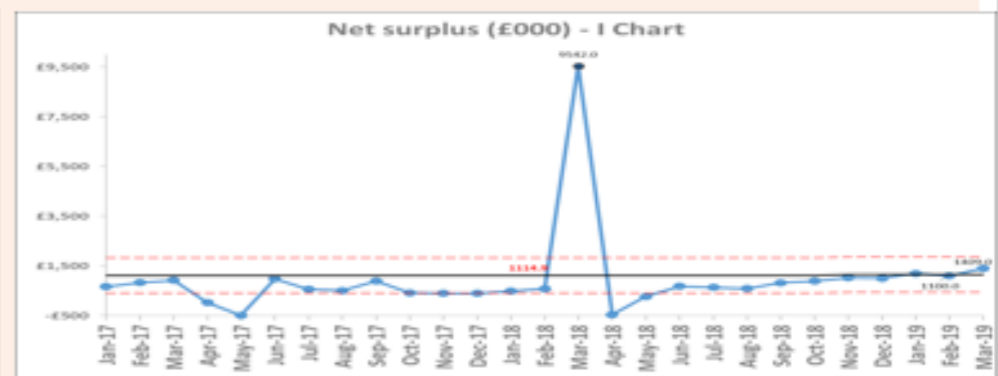
If a Trust exceeds the agency cap by 50%, the agency risk rating changes from a “3” to “4”. If this were to happen the overall Trust risk rating would deteriorate to “3”. Control of agency expenditure is critical to maintaining an overall risk rating of “2” or higher.

IMPROVED VALUE FOR MONEY

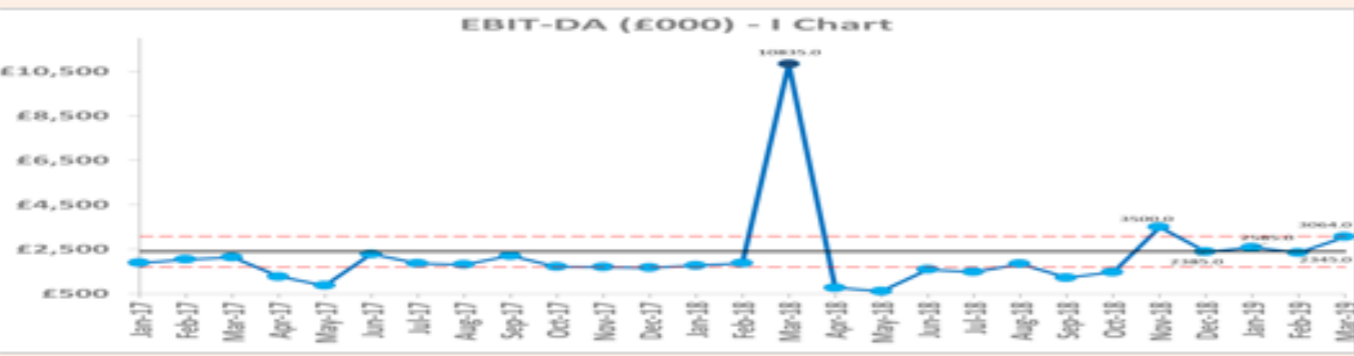
The Trust will improve the utilisation of its estate



