

REPORT TO THE TRUST BOARD: PUBLIC
3 October 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.

Our population health plan is progressing, with work on becoming an anchor institution, tackling loneliness and successfully being awarded one of twelve early adopter sites nationally for new ways of working in community mental health services, organised around primary care networks. The patient experience plan includes implementation of the new service user-led accreditation programme, which is about to start the third quarterly cycle, with good feedback and uptake so far. The next few months will focus on further embedding the use of Dialog Plus and the new care planning approach in routine clinical practice. The staff experience plan contains progress on the Respect and Dignity @ work project, and the launch of cohort 3 of our Enjoying Work QI programme.

For improved value, the operating surplus (EBITDA) to end of August 2019 is £7,249k compared to planned operating surplus of £7,351k. The Net surplus is £1,346k (0.8%) compared to planned net surplus of £1,146k (0.6%). Year to date favourable net surplus variance of £199k. Year to date favourable performance against control total of £32k. NHSI risk rating of “2” to end of August 2019. Cash balance of £93.3m as at the end of June 2019.

In relation to other performance issues for escalation, meeting our access targets for service users referred to mental health services from GPs remains an issue. 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 2019-20 CQUIN, there has been a change to the target for service users being followed up after discharge. The trust needs to review 80% of service users post discharge within 72 hours. This requires large-scale change to our processes across inpatient and community teams on all sites. Service user feedback about the experience of follow-up care has informed our approach across both Bedfordshire and Luton, and East London. A Trustwide group is currently coordinating our approach and testing across different areas towards meeting this goal.

Discharge notification continues to show decline in performance since January 2019 as a consequence of moving to e-correspondence, compounded by factors such as high occupancy. A

new electronic form has been designed, tested and implemented in August 2019 which simplifies the process for clinicians and draws on pre-populated information. We are working to the goal of all service users having their discharge summary in their hand at the point of leaving the inpatient ward. Again, this requires large-scale change in our inpatient processes, and all inpatient wards are currently testing and adapting to work towards this, with support from corporate support services. Performance is beginning to recover, with approximately 80% being completed within 48 hours in mid-September, compared to just over 50% at the start of August.

The Trust remains in category “1” of the Single Oversight Framework overall, as it has met all national targets and the financial rating is “2”.

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

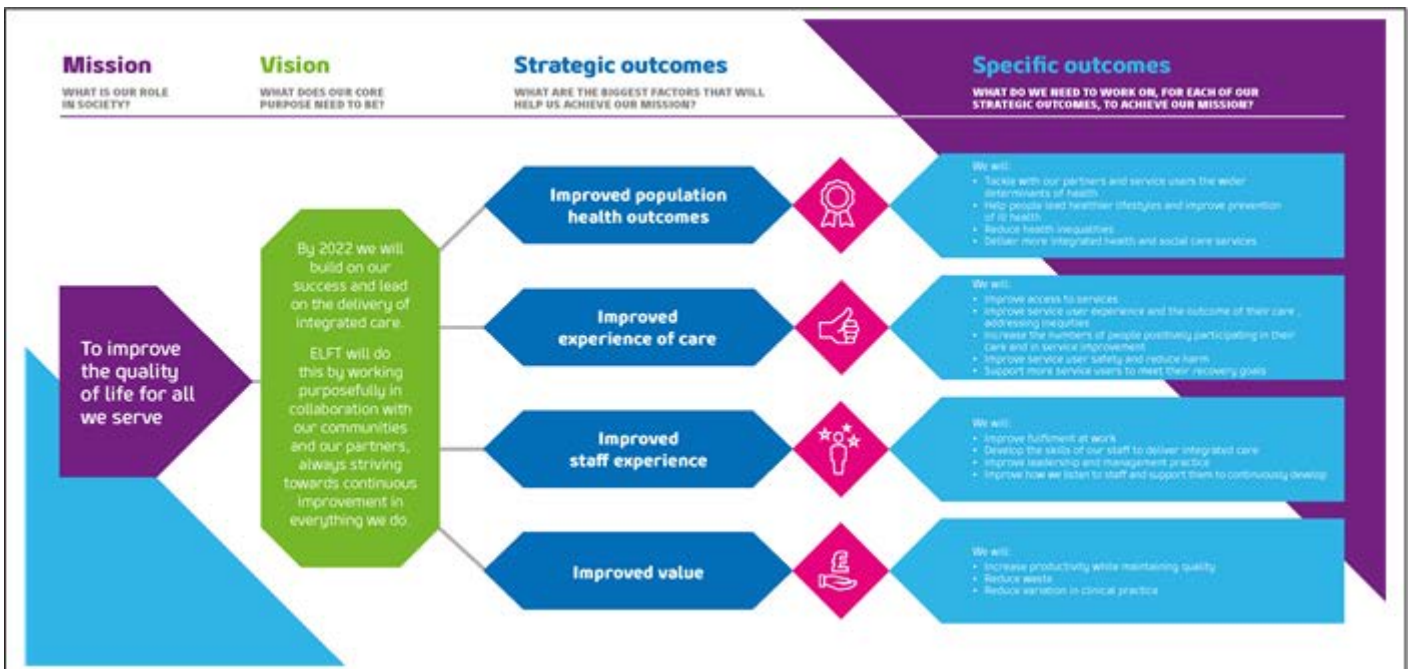
Date	Committee and assurance coverage
Various	This report is submitted to the Service Delivery and Trust Board. Information is also submitted to commissioners and national systems.

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 July 2019 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 performance summary will escalate 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 on delivery against our annual priorities for our Trust strategy, thereby demonstrating how we are improving the quality of life for all we serve. The report is structured in line with the strategic outcomes in the Trust’s strategy, followed by compliance with national targets and exception reporting of other performance issues. It therefore seeks to demonstrate how the Trust is improving the quality of life for all we serve.



2. Improved population health outcomes

Programme governance

Executive leads: Chief Medical Officer, Director of Integrated Care

Lead committee: Population Health Task and Finish Group (as appointed by the 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” project in each directorate	Chief Quality Officer	March 2020

Executive Commentary – Annual Plan Priorities

The second Population Health Task & Finish Group took place on 8 August 2019, with a focus on tackling loneliness and developing the Trust’s “anchor institution” initiatives, i.e. how the Trust corporate services can support the delivery of the Trust’s strategic objective to improve population health. A number of actions were agreed to further develop and strengthen our plans.

The Trust has appointed a public health professional into the role of Deputy Director of Population Health, to lead on the development and delivery of the Trust’s population health framework.

The Trust work to reduce the number of people who feel lonely is making progress. Led by Paul Binfield, Associate Director of People Participation, the project has undertaken work to understand the evidence base, and the experiences of service users, and is now moving to considering specific projects in directorates.

The Trust has been successful as a partner to the North East London Sustainability & Transformation Partnership bid to become one of twelve early adopter sites nationally for new ways of working in community mental health services, organised around primary care networks.

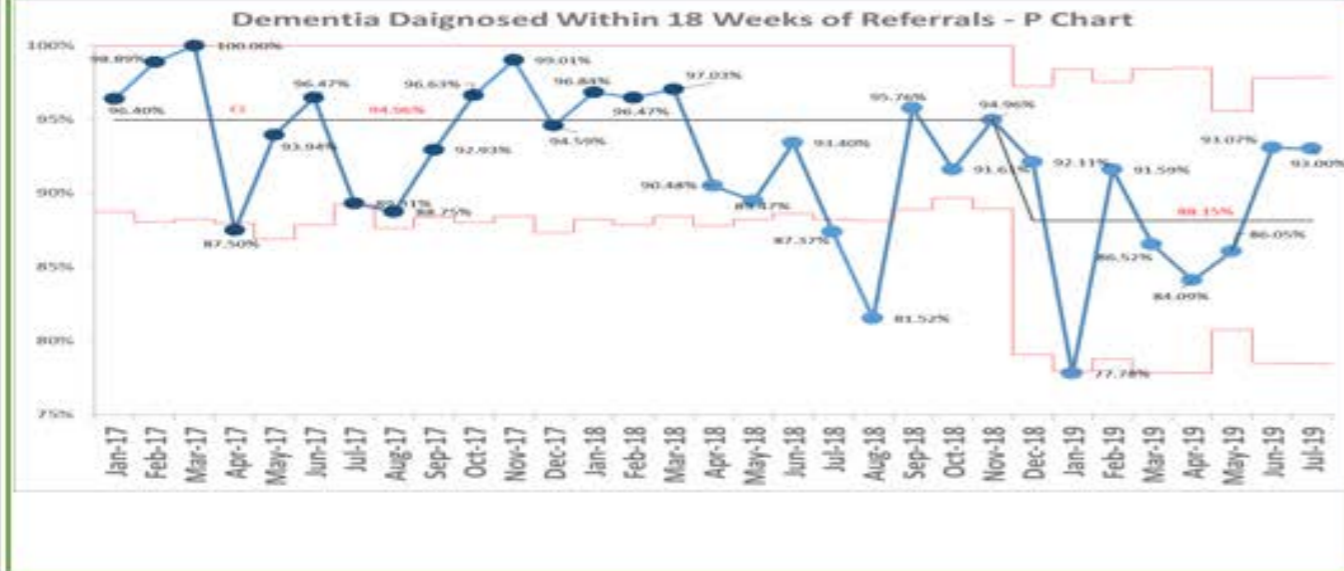
Each directorate now has a population health triple aim project underway, with details about their progress within the quality report.

Executive commentary - Integrated Dashboard

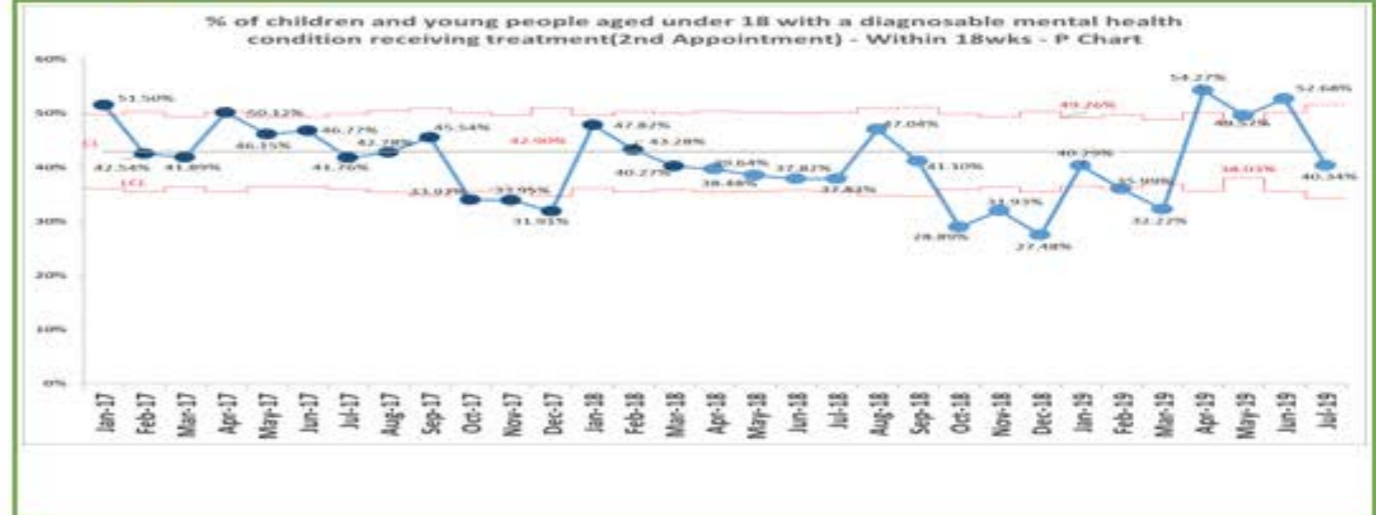
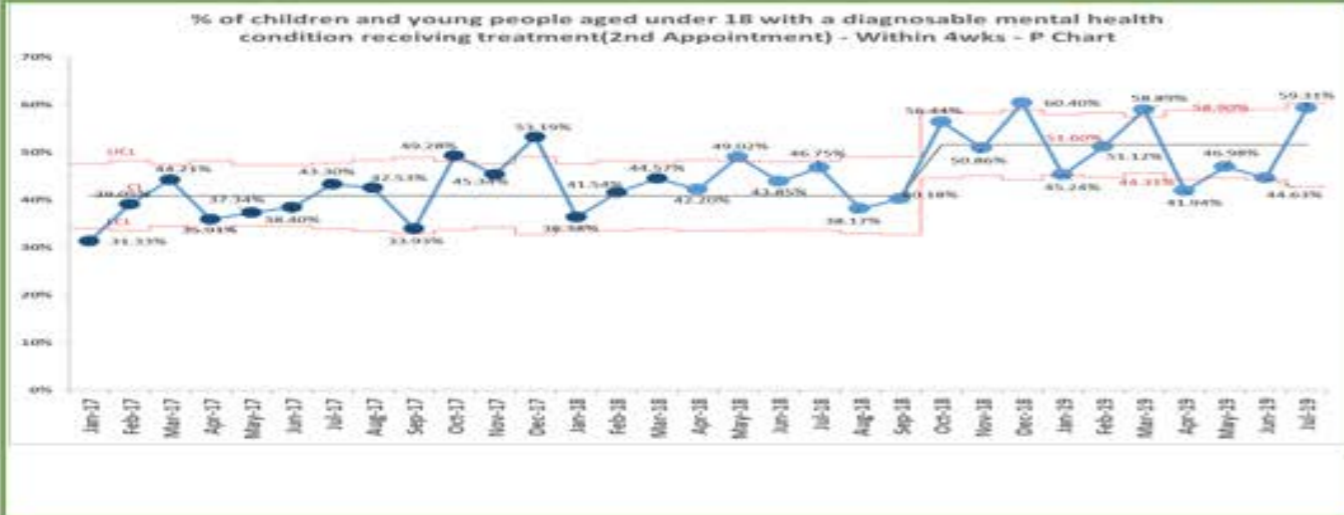
The increased numbers of older people and people from the BME community accessing IAPT is due to the acquisition of the Tower Hamlets Improving Access to Psychological Therapy service earlier this year.

IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

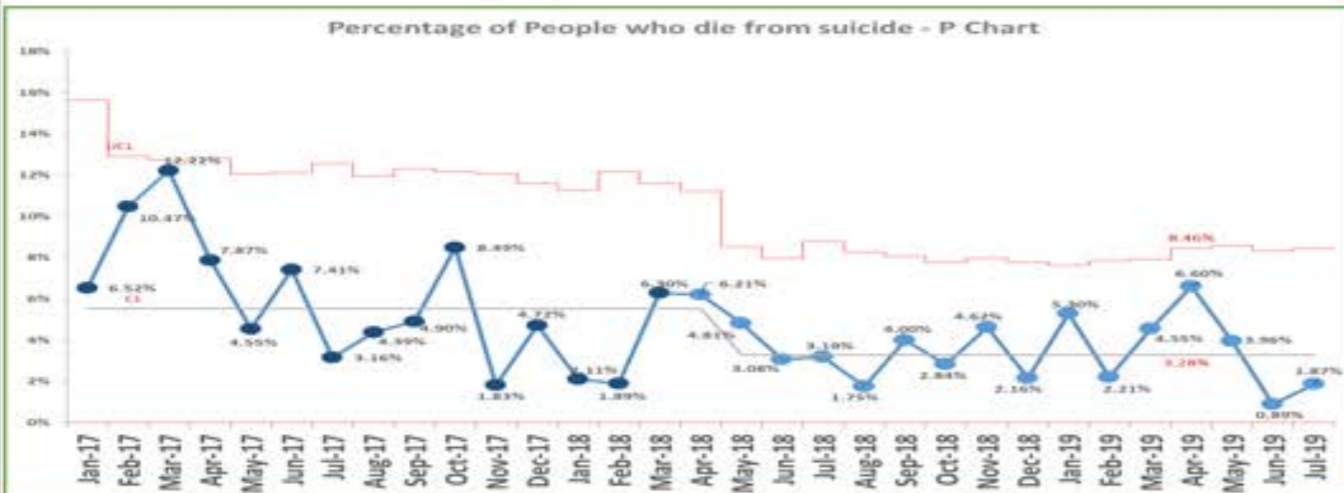
People who are frail or who have dementia will be able to stay at home for longer



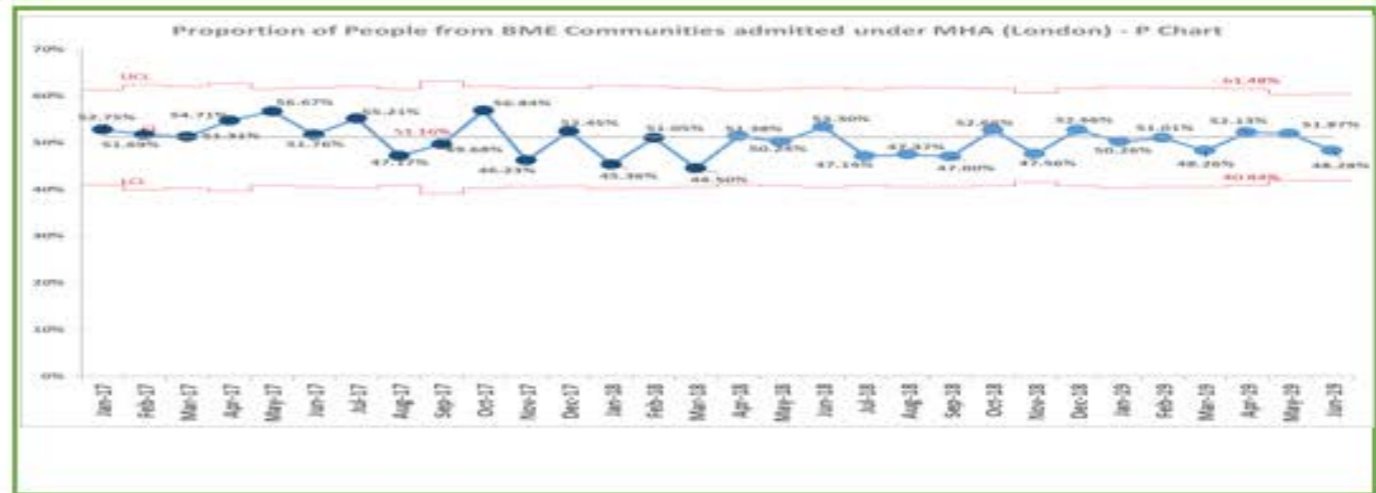
Children will have a better start in life



Fewer people will take their own lives



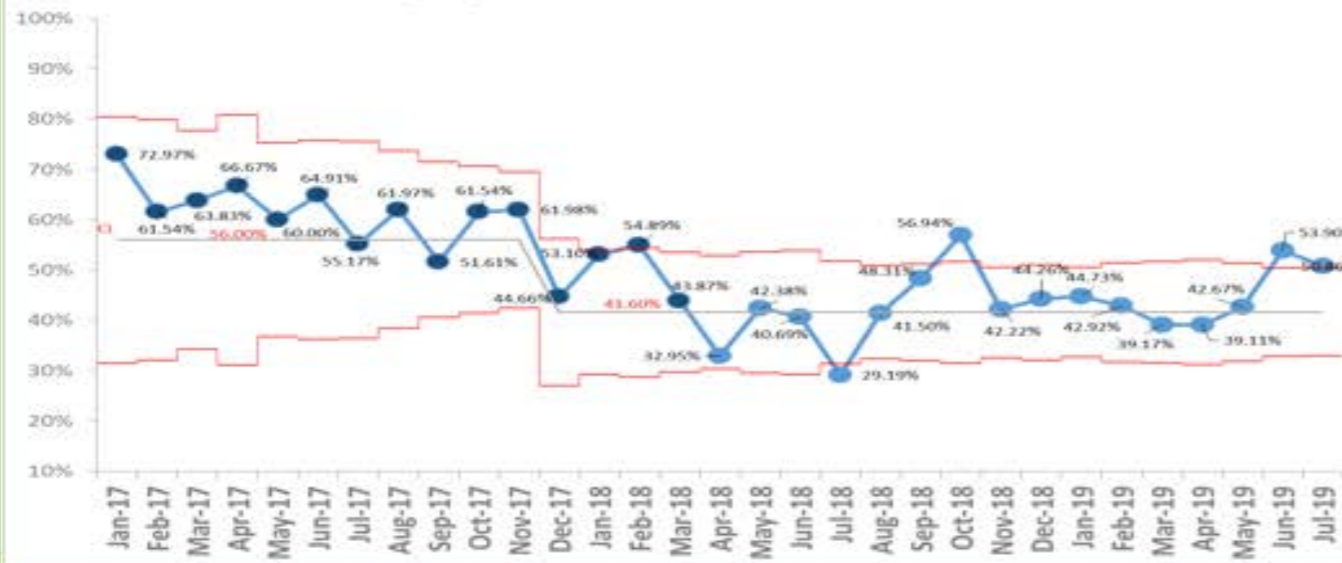
People With Mental Health Issues Experience Less Stigma



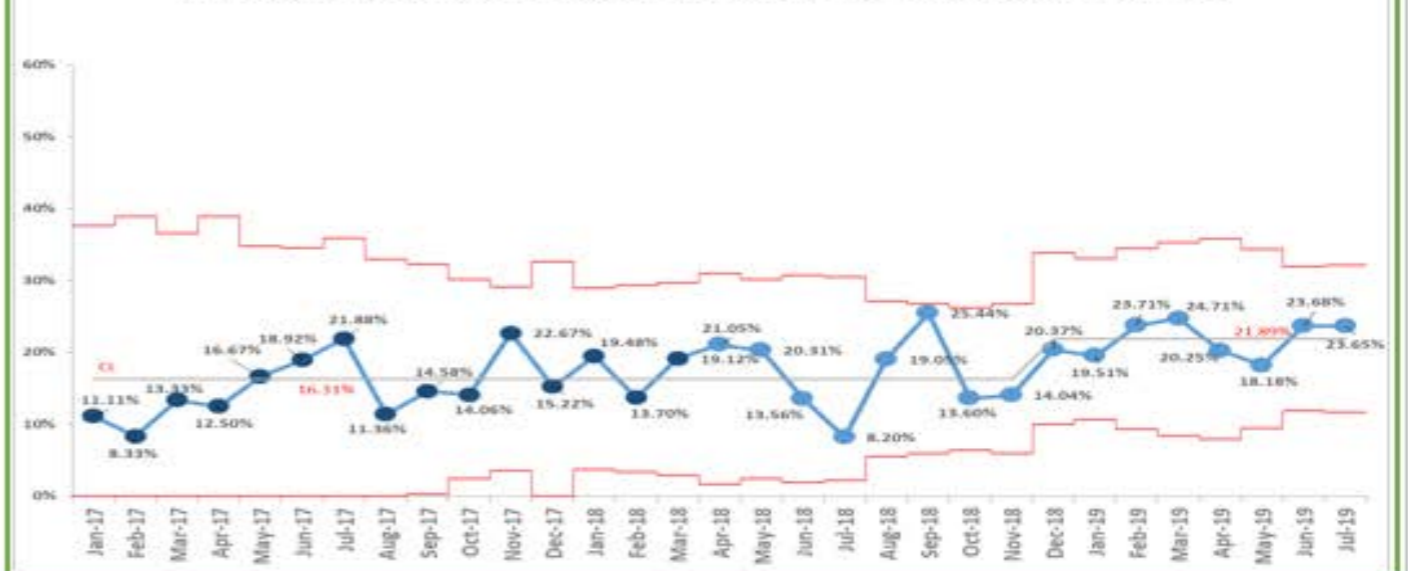
IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

More people that the trust serves will lead healthier lifestyles

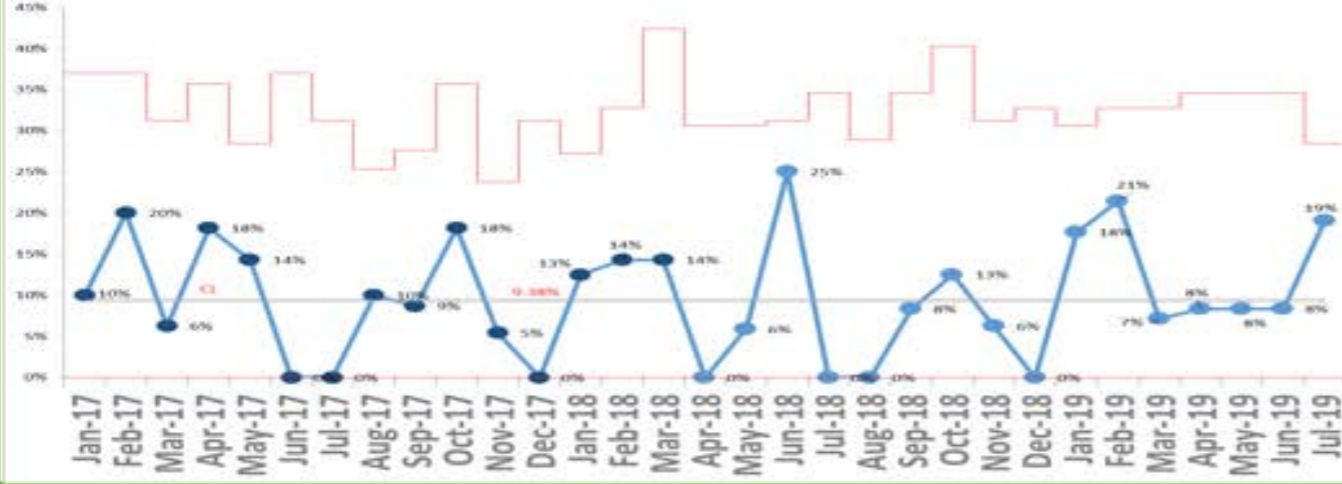
% of people on CPA who smoke - P Chart



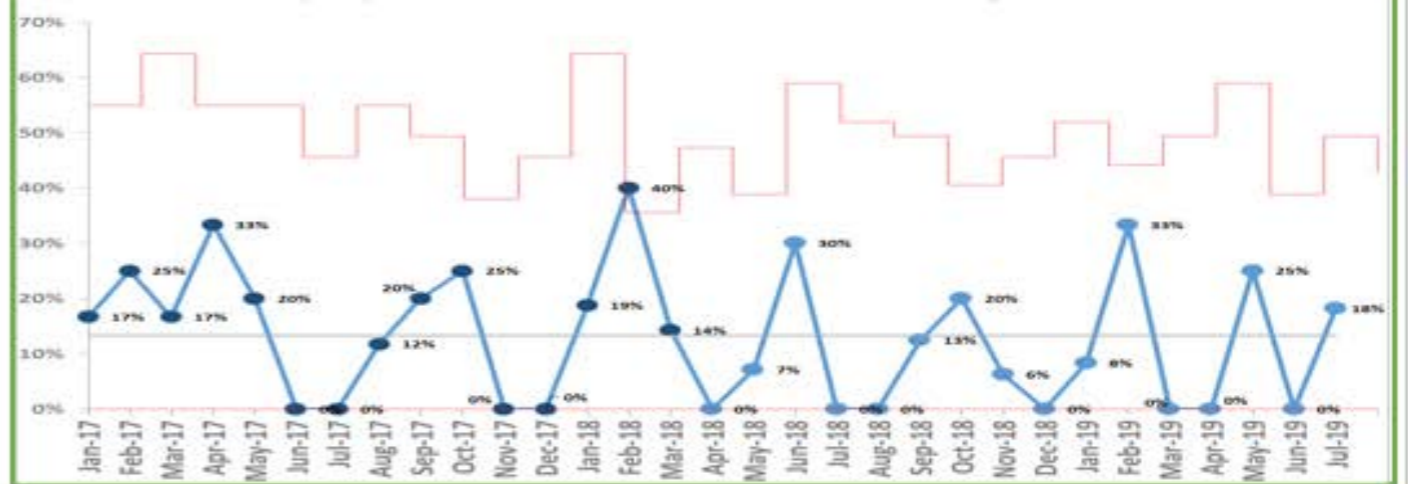
Percentage of people who left smoking from initial assessment to follow up - P Chart



