

Public Trust Board – 26.10.21

Board Performance Report September 2021 (Month 06)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for September 2021 Month 6.

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:

Report Updates

- The CPA metrics have all been removed from the report.
- LeDeR metrics from the CCG have been provided, however the descriptors for the data provided does not match the metrics in the report. Exploration of the correct metric descriptor will be undertaken with the CCG in order that the data presented is congruent with the CCG reporting for Month 7 reporting.

The work on the Automated Board Report has been delayed due to some complications with SPC methodology the requirement for an extension/plugin to the software. Work with an appropriate extension is currently taking place and engagement with key Trust stakeholders on the final product will take place in the next 2-3 weeks. It is therefore anticipated that the new Board Performance Report using QlikSense will be available for December's Report (Month 9).

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:	Trust Board	
Paper sponsored by:	Sharon Murphy, Interim Director of Finance and Performance	
Paper authored by:	Sam Kirkland, Head of Data Privacy	
Date submitted:	18.10.21	
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 15.10.21	
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	Update as at month 5	New escalation areas from month 5 Performance meetings	Assurance re actions being taken
FYPC				
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 	<p>Confirmation of backlog funding. Services are extending fixed term contracts, employing agency staff and scheduling additional hours clinics to improve waiting times and backlogs. Monitored through performance paper at Sustainability DMT and deep dives through Silver.</p> <p>CAMHS ED – Recovery plan is in progress including recruitment for MHIS. Work is underway with NHFT with a plan to introduce more standardisation and consistency.</p> <p>Community Paediatrics: Large legacy backlog of</p>	<p>Suitable Estate to do additional clinics</p>	<p>Raised at SPG and EMEC</p> <p>Additional clinics from the backlog</p>

		new and follow ups. In addition second diagnostician for ASD has required a remedial plan.		investment, additional SALT/Psychology to support ASD pathway.
Recruitment/workforce	<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 	<p>High turnover on the Beacon Ward.</p> <p>Healthy Together 0-19 vacancies and impact</p>	<p>Safer staffing levels</p> <p>Delay in recovery to pre-covid service offer</p>	<p>Workforce plans in place</p> <p>Prioritisation of caseloads in place</p>
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 	<p>H&WB plans progressing and embedded in appraisals</p> <p>Backlog funding will support re-balance of caseloads and facilitate access</p>	<p>Staff not having access to hot desks and facilities</p>	<p>Raised through Triple R programme and spaces becoming available across LLR</p>
Finance on the wards	<ul style="list-style-type: none"> • Increasing recruitment of substantive staff to prevent use of agency staff to cover 	<p>Specialist wards month 5 position discussed, as detailed in the inpatient</p>	<p>Not achieving directorate financial balance</p>	<p>Inpatient financial recovery plan. Mitigating actions</p>

	<p>vacancies</p> <ul style="list-style-type: none"> • Director/HOS sign off for all DRA's • Monitoring the roster • Employing a peripatetic team to provide cover across all 3 directorate wards 	<p>finance and recovery plan.</p>		<p>reviewed and confirmed through Operational Executive Board</p>
DMH				
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.</p> <p>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</p>	<p>The SUTG-MH transformation consultation is now complete. The findings are being drawn together and will then be analysed. This work will help inform longer term plans to develop sustained reduction in waits.</p> <p>The two services with increasing waits are the ADHD Service and the TSPPD Service.</p> <p>The ADHD service continues to work towards full establishment following additional recurrent investment last year – currently there are</p>		

	<p>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>	<p>vacancies and challenges around recruitment which the team are working to resolve through considering developmental roles and involvement of other disciplines in the pathway</p> <p>The tender process to procure additional capacity to support a reduction in the ADHD waiting list closed on 1st October. The service is now working through the outcomes with the procurement team</p> <p>The TSPPD service completed a fourth 'assessment week' in September. All patients waiting have now been offered a triage assessment. This triage process was important to keep people safe, as patients requiring urgent support were redirected to urgent care services. The process also</p>		
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		supported the identification of those patients who did not require secondary care and could be better supported by primary care/ IAPT. A further assessment week is planned for November – this will identify any patients who DNA'd/ did not respond and still require assessment.		
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</p>	<p>The directorate is reinstating the Recruitment and Retention Group to maintain oversight of recruitment issues and challenges. This meeting will be chaired by Helen Perfect, Head of Service.</p> <p>In the interim John Edwards, Head of Business Development and Transformation, is linking in with the recruitment team to look at specific recruitment challenges within the directorate.</p>		

	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			
Underspend on investment funding	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.	Projections continue to predict slippage against investment funds 2021/22. Additional schemes have been identified which will be funded from slippage. The directorate will continue to identify and take forward appropriate schemes to reduce underspend.		
EIP & IPS performance			EIP & IPS performance	The employment support service operates in line with the individual placement and support model to enable patients to get back into paid employment. The development of the team is in line with the ten year implementation