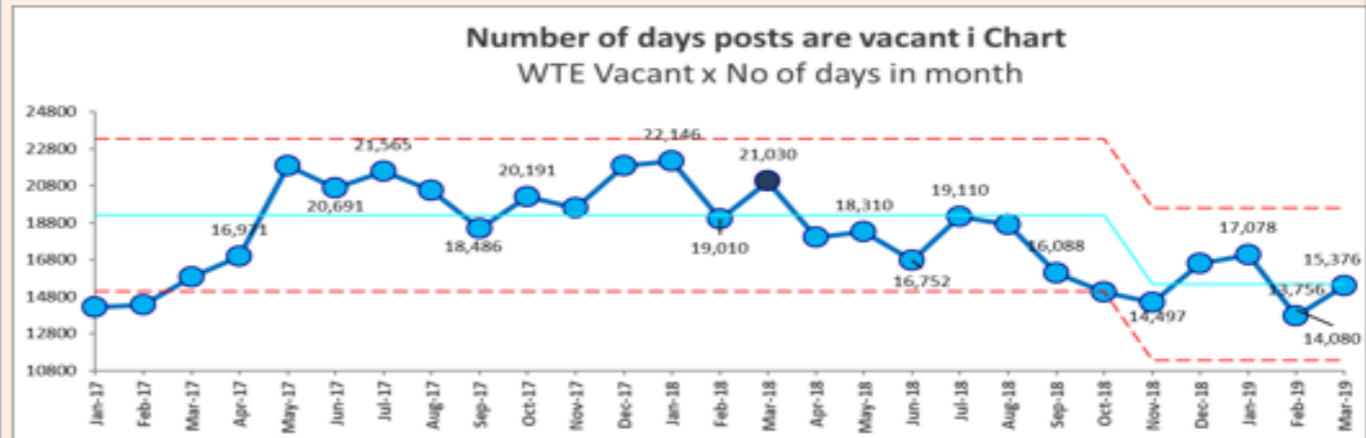
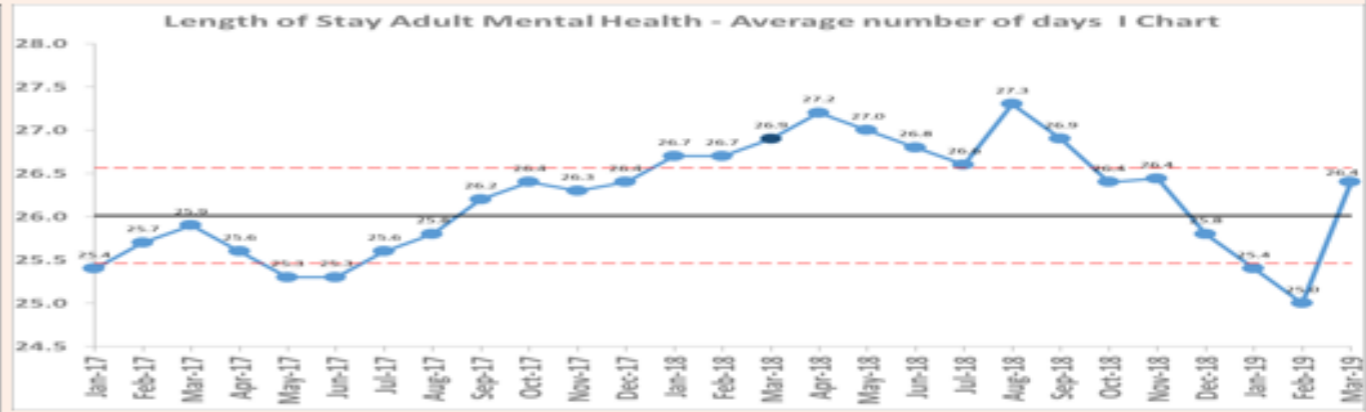
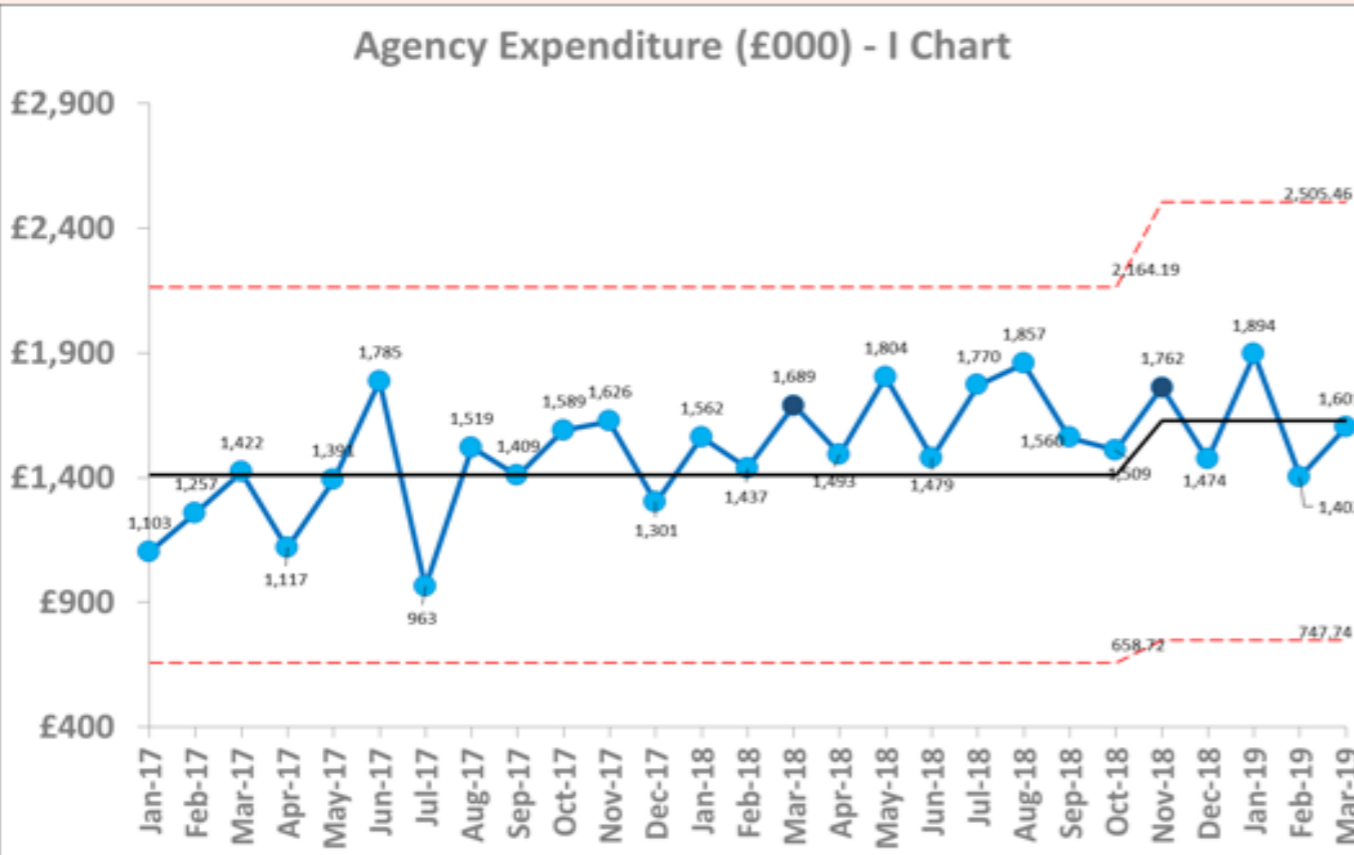
All budget holders will be held responsible for the management of their budgets