Proportion of service users with severe mental illness who are obese - P Chart

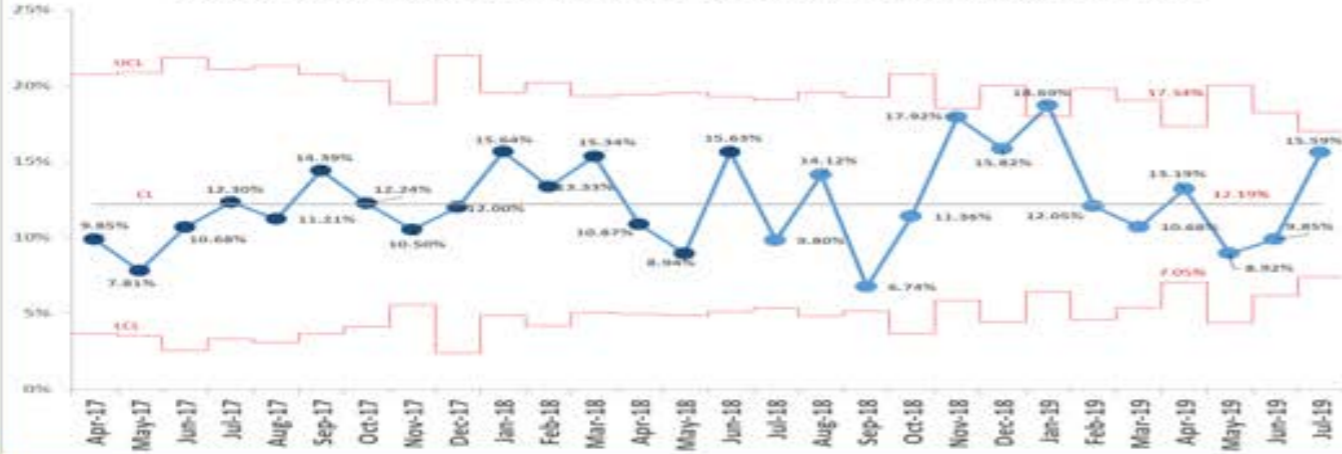


% of people on CPA who were obese and lost weight - P Chart



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 - P Chart

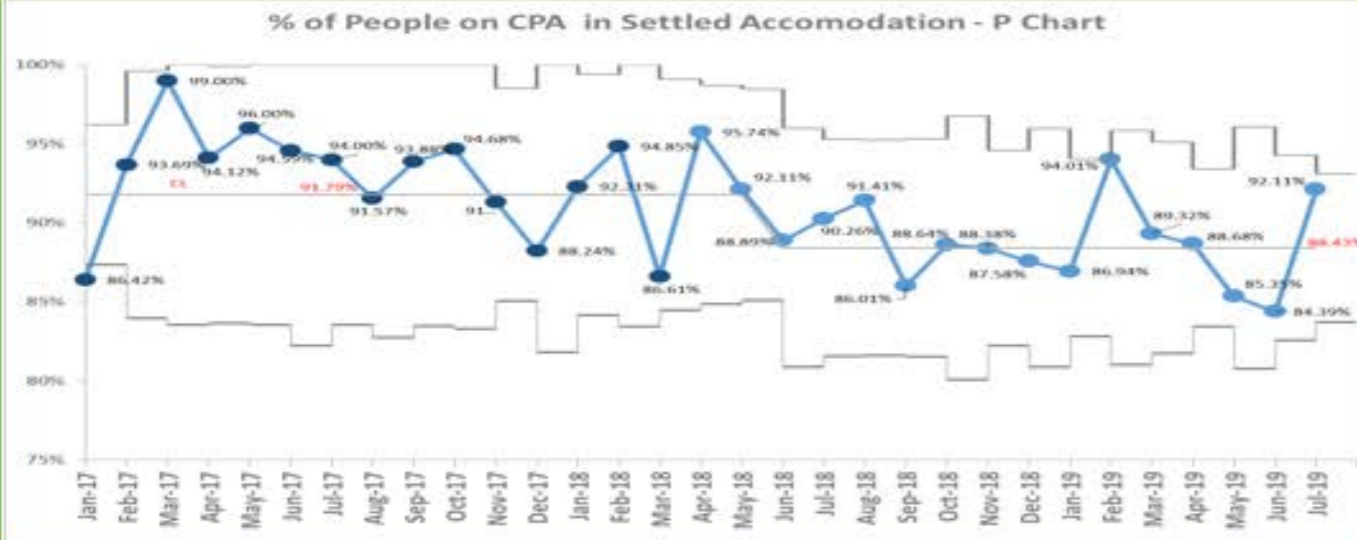


IAPT Services - Percentage of People Ending IAPT Treatment in Reporting Month Measured as Unemployed at Start of the Treatment and Working at the end of the Treatment - P Chart

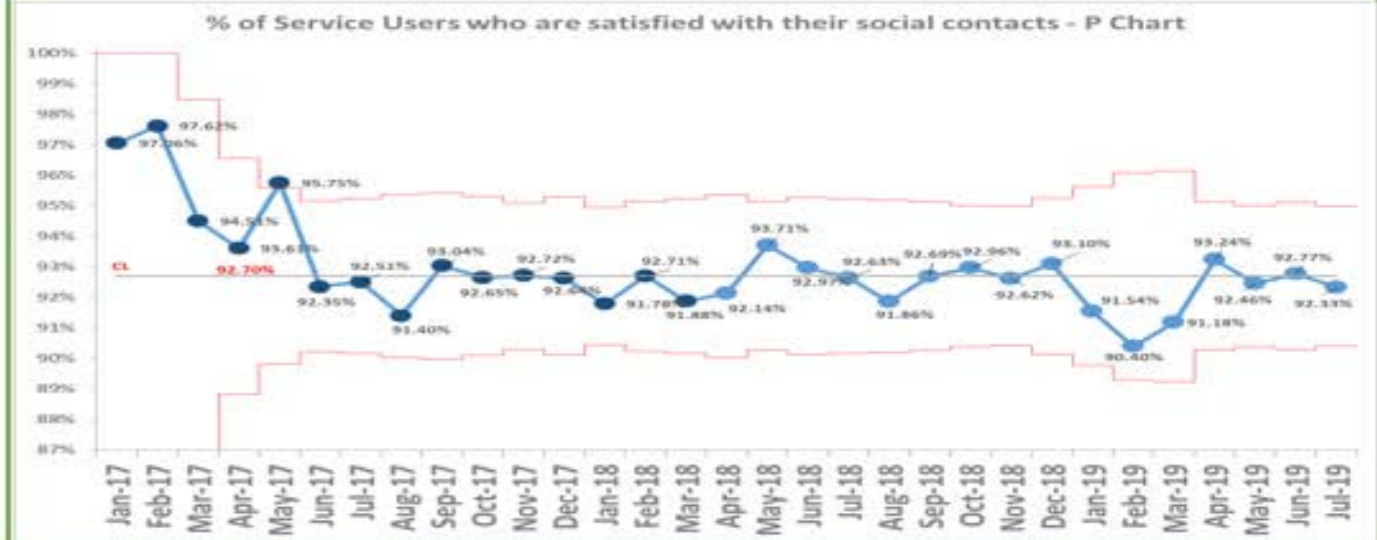


IMPROVED HEALTH OF THE COMMUNITIES WE SERVE

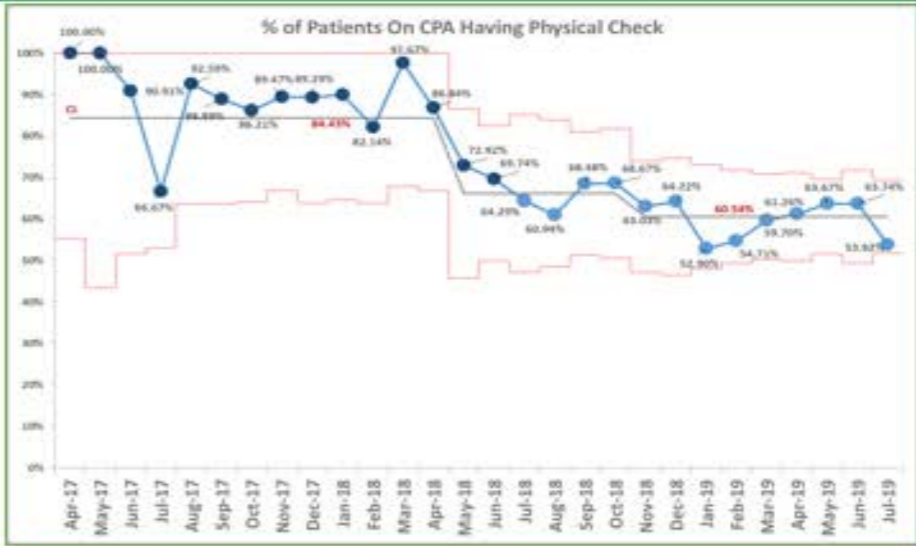
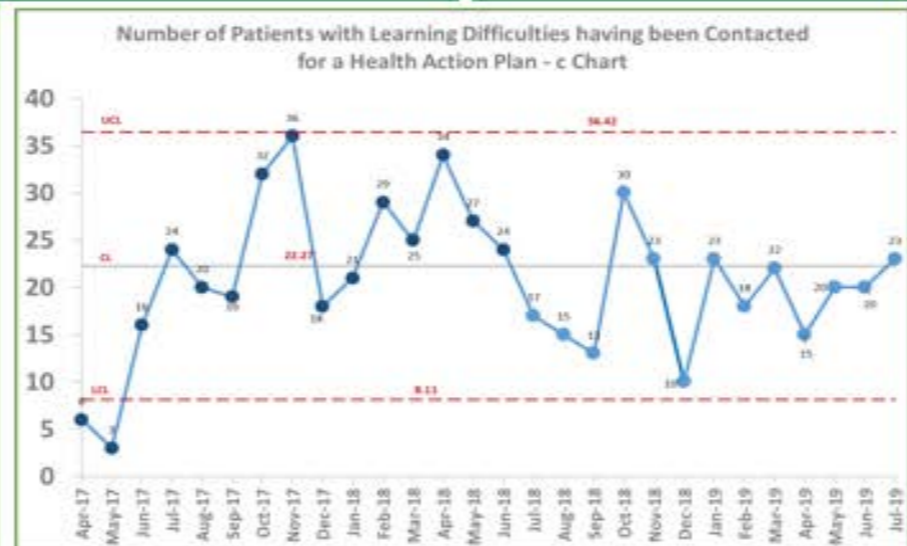
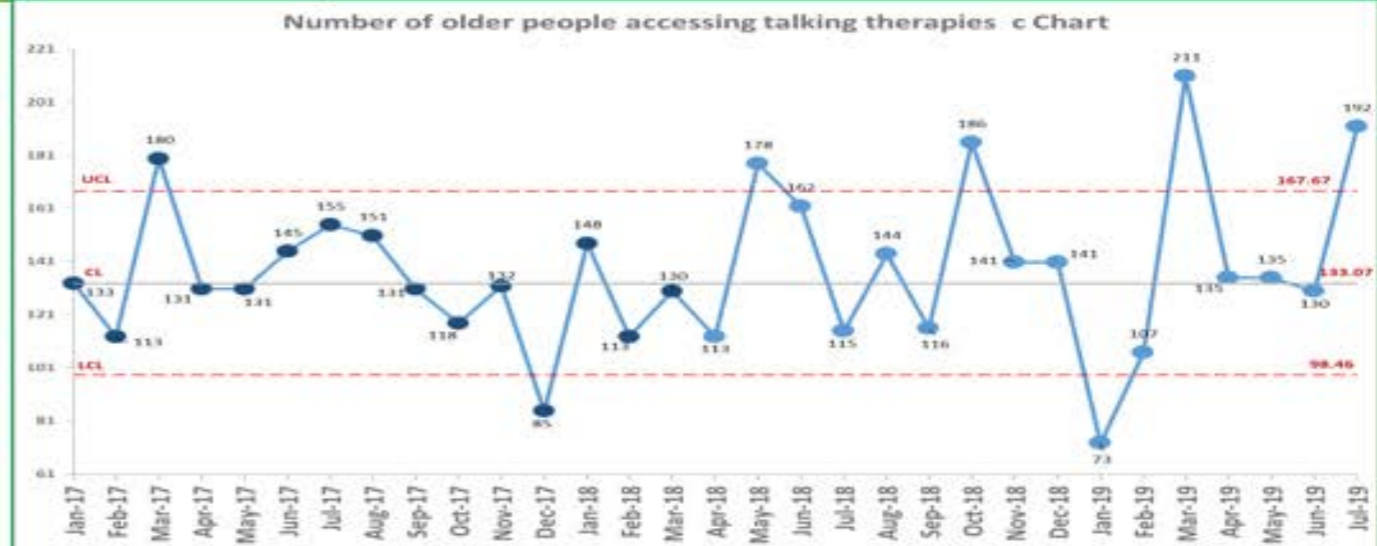
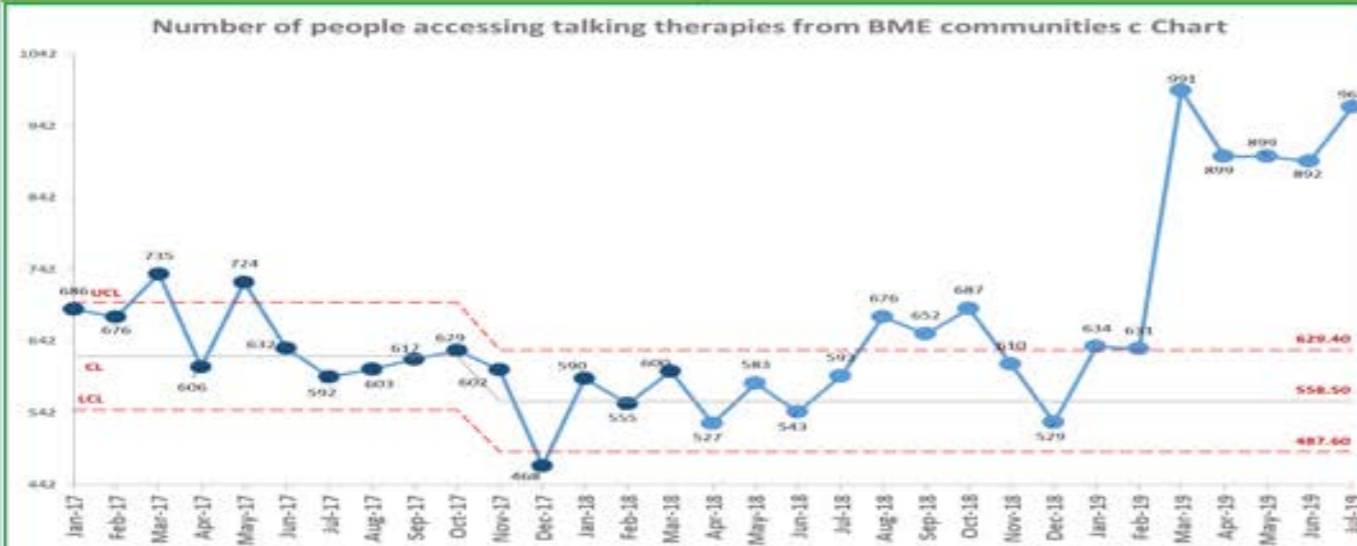
More people that the trust serves will have a decent home



Fewer people that the trust serves will feel lonely



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



Board Assurance

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	
Executive Lead	Director of Integrated Care	Update: Population Health Task & Finish Group reviewed and requested further consideration of the risk wording. Meeting arranged to review in readiness for Oct T&F Group meeting.
Lead Committee	Population Health Task & Finish Group	Comments: 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.
Risk Score		Governance structures are in place, and development work undertaken, in each local health system. Further assurance is required in this developing area of governance.
Current	12	
Target	8	
Recommendation	None	
Actions being taken to reduce the risk target score include:		
<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 plans and the delivery of improvement initiatives	
Executive Lead	Director of Integrated Care	Update: Population Health Task & Finish Group reviewed and requested further consideration of the risk wording. Meeting arranged to review in readiness for October Task & Finish Group meeting.
Lead Committee	Population Health Task & Finish Group	Comments: The Trust is increasingly working with local partners in order to deliver care and make improvements. In particular the Trust's strategy requires us to engage more intensively with the communities and populations we serve.
Risk Score		Risk is mitigated by executive engagement, local system governance, and the support of the Institute for Healthcare Improvement in developing our approach to community engagement.
Current	12	
Target	8	
Recommendation	None	
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.		

