

Public Trust Board – 31.08.21

Board Performance Report July 2021 (Month 04)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for July 2021 Month 4.

Analysis of the issue

The report is presented to Operational Executive Team each month, prior to it being released to level 1 committees.

The following should be noted by the Trust Board with their review of the report and looking ahead to the next reporting period:

New KPIs 21/22 Update

Following review of the development of the new KPI's for 21/22, where these still require additional reporting configuration in the clinical system or development of the numerators and denominators for the metric, these have been removed from the report.

These metrics will be added to the relevant Directorate Performance Report in order that their development can be monitored. Once work has been completed to capture the data to be presented in reports, they will initially be included in the Directorate Performance Report for discussion at the Performance Review Meetings and escalated to the Board Performance Report where the Directorate advises the necessity.

New Metrics included in this months report include wait times for Aspergers and LD Community.

With the publication of the Community Mental Health Framework, CPA has now been superseded nationally. As such, measures relating to CPA have been removed from all MHSDS outputs from April 2021 data onwards. These metrics will therefore be removed from all future Board Performance Reports.

Key issues escalated from Directorate Performance Reviews

Appendix 1 to this paper provides a position statement and assurance around the work being undertaken to address key issues escalated from the Directorate Performance Reviews.

Proposals

The Trust Board is asked to note the above caveats to the performance report

Decision required

The Trust Board is asked to

- Approve the performance report

Governance table

For Board and Board Committees:	Public Trust Board 31.8.21	
Paper sponsored by:	Sharon Murphy, Interim Director of Finance and Performance	
Paper authored by:	Sam Kirkland, Head of Data Privacy	
Date submitted:	23.08.21	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Operational Executive Board 20.08.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	None	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Standard month end report	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	20 - Performance management framework is not fit for purpose
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None identified	

Appendix 1

Key issues escalated from Directorate Performance Reviews

Key escalation areas from month 3 Performance meetings	Assurance re actions being taken
Community Health Services Directorate	
CINSS compliance with target	The service has received additional funding to increase capacity and has a revised trajectory to achieve 95% compliance by February 2022.
Continence waiting times	The service has an improvement plan in place working on a number of actions to support with waiting times management e.g. increasing capacity by: recruiting to additional posts – both clinical and administrative posts, reviewing the triage process, and scoping the use of alternative providers to assess patients on the waiting list.
Number of pressure ulcers	<p>A Community Services pressure ulcer quality improvement plan is in place and has five key workstreams:</p> <ul style="list-style-type: none"> • Think Patient • Patient and carer information • Patient centred holistic assessment • Mental Capacity Assessments • Collaborative conversation <p>A new Community Hospital pressure ulcer quality improvement project is now underway, with the first tasks being to undertake a baseline audit using quarter 4 category 2 pressure ulcer data. The Lead Nurse is also undertaking a review of all categories of pressure ulcers on admission for Community Hospitals.</p>

Backlog and waiting times	<ul style="list-style-type: none"> • Close monitoring of performance through DMT and Silver Deep Dives • Focused use of additional finance through MHIS and COVID backlog funding • Review of harm whilst waiting through clinical processes • Demand & Capacity reviews of service processes to support flow and discharge
Recruitment	<ul style="list-style-type: none"> • Innovative use of new roles e.g. nursing associate • Use of apprentices to nurture grow your own staff including professional qualifications e.g. occupational therapists • Having 'open' sessions for candidates to encourage applicants
Staff wellbeing	<ul style="list-style-type: none"> • H&WB leads in SMT and services • Use of charitable bids to promote 'team togetherness' e.g., 'the Big Tea' • Standard agenda item on all silver meetings • Promoting manageable caseloads and working day • Supporting staff to work in a blended way
Finance on the wards	<ul style="list-style-type: none"> • Increasing recruitment of substantive staff to prevent use of agency staff to cover vacancies • Director/HOS sign off for all DRA's • Monitoring the roster • Employing a peripatetic team to provide cover across all 3 directorate wards
Learning Disabilities	
Finance pressures on the Agnes Unit	<ul style="list-style-type: none"> • Working with CCG to implement a new financial model for high acuity patients • Increasing recruitment of substantive staff to prevent use of agency staff to cover vacancies • Director/HOS sign off for all DRA's • Closer monitoring and utilisation of the roster • Employing a peripatetic team to provide cover across all 3 directorate wards
Waiting lists for therapy services	<ul style="list-style-type: none"> • Demand & Capacity review to look for pathway efficiencies and to identify gaps in funding • Ensuring processes in place to risk manage the waiting list and prevent

	harm
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Directorate of Mental Health	
Waiting times	<p>Each service has a waiting times improvement plan in place and has developed a trajectory that sits alongside this.</p> <p>The SUTG-MH transformation programme will support long term sustainable reductions in waits, but interim plans include maximising capacity using bank and overtime, offering group treatment where appropriate and streamlining clinical pathways.</p> <p>All services are broadly on track against the planned trajectories. Two services currently have increasing waiting lists (although this is factored into the planned trajectories). One of these is the ADHD service, which is launching a tender process on 1st September to outsource part of the waiting list backlog.</p> <p>The second is the TSPPD treatment waiting list. The service is working rapidly through a large backlog of patients awaiting assessment – these are a priority as their potential risk is not yet known. A number of targeted assessment weeks are ongoing. This plan is on target to eliminate existing waits for assessment and has already reduced this by significant numbers. As patients are assessed, a proportion are added to the treatment waiting list, hence these numbers are quickly and expectedly rising. As part of SUTG MH the service is delivering from Sept/Oct a new group treatment offer, which will clear all existing waits for treatment and provide a sustainable model for future demand management.</p>
workforce (recruitment)	<p>The directorate is working closely with the recruitment team to ensure opportunities for successful recruitment are maximised. This includes reviewing how/ where opportunities are advertised and ensuring career development pathways are clear and promoted to attract candidates to posts.</p> <p>A dedicated Resourcing Manager for DMH has been sourced to support the volume of recruitment activities required across the Directorate and to expedite recruitment processes.</p> <p>Where recruitment to specific posts is a challenge, skill mix and alternative roles are being considered/ developed. This includes roles such as Assistant psychologists, Peer Support Workers, Patient facing pharmacy roles. The directorate is also working closely with PCNs and the neighbourhood projects so that funding can also be used in voluntary sector organisations to support our work.</p>
Underspends on investment funding	<p>Spend on investment funding is closely tracked. Where there is likely to be slippage, alternative non-recurrent schemes have been developed. Also some schemes have been brought forward from 22/23 to start in 21/22. Current projections predict an underspend of £15k on investment funds in 21/22.</p>