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



The Trust will increase the efficiency and effectiveness of resource utilisation



Board Assurance

Risk description	Executive/ Committee lead	Current score	Executive commentary
<p>Strategic risk 7: Failure to identify and deliver CRES plans for 2018/19 adversely affects the Trust's financial sustainability, access to revenue streams and reputation</p>	<p>Director of Commercial Development</p> <p>Finance, Business and Investment Committee</p>	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 gap to meet financial viability was met during 2018/19 but included the use of non-recurrent sources to address the gap.</p> <p>Paper with details of delivery and plans to address non recurrent sources recurrently is scrutinised at FBIC.</p>
<p>RISK SCORING RECOMMENDATION: Risk 7</p> <p>Reduced to 15 Significant</p>			<p>At its meeting in April 2019, Committee agreed that in the light of the achievement of CRES requirements and actions which have been implemented, the risk scoring is reduced from 20 (Significant) to 15 Significant, i.e. the consequence remains at <i>catastrophic</i> at 5 but the likelihood is reduced to possible at 3</p>
<p>Strategic risk 8: Poor quality data and information systems affect the ability of staff to provide high quality care, and create duplication and waste</p>	<p>Chief Finance Officer</p> <p>IT Working Group</p>	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 required.</p> <p>Actions being taken to reduce the risk score include:</p> <ul style="list-style-type: none"> • Procurement for data warehouse and data visualisation software is under way with the aim to make improvements in performance reporting as well as access to data for clinical and operational teams. The Trust will partner with an external provider to deliver these projects rather than develop in-house as previously occurred • Significant investment is being made in the underlying IT infrastructure to support the Trust's digital ambitions. This is being managed through the Trust's capital