3. Improved patient experience

Programme governance

Executive leads: Chief Operating Officer, Director of Commercial Development

Lead committee: Quality Assurance Committee

Annual Plan priorities

Annual Priority:	Description of work:	Delivery lead:	Timeframe:
Providing a high quality experience of services	<p>Implementation 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>	<p>Chief Quality Officer</p> <p>Chief Nurse</p> <p>Chief Nurse</p>	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>	<p>Chief Nurse</p> <p>Chief Operating Officer</p>	March 2020

Executive commentary – Annual Plan Priorities

The first test cycle of the accreditation scheme has been completed, with a good response from teams and positive feedback from both staff and service users involved in the process. Six of the eight teams were accredited, with two receiving a gold award. The second quarterly cycle is nearly complete, and recruitment to the third cycle of this process is now under way. Further details of our plan with regard to accreditation is contained within the quality report.

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.

A service user and carer group has been convened to focus on loneliness and directorate groups are being established. This has already identified some simple measures that might inform work in this area, as well as suggesting that talking about loneliness may in and of itself be a helpful way of helping to address the issue.

Over the next six months we intend to give a significant focus to the next phase of the roll out of the e-CPA and Dialog Plus. We will be focusing on engaging with some groups of staff for whom the process is proving more challenging to embed in practice in order to further integrate the use of this tool in routine practice.

Finally, we continue to work on the revised dashboard, as part of the wider work on analytics across the Trust, and will be holding specific workshops on a revised set of metrics for further discussion and development with the Trust Board.

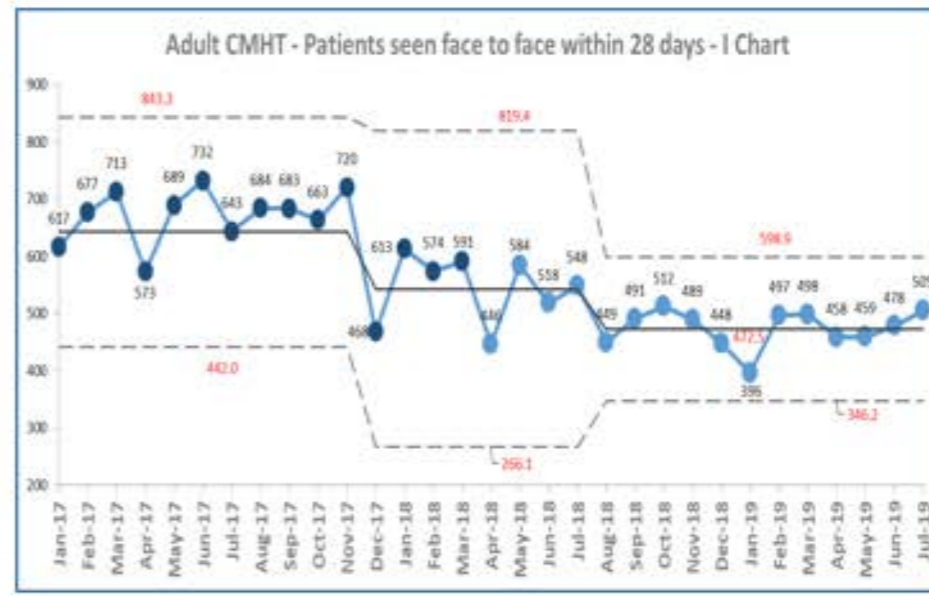
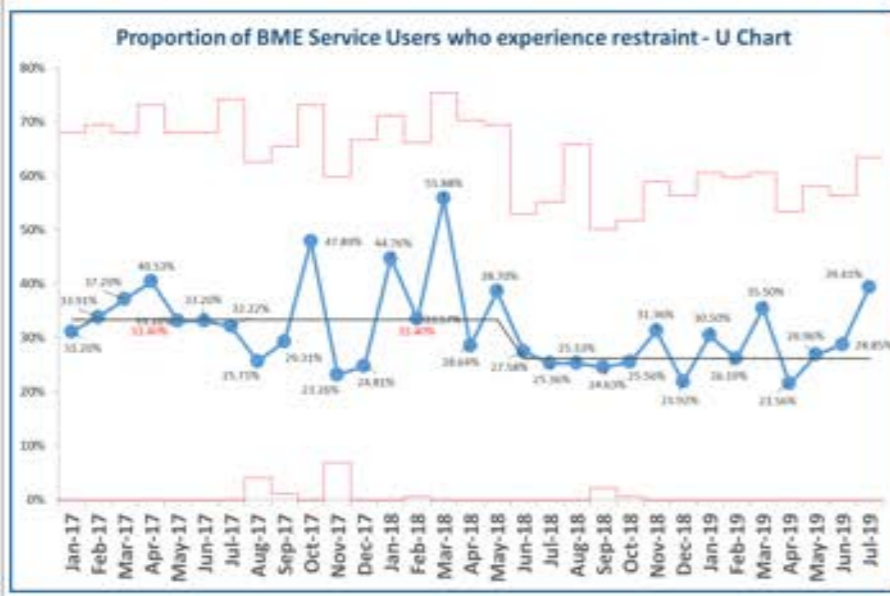
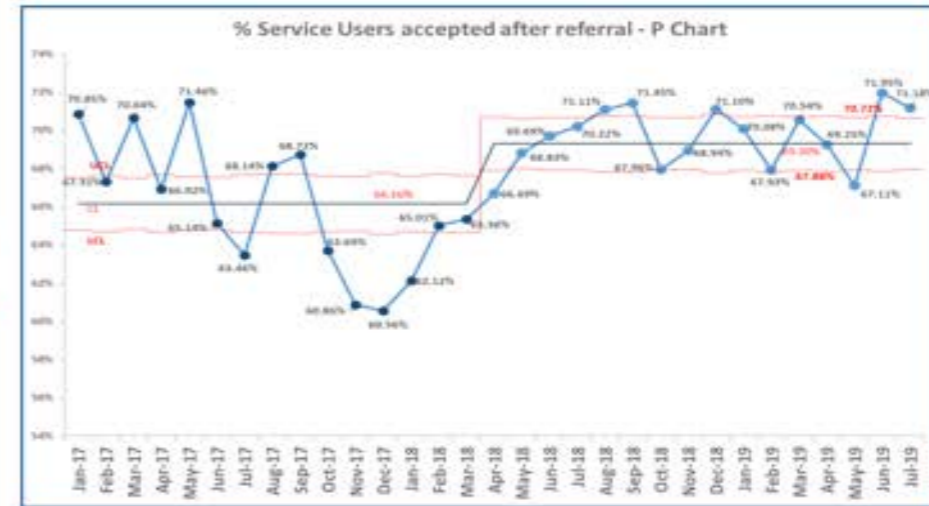
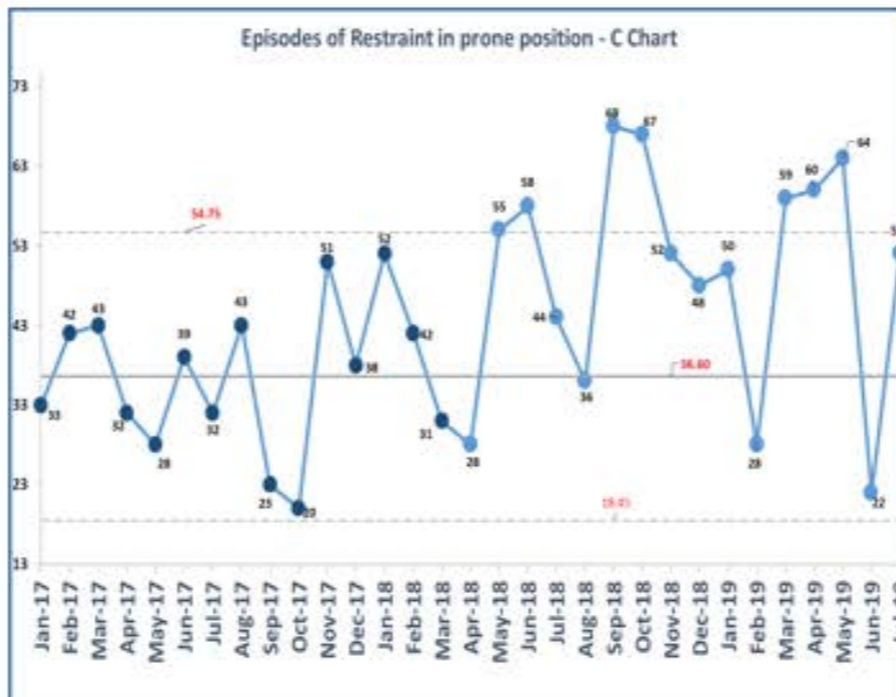
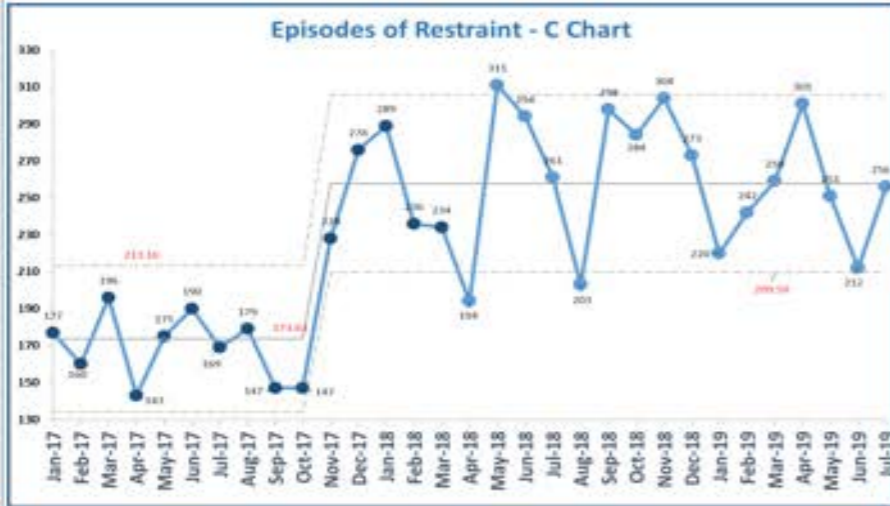
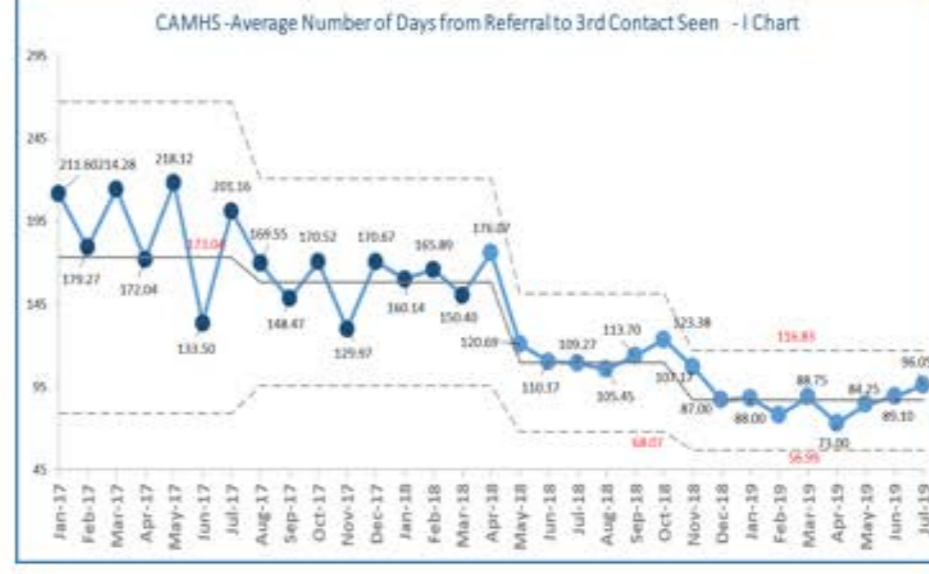
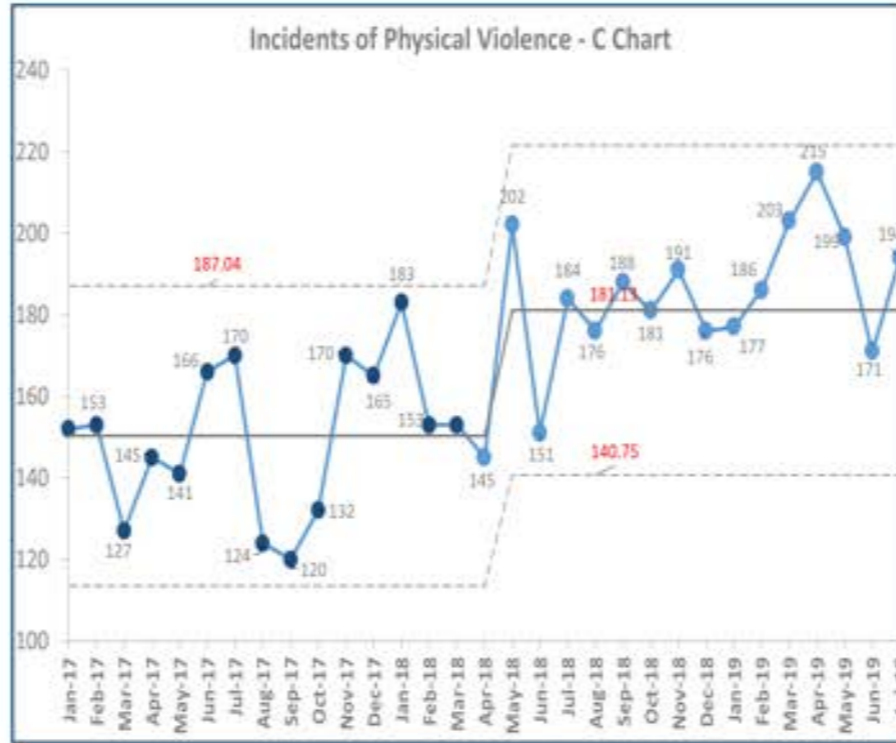
Executive commentary - Integrated Dashboard

The majority of indicators have not moved significantly since the July Board report.