Risk description	Executive/ Committee lead	Current score	Executive commentary
			<p>programme and includes provision for hardware, software and cyber security</p> <ul style="list-style-type: none"> • The mitigation for risk around quality data is focussing currently on systems, data stability and how the use of systems are being maximised to their fullest capacity with a focus on training, behavioural and cultural change • There is a risk around the quality of data entry which is being considered • Weekly meetings at an operational level include discussions/updates on informatics to improve the robustness of data reporting • Digital Programme Board is reviewing the Trust's digital ambition (which links into estates strategy). • Programme Board of Digital Visualisation Programme has been established • FBIC received a detailed presentation on the Trust's Digital & Capital Plan.
<p>RISK SCORING RECOMMENDATION: Risk 8</p> <p>No change</p>			<p>At its meeting in April 2019 FBIC agreed that the actions taken so far will not yet affect/have an impact on the likelihood and consequence scorings.</p>

6. Regulatory compliance

NHS Improvement Single Oversight Framework

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

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

The main change has been the improvement in financial performance.

Theme	Current Rating	
Quality of Care		No Concerns
Finance and Use of Resources		Reported year to date favourable net surplus variance of £13.59m including £7.3m PSF income. Overall Risk rating of "1" to the end of March 2019.
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.

Continued high performance in the Trust's IAPT services, with services significantly exceeding access targets, and exceeding recovery rate targets. This includes the Tower Hamlets service, which the Trust only commenced managing in October 2018.

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 : March 19

Target : 50%



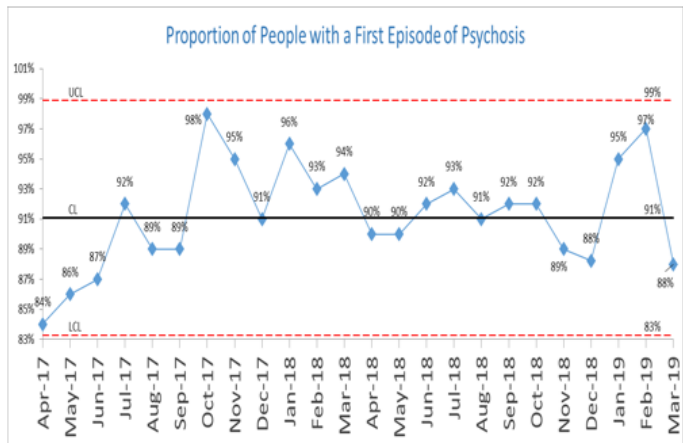
Month
Mar 19

Number of people starting treatment within 2 weeks of Referral

Total Waiters 41

% of people starting treatment within 2 weeks of Referral 88%

Performance is well above the target for the Trust and Variations within the common cause limits.



Data Quality Maturity Index

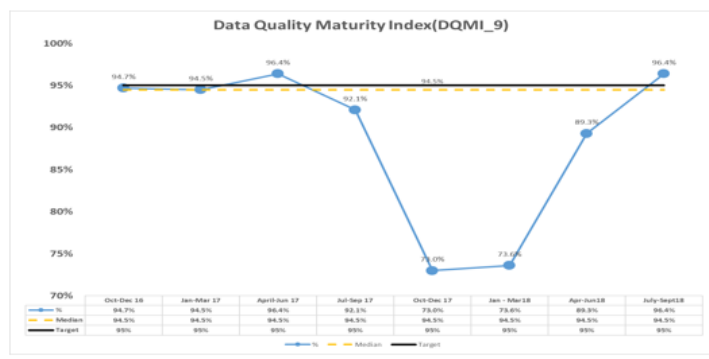
Reporting Month : Mar 19

Target : 95%



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

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



Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : Mar 19

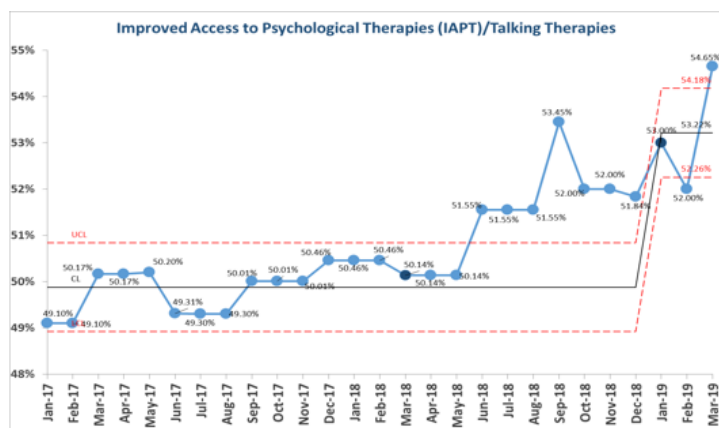
Target : 50%



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

Current Month
Mar 19 54.64%
Feb 19 52.00%

Although currently month data is indicating special cause variation, this measure is showing strong improvement having recovered from the drop in December 2018.



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



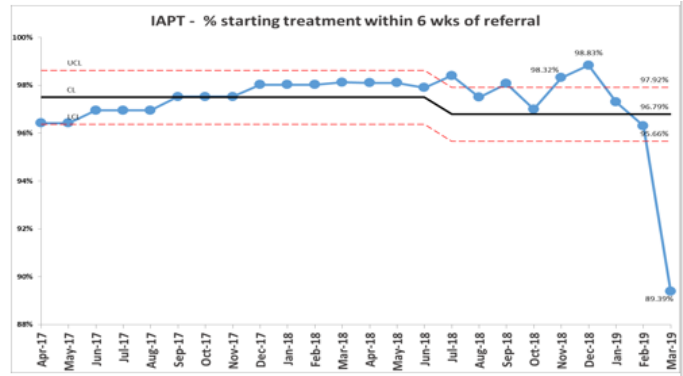
Reporting Month : Mar19

Target : 75%

% of patients having Treatment within 6 weeks of referral

Current Month	February 19
March 19	89.39%
February 19	96%

This measure is still performing above the target of 75% but it is now in the fourth month of downward movement and currently below the lower control limit, showing a special cause variation.



The monthly performance declined but the team is performing above the target 89.4% against 75% target.

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



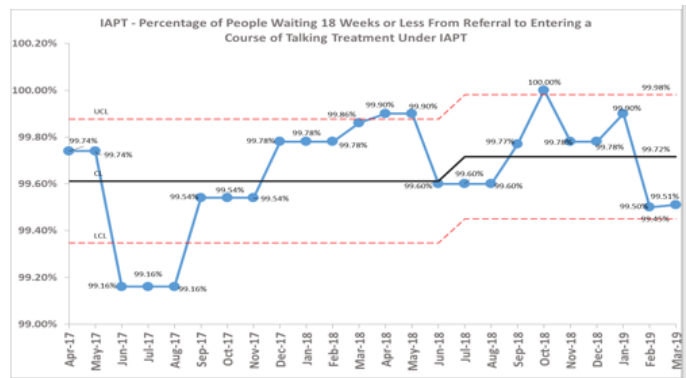
Reporting Month : Mar 19

Target : 95%

% of patients having Treatment within 18 Weeks of referral

Current Month	February 19
March 19	99.51%
February 19	99.50%

This measure is now within the common cause variations for the last five months. It is also performing above the 95% target but currently below the average performance of 99.72%.