Incidents of restraint and prone restraint remain at previously reported levels. Whilst there are improvements in specific areas, and relating to specific QI initiatives, it remains the case that the number of restraints is not reducing. The work in this area and future plans is reported regularly to the Quality Committee and is also to be reviewed by the Quality Assurance Committee.

IMPROVED PATIENT EXPERIENCE

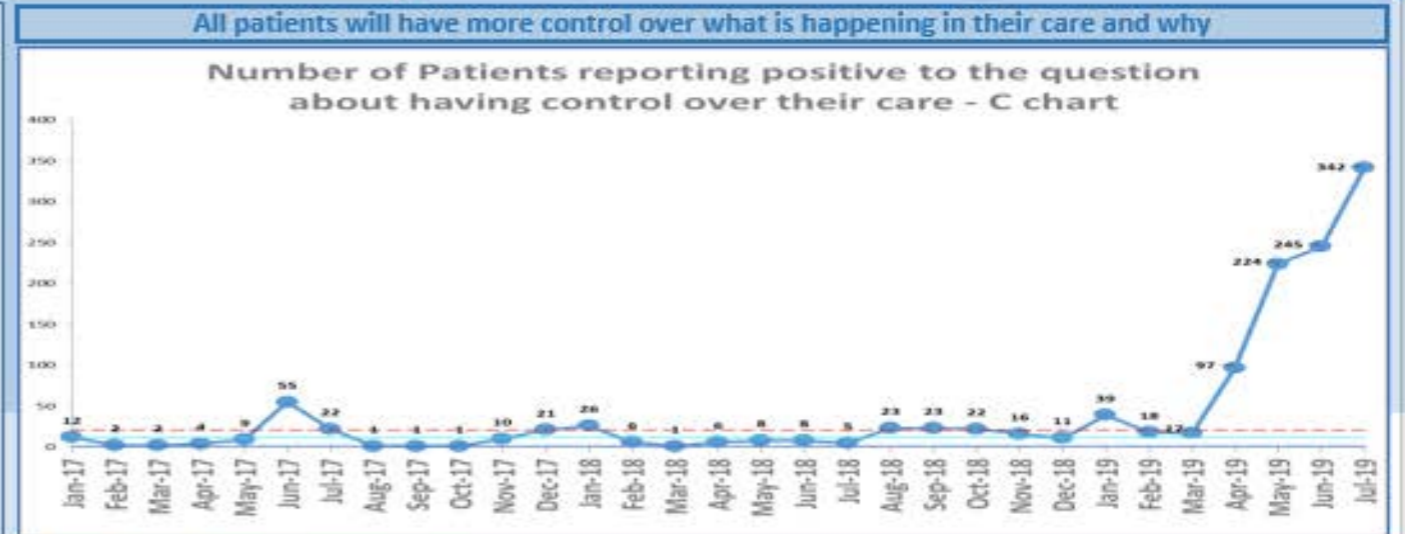
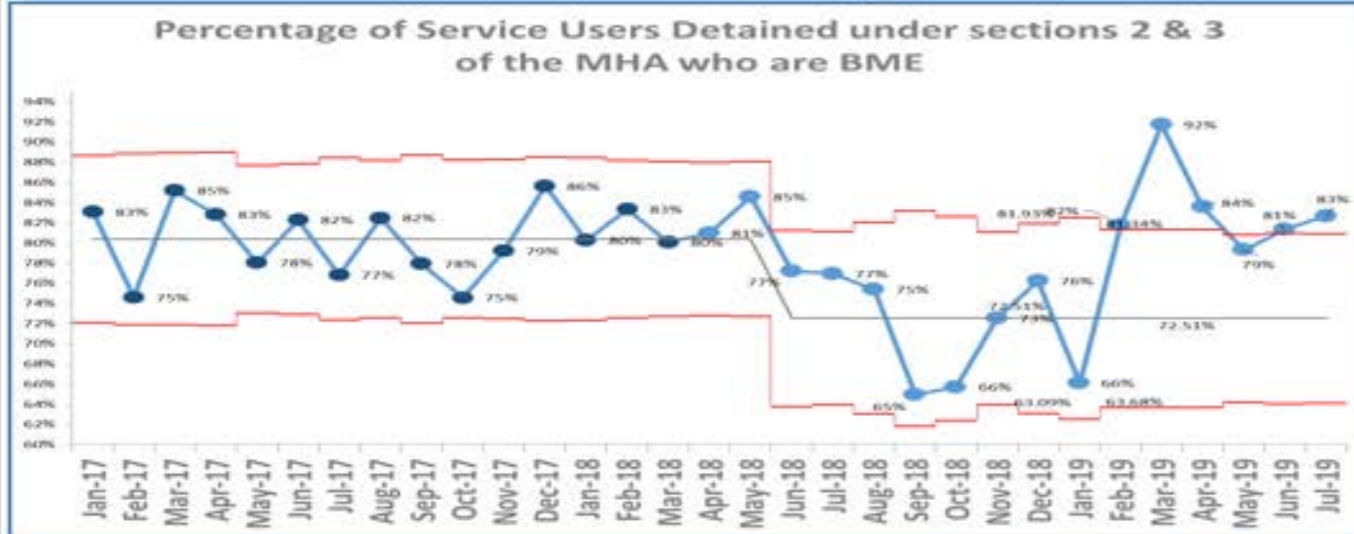
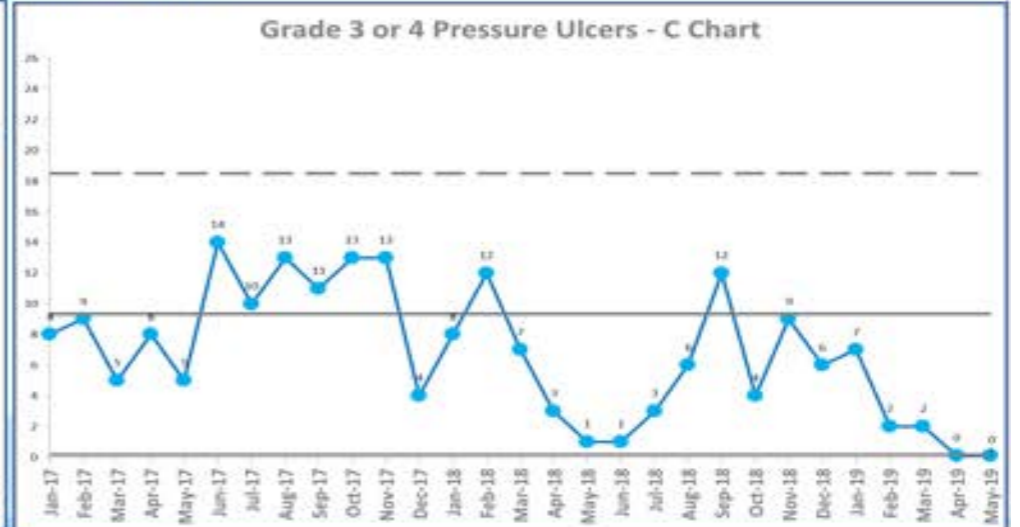
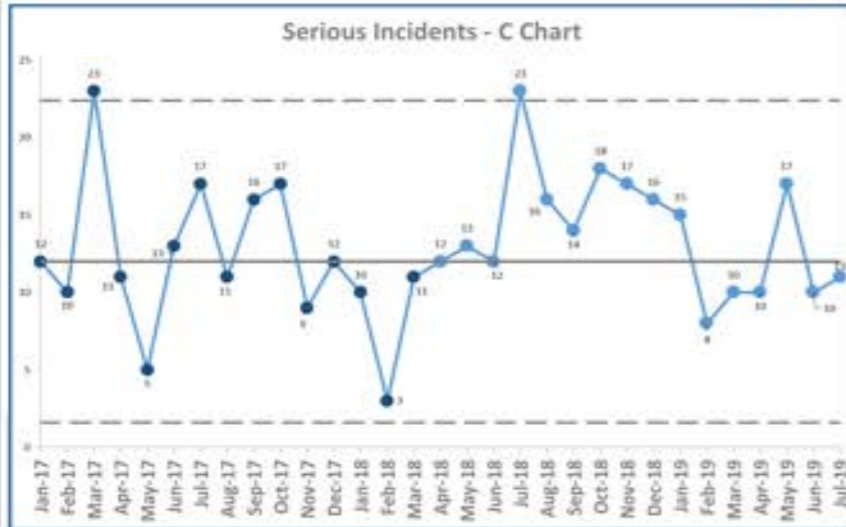
All patients will experience improved access to services



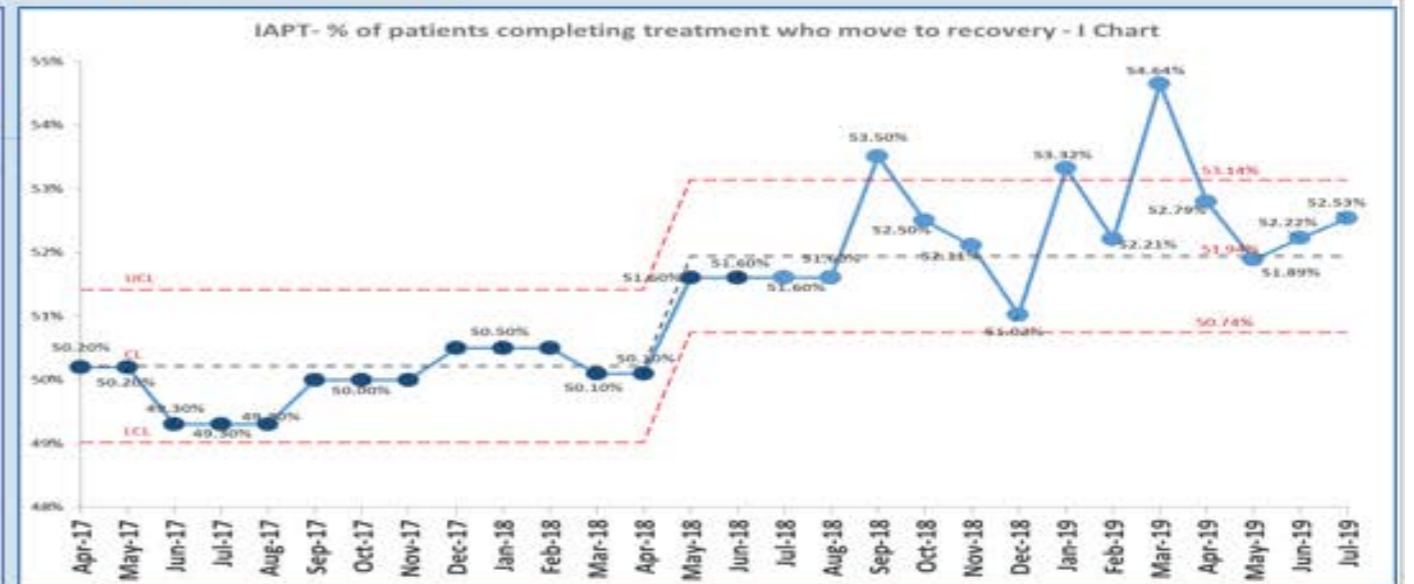
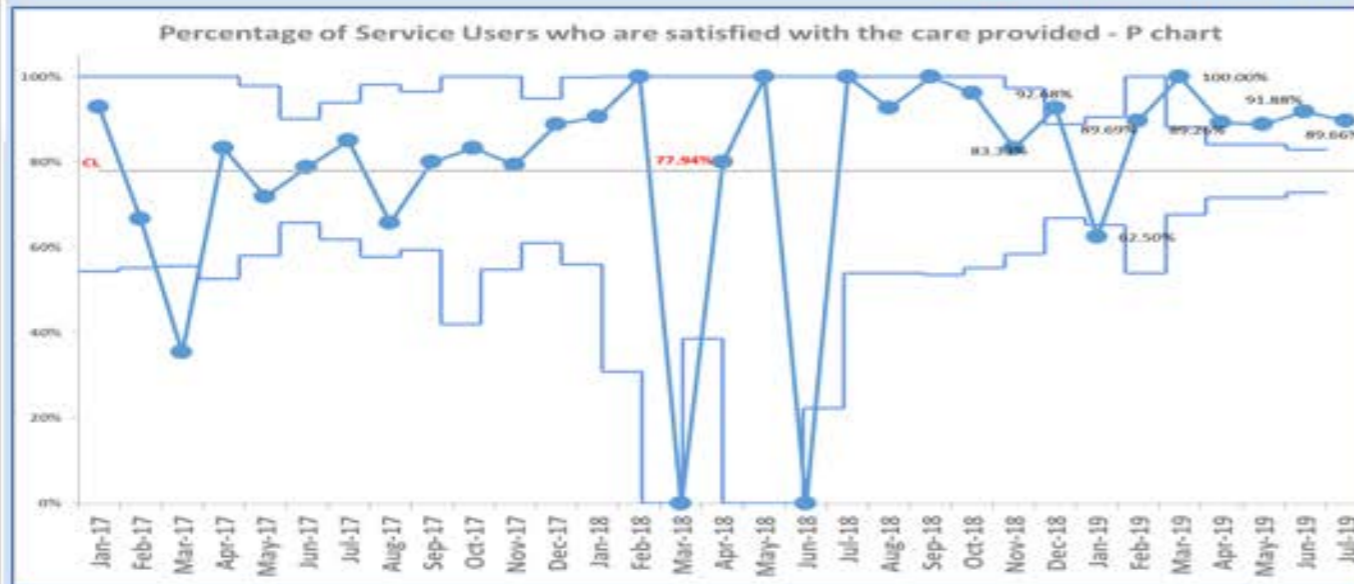
IMPROVED PATIENT EXPERIENCE

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



Board Assurance

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	
Executive Lead	Chief Operating Officer	<p>Comments: 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>Update on actions being taken to reduce the risk target score (since July 2019) include:</p> <ul style="list-style-type: none"> • Trust strategic priority to improve Patient Experience and establishment of patient experience measures • Further work to develop peer support worker roles • Reinvigorate Trust approach to eCPA • Trust Strategy Implementation Group in place • Introduction of Service User Led Accreditation System • Utilisation of experience measures • Working group established to oversee and guide the next phase of the eCPA process
Lead Committee	Quality Assurance Committee	
Risk Score		
Current	12	
Target	8	
Recommendation	None	
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	
Executive Lead	Chief Operating Officer	<p>Update on actions being taken to reduce the risk target score (since July 2019) include:</p> <ul style="list-style-type: none"> • CQC: External quality advisor commissioned to review CQC readiness of clinical services with a focus on Community Health services and review of CQC well lead actions. Chief Nurse has commenced two-weekly meetings with all services in preparation for the CQC visit. Introduced Chief Nurse quality reviews completed by the Directors of Nursing and Lead Nurses; these will triangulate quality and safety data, and highlight issues and challenges; appropriate actions will be taken • 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: External review commissioned on patient safety systems (completion March 2020). Work 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. No major issues or concerns with regards to patient safety within the Trust. Learning is

		<p>currently undertaken through localised areas and consideration will also be given to systems/digital solutions</p> <ul style="list-style-type: none"> • Community Health CQC Review Programme: Will progress 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 three 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 Quality Assurance Committee to focus on the Trust's strategic priorities
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4. Improved staff experience

Programme Governance:

Executive leads: Director of Planning and Performance, Director of People & Culture, Chief Quality Officer

Lead committee: Appointments and Remuneration 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 People & Culture	Summer 2019
	A 4 module programme known as ELFT Lead begins in September (Bedford) and October (London). 29 people are attending each cohort and formed from those who were not placed on the Clinical, Collective & Compassionate Leadership Programme.	Associate Director of People & Culture (OD) and Associate Director of People Development	Autumn 2019
	The second cohort of the senior clinical leaders' programme comes to an end in October 2019	Chief Quality Officer	Summer 2019
	Generic job descriptions for Psychotherapists at all bands in place with statements about how to enter/ progress at that level.	Associate Director of People & Culture (Ops)	Autumn 2019
	Advanced nurse practitioner/ prescribing nurse's development programme in place. Now need to evaluate how this impacts on medical workforce planning.		Autumn 2019
	Delivery of a revised Trust-wide leadership programme including programmes for specific staff groups i.e. Admin and clerical staff		Winter 2020
	Make available a directory of internal programmes through learning and development		

	<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> <p>There are some issues with this since most external organisations are unable to disclose personal details of delegates under the new Data Protection Law. Bookings for external programmes are not made centrally</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>This project has received some funding from Health Education England to scope the integrity and viability of the model across Bedford, Luton and Milton Keynes (BLMK). The first stage of the project to undertake a literature review of worldwide competency models is complete. A steering group has been formed to guide the project and the first meeting takes place in October. Focus groups across BLMK will take place in October and November.</p> <p>This focus is reflected in the new job descriptions for psychotherapist job family. Mental health nursing are the next set of JDs for review. Led by Ruth Bradley.</p> <p>Incorporate the 'wheel of partnership' and integrated care competences in appraisals for all Agenda for Change 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	Cohort 3 of the Enjoying Work QI learning system	Chief Quality Officer	Summer 2019
	Respect and Dignity @ Work project <ul style="list-style-type: none"> • 'A Mile in My Shoes' • Big conversations 'Through My Eyes' • Through Someone Else's Eyes 	Director of People & Culture / Chief Nurse	Spring 2020
	Deliver the revised workforce equalities plan.	CEO/All Execs	Spring 2020
	A new staff council has been set up and the first session takes place in November 2019. There are also local listening forums already in place such as 'chin-wag with the Borough Director of Tower Hamlets.'	Director of People & Culture Associate Director of People & Culture (Ops)	
Improve the health and wellbeing of our staff	A wellbeing plan for staff that factors in the determinants of health.	Director of People & Culture	Summer 2019
	Healthy Workplace Charter. Foundation level achieved and accreditation in place and celebrated. We are now seeking to achieve the next level which is called achievement. Target date is November and we are on track.		Winter 2019

Executive commentary - Annual Plan Priorities

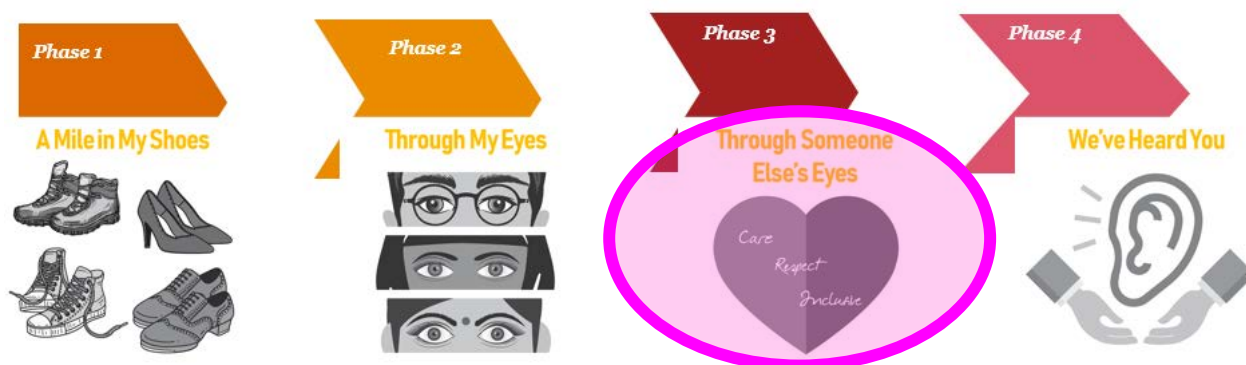
The table above sets out our proposed priorities to improve staff experience in our 2019-20 annual plan. The four key areas of focus will be to activate leadership across all levels, to equip our staff to deliver integrated care, to create an environment where all our staff can thrive, and to adopt a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

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 Health Education England. We are also progressing the work around Making Every Contact Count and Health Coaching.

The 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 as planned, following the success of the initial stage – A Mile in My Shoes. ‘Through My Eyes’ is a series of sessions/workshops which captured our staff’s own stories. An external facilitator captured around 50 anonymous stories and illustrations from our staff which were shared during the session that were anonymous and confidential. ‘Through My Eyes’ completed in June 2019.

The first Session of ‘Through Someone Else’s Eyes’ took place on 6 September and was attended by around 80 managers, leaders or supervisors. The response and feedback was positive and the analysis is promising. Further sessions have been arranged up to February 2020. The anonymous stories from staff were shared with the managers and discussed in groups which included talking about the emotions that the stories invoked. The managers then interpreted the stories using art and then shared the stories that they heard with other groups. The managers also did their own story telling in a safe space and the Chief Executive shared a couple of stories. We have collected intelligence from managers in terms of the support that they require to enable them to become better and more compassionate managers as well as feedback from the sessions and the next steps.



On our equalities plan, we have seen a lot of activity across the networks. We have appointed two network leads for the Intergenerational network. Since the last report the Trust attended 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.

Executive commentary - Integrated Dashboard

A detailed update on staff engagement, which includes the annual staff survey 2018 and the pulse survey including Friends and Family data for August 2019, can be found in the People report. Over the next two months, we will be looking to integrate the new pulse survey data into the Board integrated dashboard and align the measures with those contained in the People report.

There were 60 apprentices in post and 48 in the recruitment pipeline as at August 2019. Staff turnover continues to decline for the fourth consecutive month and is 14.14% against a Trust

target of 16% in August 2019. Labour stability has increased by 1% from 85.01% to 86.07% in August 2019. The trust vacancy rate is 11.9% (450.54WTE) as at July 2019.

Whilst sickness absence is up to 4.15 to 4.40% absence due to stress has reduced from 0.80% to 0.73% in July 2019, although stress, anxiety and depression remain the number reason for sickness absence and account for 5598 days of the trust sickness absence days. Agency usage has reduced form 6.39% to 5.87% in July 2019.

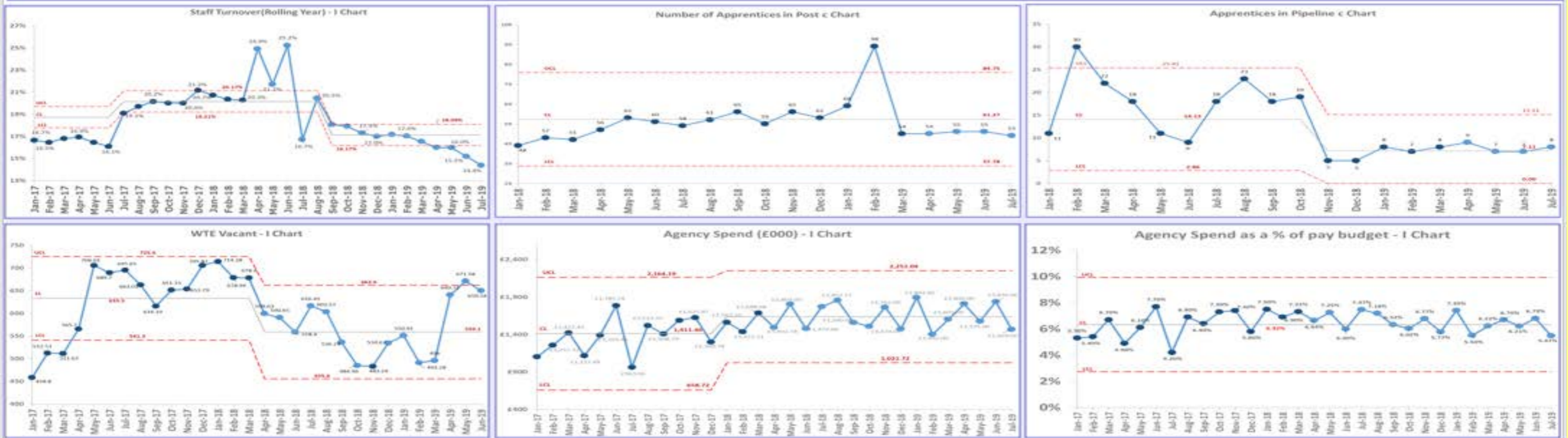
The Trust are working to implement the NHS Improvement recommendations in relation to non-clinical agency workers. We have undertaken a benchmarking exercise of bank rates of pay and are reviewing the Trust rates of pay in order to attract people to work on the bank, to therefore reduce our reliance on agency workers. We are also reviewing our bank arrangements and structure and this will be presented to the People and Culture committee in November 2019.

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



Board Assurance

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	
Executive Lead	Director of People and Culture	Additional controls identified: <ul style="list-style-type: none"> • WDES (Workforce Disability Equality Standards) • Annual staff survey • Quarterly pulse surveys Actions being taken to reduce the risk target score (since July 2019) include: <ul style="list-style-type: none"> • Risk for 2019/20 been amended to include 'retention' of staff • Benchmarking of Trust Bank rates undertaken • Proposal being developed to implement specialist bank rates (inc. Community Nurses) and bank pay more generally to attract current agency workers to join bank • NHSE and NHSI directive to cease using Agency for non-clinical and admin roles from September 2019 • Turnover rate further reduced to 14.39% in July 2019 against a Trust target of 16% (17.4% in September 2018) • Trialling 'Behind the Curtain Recruitment' – Diversity by design to improve diversity of candidates at band 7 and above • WRES showing positive improvements
Lead Committee	Appointments & Remuneration Committee	
Risk Score		
Current	12	
Target	5	
Recommendation	None	
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	
Executive Lead	Director of Planning and Performance	Additional controls identified: <ul style="list-style-type: none"> • Workforce Disability Equality Standard (WDES) Action plan • Equality Networks • Staff Survey reports • Quarterly pulse survey reports • Trust Executives Actions being taken to reduce the risk target score (since July 2019) include: <ul style="list-style-type: none"> • Continued to developed our Population Health approach to staff wellbeing • Annual report to Appointment and Remuneration Committee in July 2019 • Awarded the Greater London Authority Award for Wellbeing • Shortlisted for the HSJ Award for Employee Engagement Presentation in September 2019 • Procured an online engagement platform called 'Go Engage' rolled out in June 2019 and the first Engagement report considered by Appointments & Remuneration Committee in September 2019
Lead Committee	Appointments & Remuneration Committee	
Risk Score		
Current	9	
Target	5	
Recommendation	None	

		<ul style="list-style-type: none"> • Menopause sessions were successful; working through recommendations from women’s network sessions • Knife crime, gangs and county lines email and questionnaire sent; focus group arranged for 27 September 2019; c50 staff invited and wider communications on the intranet • NEYBER financial educations and savings launched in July • A Mile in My Shoes Exhibition – successful exhibition • Through My Eyes focus groups - completed 50 stories and illustrations collected • Through Someone Else’s Eyes sessions arranged for c1300 managers, led by the Executive Directors • Salary Sacrifice Window is open in time for ‘back to school’ • Change in pay date to 27th of the month positively received by staff • Equality Networks(four) are thriving and the intergenerational network launched • Setting up a staff council; first meeting in November. • Data cleansing exercise underway to validate continuous service in preparation of NHS Long Service Awards • Improvement of disciplinary processes, implementation of the Fair Treatment Processes. Service user involvement in disciplinary processes • Suspensions reduced from on average of 8-15 suspensions a month between 2016-2018 compared to 2 suspensions in July 2019 • BME staff 2.44 times likely to be in a disciplinary process reduced from 2.78 times in 2018 • White staff were 1.3 times more likely to access continuous professional development in 2018 compared to 0.82 in 2019.
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5. Improved value

Programme governance:

Executive leads: Chief Finance Officer, Chief Nursing Officer

Lead committee: Finance, Business & Investment Committee

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 Quality 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 will deliver our first integrated analytics at team level, to enable services to understand their performance against the four objectives of the Trust's strategy. Informatics is undertaking a large programme to ensure all our data sources are reaching our data warehouse, creating data models and moving this to cloud storage. This critical infrastructure will underpin all future front-end analytics. In parallel, we are developing the first integrated analytics for all our inpatient wards. The functionality we are building within the analytics platform, including a range of control charts, will be the first time this has been developed in healthcare. We are on course to deliver the first prototype by December 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. The teams have been able to reduce the footprint based on the principles of agile working.

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

The Trust Financial value plans comprise of plans to reduce waste, deliver clinical transformation as well as provide increased opportunities for the clinical reach of the Trust. The roll out of waste reduction through reduced printing costs has been implemented. A new procurement programme launched earlier this year has identified a partner the Trust will work with and will result in reduced utilisation of paper across the Trust. Additional transformational

schemes regarding reduction in the waste through service transformation and improving quality have been implemented in learning disability inpatient services.

Executive commentary - Financial performance

A summary of financial performance is as follows:

- Operating surplus (EBITDA) to end of August 2019 of £7,249k compared to planned operating surplus of £7,351k.
- Net surplus of £1,346k (0.8%) compared to planned net surplus of £1,146k (0.6%).
- Year to date favourable net surplus variance of £199k.
- **Year to date favourable performance against control total of £32k.**
- NHS Improvement (NHSI) risk rating of “2” to end of August 2019.
- Cash balance of £93.3m as at the end of August 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 Provider Sustainability Fund (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. This is shown as separate line in the table below.