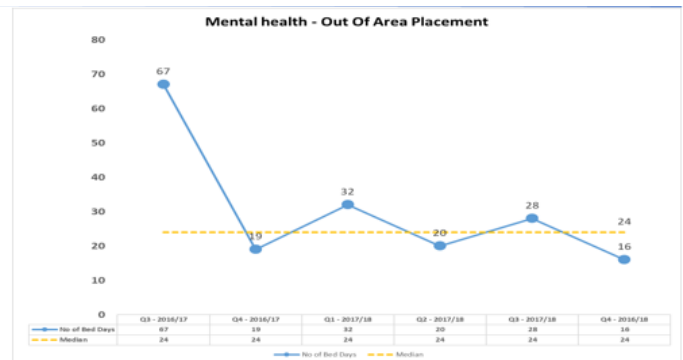
Out of Area Placements – Number of Occupied Bed Days

Reporting Month : Feb 19

No Target

Out of Area Placement	Quarter 1 2018/19	Quarter 4 2017/18	Quarter 3 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.



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 Adult Services

Reporting Month : Mar 19

Target : 95%

Month	Previous Month
Mar 19	Feb 19

Discharged

399 365

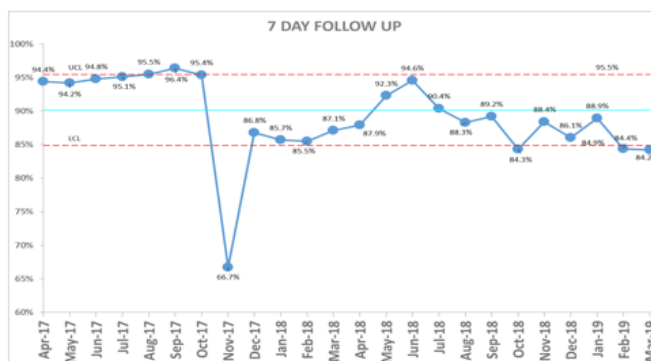
Follow Up

336 308

% Follow Up

84.2 84.4

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 data has been within the common cause variation but in the last two months, performance has been below the lower control limit.

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.

Detailed breakdowns of breaches and actions being taken is discussed in monthly performance meetings with directorates. Some directorates are now meeting the 95%, and more detailed work is being done in areas where performance is below target.

ADULT CMHT

Patients seen within 28 Days of GP Referrals

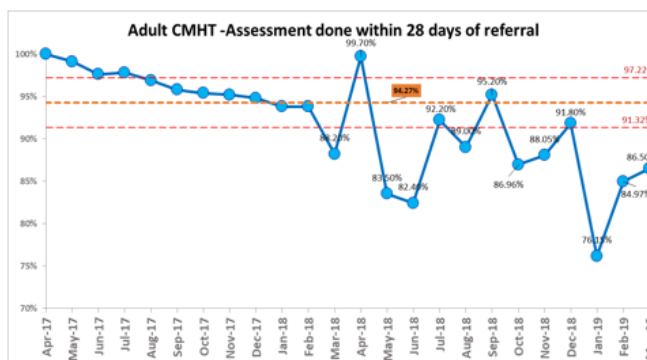
Reporting Month : Mar 19

Target : 100%

Assessment Done within 28 days of Referral

Current Month	Previous Month
Mar 19	Feb 19

Performance of this measure has been below the lower control limits for the last three months and showing no signs of improvement.



Assessments within 28 days – performance improved in last two months with March 86.5% versus February 84.9%. 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%