	Aug-19			Annual Budget £000	Jul-19 Variance £000	Change +/- £000
	Budget £000	Actual £000	Variance £000			
Operating Income	178,114	178,863	749	428,964	384	365
Operating Spend	170,763	171,614	(851)	408,388	(469)	(382)
Operating Surplus (EBITDA)	7,351	7,249	(102)	20,575	(85)	(17)
Interest Receivable	125	260	135	300	104	31
Interest Payable	(867)	(867)	0	(2,081)	0	0
Depreciation	(2,959)	(2,959)	(0)	(7,102)	0	(0)
Public Dividend Capital	(2,504)	(2,504)	(0)	(6,010)	0	(0)
Underlying Net Surplus / (Deficit)	1,146	1,179	32	5,683	18	14
Non-Recurrent Support Adjustment	0	0	0		0	0
Control Total Net Surplus / (Deficit)	1,146	1,179	32	5,683	18	14
2018/19 Bonus PSF Reported in 2019/20	0	167	167		167	0
Reported Net Surplus / (Deficit)	1,146	1,346	199	5,683	185	14

Expenditure Risk

The Trust is reporting an adverse variance of £851k against operating expenditure at the 31st August 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 the Finance, Business and Investment committee (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 £9.7m form part of the formal financial viability programme, and £0.3m are reported within Directorates for schemes identified but not delivered during 2018/19.

The planned financial viability savings required to 31st August 2019 were £2.0m, against which the Trust achieved £1.4m to the end of August 2019.

NHSI Agency Ceiling

The NHSI ceiling set for the Trust was £6.67m to the end of August 2019. The Trust is reporting expenditure of £8.35m, a variance of £1.68m from the ceiling (25.2%).

This gives the Trust an agency risk rating of "2" at Month 5, 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 7.1%.

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. Directorate Management Teams are responsible for ensuring this process is followed. This is to ensure the Trust is compliant with NHSI rules.

The key driver for the reported overspend in Bedfordshire Community Health (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 Community Mental Health Teams (CMHTs).

The overspend shown against Bedfordshire CHS is partly offset via a designated reserve, and the net overspend is £375k. 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. In particular, a detailed piece of work is being undertaken to establish and resolve cost pressures in the HR budget.

The Trust is managing overspend against expenditure budgets through the better than planned income position and reserves at Month 5. 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

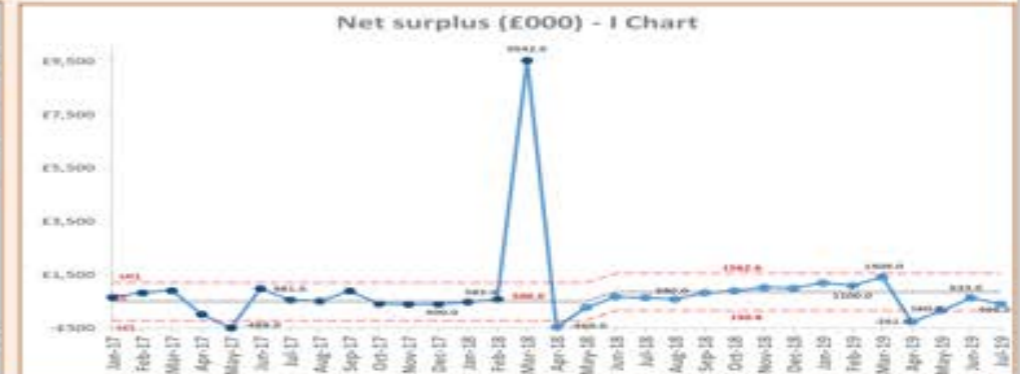
The revised plan submitted to NHSI for 2019/20 is consistent with this report and is based on achieving a rating of “1” under the Risk Assessment Framework by March 2020. This is in line with the revised NHSI control total of £5.7m (including PSF income of £3.3m). The plan submitted to NHSI for 2019/20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

IMPROVED VALUE FOR MONEY

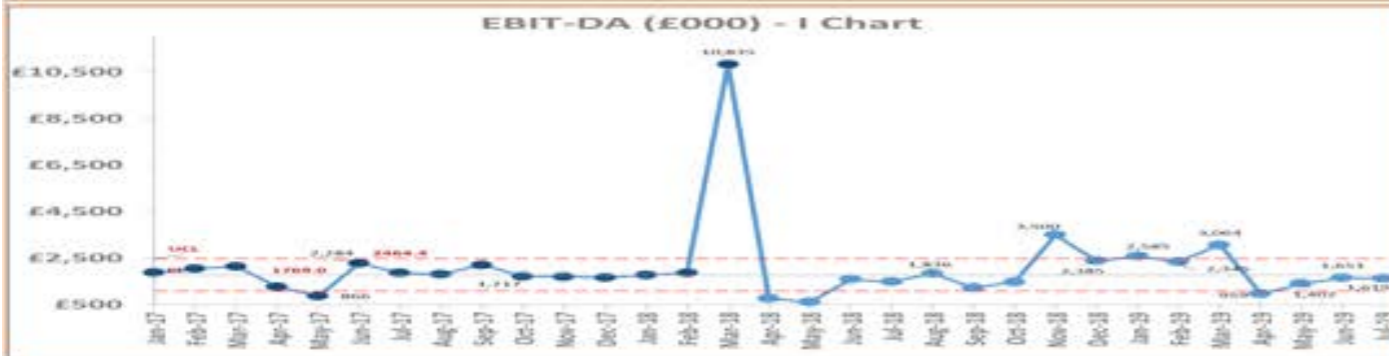
The Trust will improve the utilisation of its estate



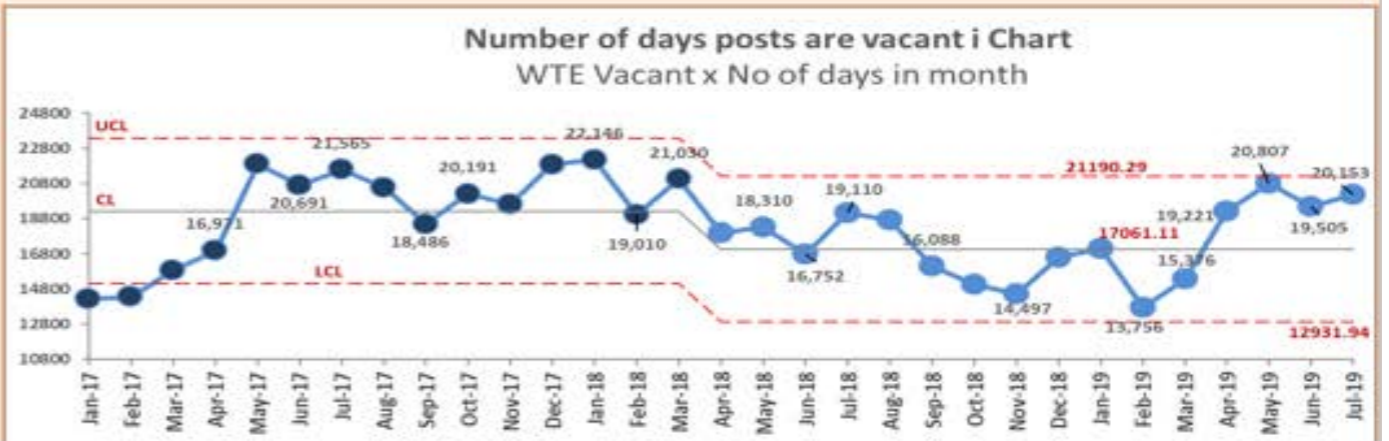
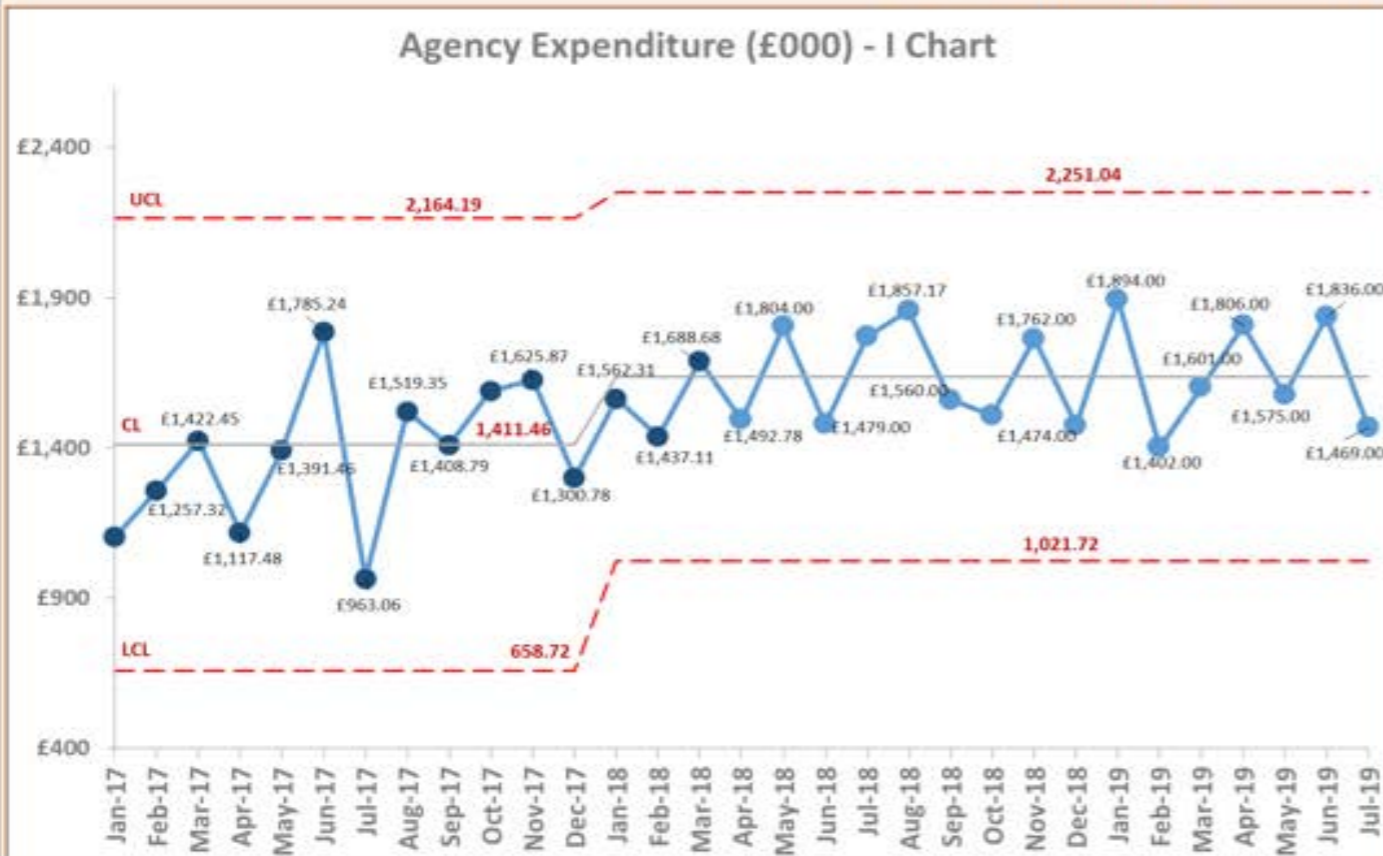
All budget holders will be held responsible for the management of their budgets



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

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	
Executive Lead	Director of Commercial Development	<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.</p> <p>Actions being taken to reduce the risk target score (since July 2019) include:</p> <ul style="list-style-type: none"> • Development of a PMO team with a focus on Financial Viability • Including financial viability in the development of the Trust QI outcomes • Development of a communications and leadership exercise with the teams resulting in 200 ideas being generated from the frontline teams in the delivery of the financial viability • Development of a training faculty and QI module on Financial Viability • Development of peer support at Executive and Non-Executive level with Trusts pioneering this approach
Lead Committee	Finance, Business and Investment Committee	
Risk Score		
Current	25	
Target	15	
Recommendation	None	
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	
Executive Lead	Chief Finance Officer	<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>Actions being taken to reduce the risk target score (since July 2019) include:</p> <ul style="list-style-type: none"> • New leadership roles have been agreed at the Board and FBIC. These are in the process of being recruited. • 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 has partnered with an external provider to deliver these projects with an additional bid for resource also being prepared to enable future project delivery • 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 • The mitigation of 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.
Lead Committee	Finance, Business and Investment Committee	
Risk Score		
Current	10	
Target	5	
Recommendation	None	

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

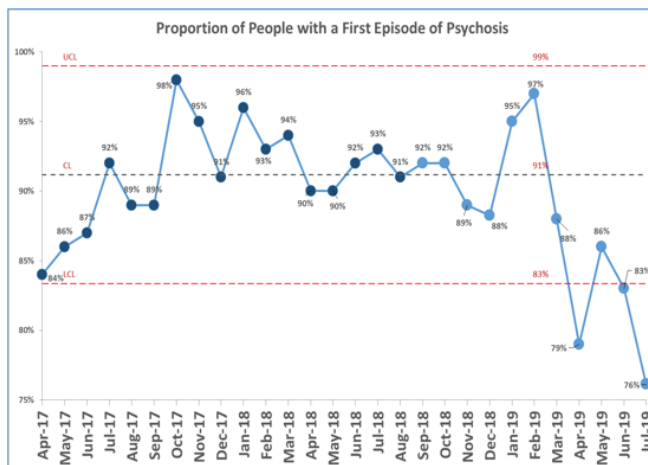
Performance against nationally mandated operational performance metrics are set out below.

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 : July 19	Target : 50%	
	Current Month	Previous Month
Number of people starting treatment within 2 weeks of Referral		
Total Waiters		
% of people starting treatment within 2 weeks of Referral	76%	83%

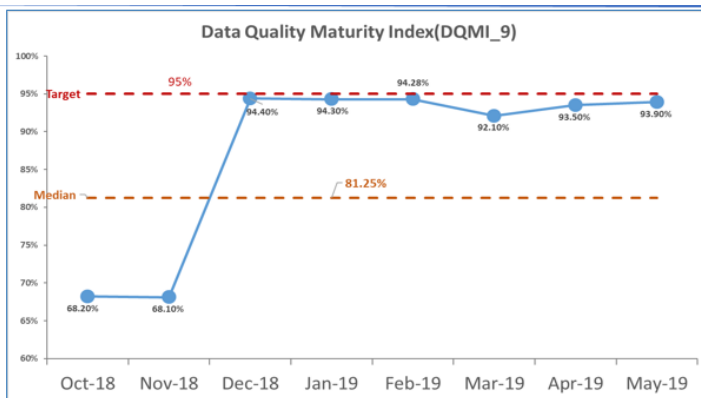
This measure though still above the 50% target is currently showing signs of special cause variation.



Current performance is at 76%, which is still above the target of 50%. The main reasons for the recent deterioration is increasing demand, and staffing difficulties. There is a task and finish group across all early intervention services at present, to identify and support opportunities for improvement. We are also in discussion with commissioners to address the different levels of resource available across the East London early intervention services.