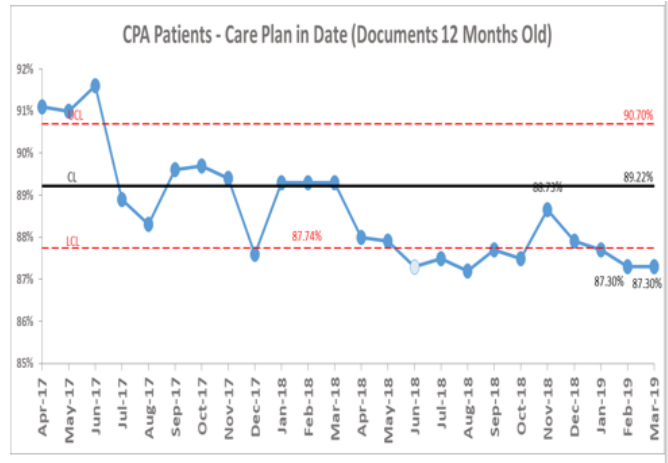


Care Plan In Date Document 12 Months Old

Current Month	Previous Month
Mar 19	Feb 19
87.3%	87.3%

Average is 89.22%

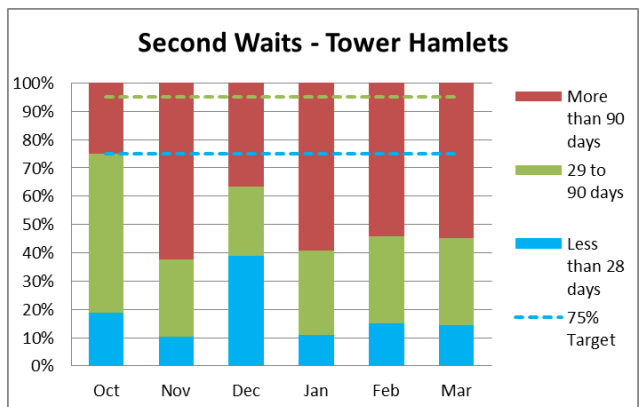
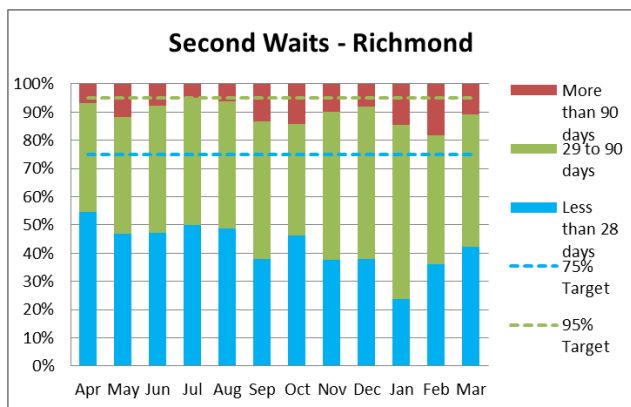
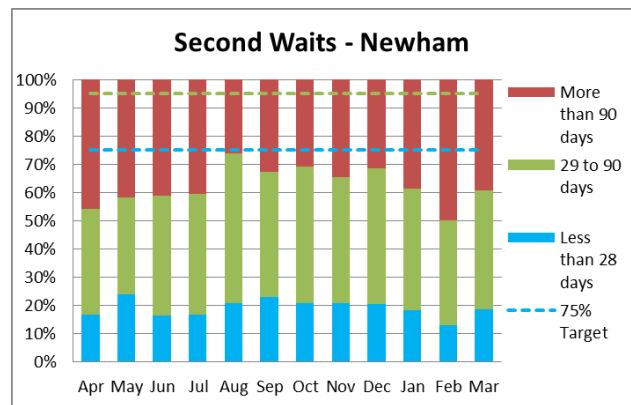
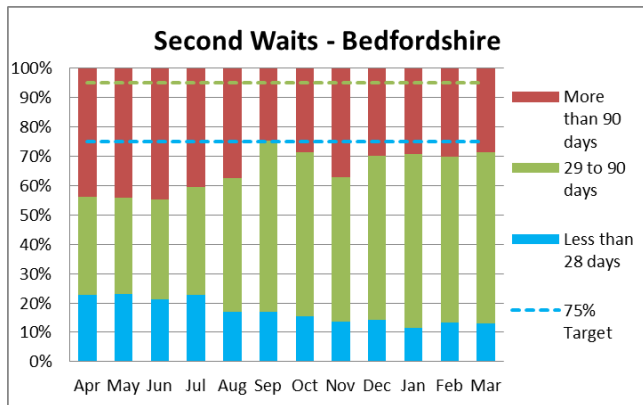
Performance has been in decline since April 2018 and currently below the lower control limit, indicating special causes.