Data Quality Maturity Index (Monthly Data)

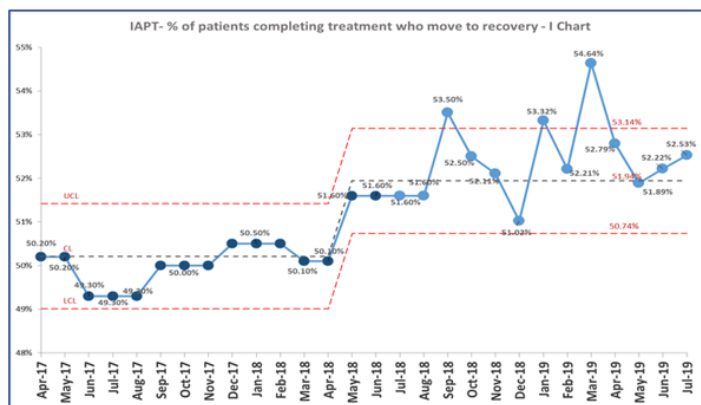
Reporting Month : July 19	Target : 95%	
Data available up to May 2019, currently above the median but still below the 95% target.		



Improved Access to Psychological Therapies (IAPT)/talking therapies

Reporting Month : July 19	Target : 50%	
% of patients completing a course of IAPT treatment moving to recovery	Current Month	Previous Month
	52.53%	52.22%

A change in process identified in May 2018, showing signs of improvement. It is now performing within the common cause variation.



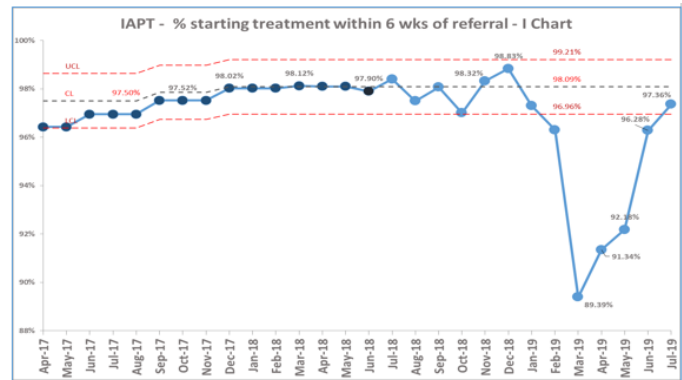
We are seeing special cause variation in a good direction. The theory is that this is partially due to losing the Luton service, which had been struggling with achieving recovery rates, together with the accompanying movement of staff to the Bedfordshire service, which has thereafter achieved improved performance. More recently, we have been improving use of Anxiety Disorder Specific Measures in line with the national CQUIN, and this seems to have had a positive side-effect of improving recovery rates slightly.

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

Reporting Month : July 19 Target : 75%

% of patients having Treatment within 6 weeks of referral	Current Month	Previous Month
	97.36%	96.28%

After five consecutive months of performance being below the lower Control Limit, this measure is now showing signs of common cause variation.



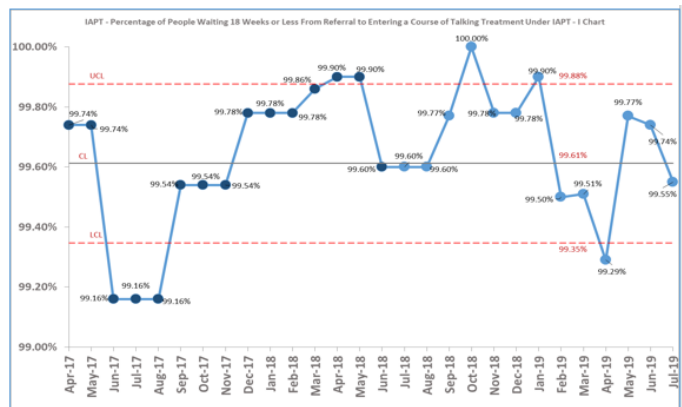
In March 2019, we incorporated Tower Hamlets data into the Trust total (after ELFT took over the service in October 2018). At that time, the Tower Hamlets service had high demand, a long waiting list and disruption due to the transition to ELFT, restructuring and moving premises. This affected overall Trust performance. Now, more than 90% of patients have an appointment within 6 weeks. Our Tower Hamlets service continues to focus on time to completion of treatment, which remains below target. All other ELFT IAPT services show stable performance on waiting times.

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

Reporting Month : July 19 Target : 95%

% of patients having Treatment within 18 Weeks of referral	Current Month	Previous Month
	99.55%	99.74 %

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



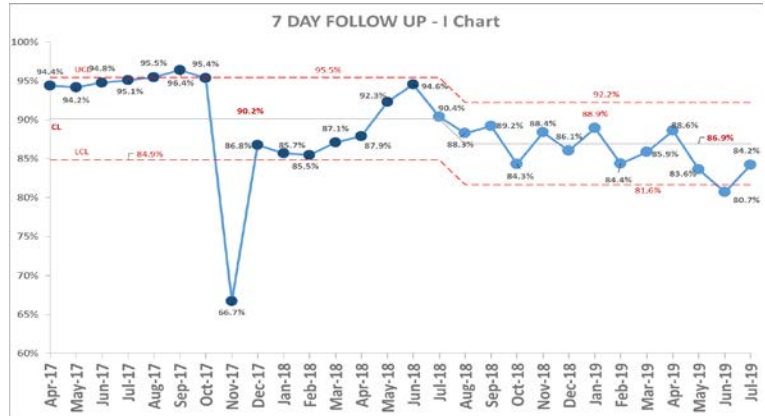
Other performance issues for escalation (National and Local indicators)

There are three performance issues for escalation:

7 day Follow up - Adult mental health Services

Reporting Month: July 19 Target: 95%

	Current Month	Previous Month
Discharged		
Follow Up		
% Follow Up	84.2%	83.6%



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 service users not on the CPA framework. Since then data has been stable.

7 day follow up – as previously reported to the Board, the definition for this indicator changed in November 2017, and services have been putting in place systems to ensure that all inpatients are contacted within 7 days of discharge. Based on the 2019-20 CQUIN requirement, there has been a further change to our performance measure, with the trust now aiming to review 80% of patients within 72 hours of discharge. There are regular meetings in each directorate to monitor this closely. Key challenges relate to data quality in recording service user details and non-attendance at scheduled follow-ups. Staff sickness also hampers our ability to reliably meet the 72-hour follow-up target. A survey has been conducted with service users to evaluate their experience of follow-up care to aid improvement work underway. Trustwide communications have informed staff about the new CQUIN standard and the processes in place within each area. Every ward is approaching the management of this change in ways that integrate with their local discharge process and their staffing on each shift, including ideas such as

- o nominating a 72hr follow-up lead on each shift
- o using the white board to record if a 72 hour follow up has taken place
- o the ward admin staff using spreadsheets to track 72 hour follow ups

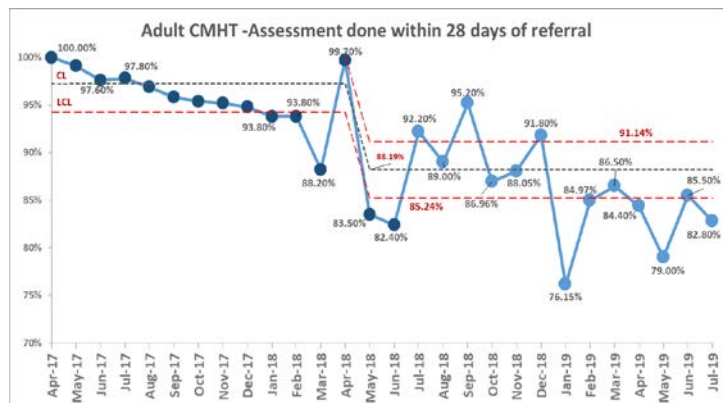
ADULT CMHT

Patients seen within 28 Days of referral by GP

Reporting Month: July 19 Target: 100%

	Current Month	Previous Month
Assessment Done within 28 days of referrals	82.80%	85.50%

Data currently showing special cause with decline in performance.

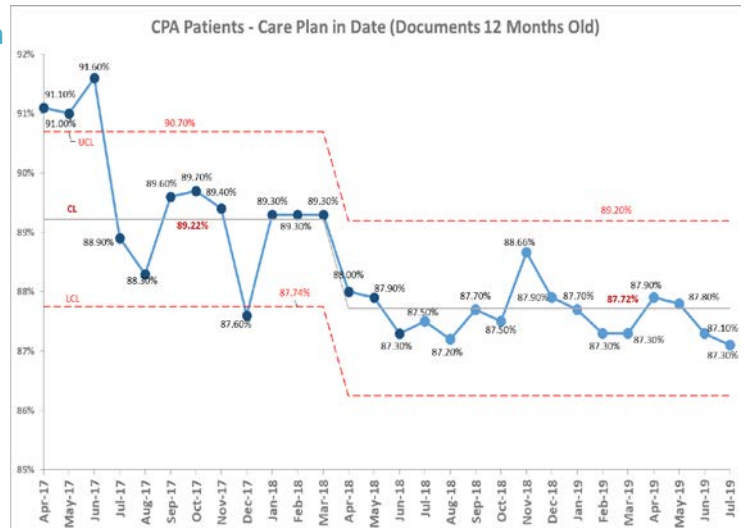


Assessments within 28 days – the decline in performance is largely due to difficulties in obtaining sufficient medical staffing in some directorates, including locums. All clinical directors have recruitment plans in order to mitigate this risk, but recruitment remains difficult in some areas. We are trying to minimise the impact by holding extra clinics to combat the current backlog of appointments. Concerted efforts in the adult community mental health teams in Bedfordshire have shown improved performance.

Care Programme Approach (CPA) – Care Plan in date

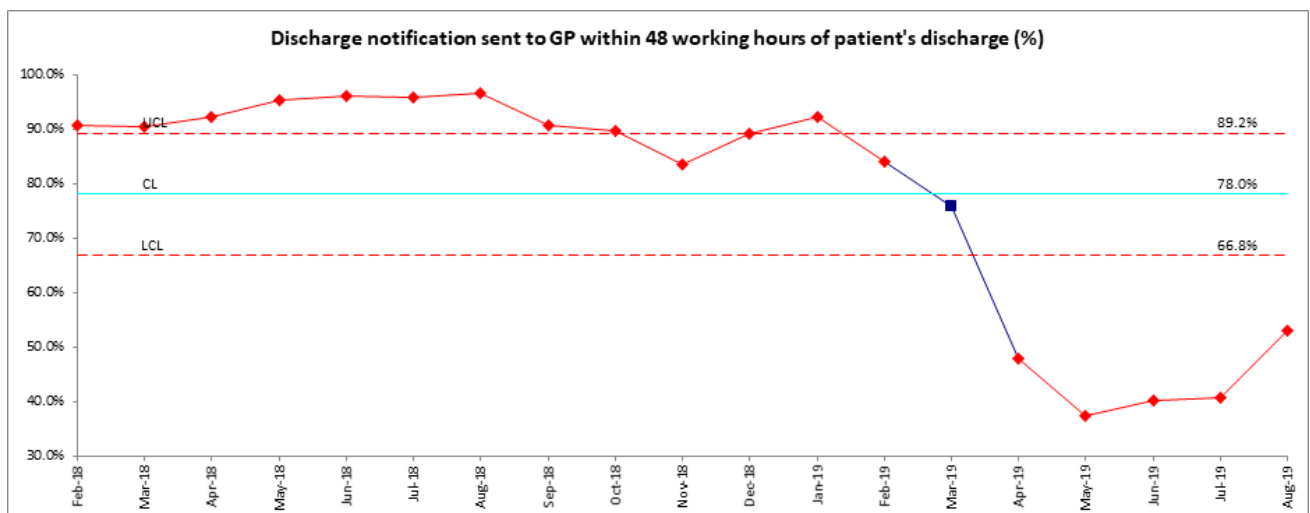
Reporting Month: July 19	Target: 95%
	Current Month Previous Month
Care Plan In Date	87.30% 87.10%

Change in process identified in April 2018 but performance has been stable since then.



CPA care plans in date – 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.

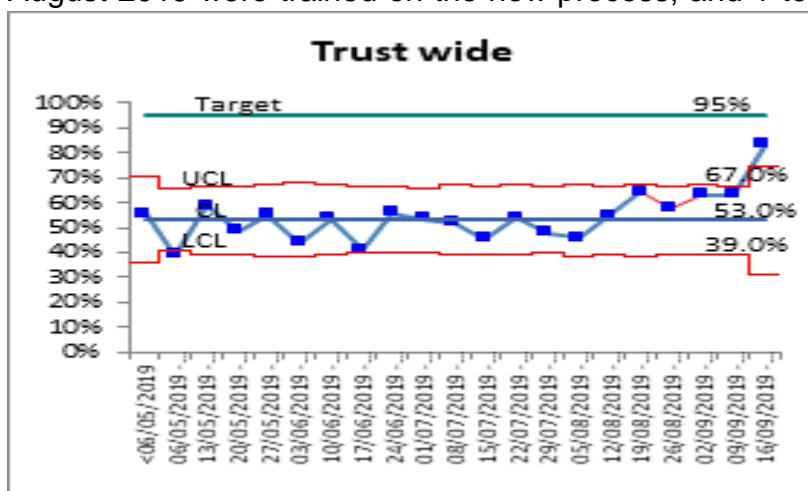
Discharge notification sent to GP within 48 working hours of service user discharge (Target 95%)



Our previous system of information being provided to GPs following an inpatient admission consisted of a very basic, brief discharge notification sent on the day of discharge (and a copy of this being given to the person being discharged) plus a longer full discharge summary, intended to be sent within 7 days of discharge. This led to delays in receiving the meaningful

information, and a new template was designed which would be a single discharge notification (avoiding duplication of effort) containing all the relevant information needed by the GP. It was agreed with commissioners that a 48-hour time limit would be the aim for this to be sent out.

However, the solution implemented required doctors, pharmacists and administrators to coordinate the completion of a word document, ensure it was uploaded to the clinical record system and posted to GPs. This led to deterioration in our performance against the 48-hour target. A third version of this online form was tested in August on one ward in each inpatient unit and implemented across all inpatient wards through August 2019. The new form now prepopulates information already entered into RIO to speed up the documentation process. This new 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. The new doctors that started in August 2019 were trained on the new process, and 1-to-1 support is being provided by the clinical systems team to support people to learn and adopt the new system. We are beginning to see some improvement in the data from August onwards.



the clinical systems team to support people to learn and adopt the new system. We are beginning to see some improvement in the data from August onwards.

With the new process, we are working towards the new 24hr target for discharge notification which is in the NHS Standard Contract 2019-20.

7.0 Recommendations and Action Being Requested

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