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

IAPT services waiting list – Second wait

As the IAPT program is expanding, the IAPT services have started to experience increased waiting time lengths for individual treatment. The graphs below show the proportions of patients waiting over 90 days between their first and second therapy appointments.



Reasons for extended wait times include:

- In addition to Five Year Forward View access targets are increasing year-on-year as set out above, the IAPT services are experiencing an increase in referrals over time. Tower Hamlets in particular has seen a sharp rise in referrals since ELFT took over the service. The services therefore have to monitor capacity tightly to ensure that triage assessments take place within a week of referral (internal service targets). This is creating pressures on waiting time for subsequent treatments as therapist time is diverted to assessment.
- The IAPT services submitted new business cases for funding for the increase in access to 19%. BWs and RWS received new funding from commissioners but NTT did not, placing capacity demands upon the service.
- Recruitment of staff in IAPT services impacts the running of the service. Across the board, IAPT services struggle to retain PWP's which means that recruitment is constant and takes capacity. Increasingly, it is difficult to attract step 3 clinicians, particularly in out of London services such as Bedfordshire where the attraction to work in London means competition.
- The Trust has taken over the Tower Hamlets service from another provider in October 2018 and inherited a waiting list of over 1000.

Second Waits Trajectory

The trajectories below are based on predictions of increased access (where appropriate) and increased resource levels resulting from business cases approved (assuming Richmond is also approved); we have estimated from this the number of patients per month moving off the waiting list and into treatment.

Newham – Additional resources funded by CCG investment will ease pressure on waiting lists; activity has already been at above 19% in 2018-19 so there is no predicted increase in the first three quarters of 2019-20. Thereafter both activity and resources will increase; we predict continued improvement in waiting lists

Bedfordshire - Additional resources funded by CCG investment will ease pressure on waiting lists; we predict activity in line with Q4 of 2018-19 in the first three quarters of 2019-20. Thereafter both activity and resources will increase; we predict continued improvement in waiting lists.

The service has developed a structured objectives and priorities map in line with Trust objectives to assist in the planning and delivery of the service over the coming year. The waiting times for individual therapy have reduced over the last 6 months through an intensive case management model and a strong focus on involving the team in service decisions and QI projects aimed at service improvement and quality.

The Bedfordshire service has been piloting a digital strategy to offer individual CBT therapy through online solutions (Skype) as an alternative to individual therapy. The pilot has been successful with a 30% take up rate of patients offered digital therapy and recovery is in line with the service expectations. The service is planning a longer term strategy digital strategy, including a webinar series.

As part of the wait list reduction, the service plans to increase group activity to 40% through training staff in group delivery, enhancing the group programs offered and targeting client need. The service is planning to increase its presence across the county through Hubs and GP practices, enabling ease of access for patients and co-locating with a range of professionals to improve the patient journey (e.g. LTCs). Recruitment has been a challenge in terms of consistency and the service has developed ways to manage this by employing assistant PWP's and focusing on staff satisfaction to encourage team members to stay with the service. The service is in the process of developing an ongoing creative recruitment strategy to ensure the service can deliver targets and rising levels of demand.

Richmond – recruitment to funded establishment will help to reduce waiting times significantly; we predict activity in line with Q4 of 2018-19 in the first three quarters of 2019-20. Thereafter both activity and resources will increase; we predict continued improvement in waiting lists.

Tower Hamlets – short term funding from the CCG will bring a drop in waiting times over the summer, after this the average wait will stabilise

7.0 Recommendations and Action Being Requested

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

7.2 **APPROVE** the recommendations to reduce the risk scores for:

- Reduction in the score of risk 5: Failure to effectively plan for and attract the right numbers and skills of staff required will impact on the Trust's ability to deliver safe, high quality integrated care to 12 High (from 16 Significant)
- Reduction in the score of risk 6: Failure to address issues affecting staff experience (i.e. health & wellbeing, equalities) results in staff burnout and high staff turnover to 9 High (from 16 Significant)
- Reduction in the score of 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 to 15 Significant (from 20 Significant)