				<p>programme and funded by NHS England. In LLR we have been allocated funds to increase access to the service in 2021/22. The service will be recruiting additional employment specialists to support this increase in access.</p> <p>Compliance with the IPS approach is established through a fidelity review carried out each year. The LPT fidelity review was completed and resulted in an overall resulting in fair fidelity. An action plan has been put in place to increase the fidelity score.</p> <p>Current status:</p> <ul style="list-style-type: none">• The service has successfully integrated into the CMHT's, AO and PIER despite the difficulties of COVID,
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				<p>the team scored highly for integration, and they have managed this integration through Microsoft teams.</p> <ul style="list-style-type: none">• There were some delays in recruitment which have been addressed. The fidelity model also advocates face to face appointments which have had to be adapted throughout the pandemic.• Templates and access to system one has been established, further developments are planned.• The service was relaunched via teams which involved service user testimonies.• LPT have also successfully secured the next wave of funding and recruitment for the further Band 5
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				workers has commenced.
Physical healthchecks – LLR system performance			Physical healthchecks – LLR system performance	<p><i>Mental Health Facilitators</i></p> <ul style="list-style-type: none"> • An integrated task and finish group focusing on Physical Health checks for people on the SMI register has begun to meet to collaboratively build a plan and trajectory to achieve the 60% target. • LPT will submit a MHF and DMH Community plan to help achieve this. • Ensure the service resumes face to face contact from 11th October 2021 where clinically safe to do so and clinical space is available. • Carrying out a demand and capacity review. • Developing follow-up plans and an agreed

				<p>process for each service user who does not respond or want input from the service.</p> <ul style="list-style-type: none">• Utilisation of peer support workers aligned to the PCNs.• Ensuring the MHFs are phlebotomy trained.• Recruitment of additional posts to support and release clinical capacity to carry out checks (Admin and Data Analyst).• SystemOne units configured to capture the required data across the system.• Validation of SMI registers.• Collaboration with experts by experience to improve attendance for PH checks <p>To utilise</p>
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				neighbourhood MDT networks (e.g. VCSE support) to identify organisations and practitioners working with individual who can promote and engage people in health checks.
CHS				
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	<p>Performance reviewed in DMT with deep dive and clear trajectory in place reliant on current staff capacity, increased locum capacity and a balance of community and clinic capacity.</p> <p>Routine compliance on track with trajectory. Numbers waiting has reduced however not in line with planned trajectory due to clinic and locum capacity available (3 locums currently in place)</p> <p>Additional clinic opening to improve capacity.</p>	Nothing to escalate	<p>Trajectory monitored monthly</p> <p>Clinical harm review in place</p> <p>Additional funding financial spend continues to be monitored</p>
Continence waiting times	The service has an improvement plan in place working on a number	Waiting List has started to reduce and patient	No additional issues raised	Decrease in waiting times

	<p>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</p>	<p>contact time has increased. Additional nursing and admin staffing has been secured. Triage has been strengthened and alternative providers are being scoped to help with this (UHL approached). Additional estate and clinic rooms requested to increase clinic capacity and create a one stop shop.</p>		<p>Decrease in long waiters</p>
<p>Number of pressure ulcers</p>	<p>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</p>	<p>Harm profile has increased in month due to the business continuity /essential visiting arrangement that is in place as service has been on OPEL level 3 with significant staffing challenges over the last 3 months. Quality summit chaired by DON 2.11.21 NHFT OD session with City DN team 25.10.21 Weekly rapid action meetings lead by Head of Nursing and Director of</p>	<p>No additional issues raised</p>	<p>Increased Executive oversight Rapid action implementation</p>

	admission for Community Hospitals.	CHS which will inform the quality summit		
Falls			Falls	Planned discussion with the service
Workforce			Workforce	Managed through DMT and Corporate workforce Where there are escalation areas these are being managed via task and finish groups
LD				
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 	<p>LPT Exec to CCG Exec meeting scheduled for 20th Oct to confirm commissioning response to shortfall in income.</p> <p>Number of inpatients increased to 8 generating additional spend.</p> <p>Impact team clear they have no intention of commissioning additional beds at the Agnes Unit as suggested for exploration by CCG colleagues.</p> <p>Acuity based tool in place to support ongoing confirm and challenge by</p>		<p>Await outcome of mtg 20th Oct</p> <p>Review recruitment and retention premia use at DMT on 25th Oct</p>

		<p>CCG of staffing arrangements/use of Pods if required.</p> <p>Senior nursing team continuing to ensure staffing levels and Pod usage minimised.</p>		
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 	<p>H2 recovery funding plans under development and implementation as appropriate.</p> <p>Data analysis completed for all but 1 service area following revision of processes to meet SystemOne requirements.</p> <p>6 week checks in place for patients waiting.</p>	<p>Confirm waiting time projections and develop response plans for service lines as necessary – includes community nursing team and psychology.</p> <p>Continue SystemOne optimisation work.</p>	<p>SystemOne process changes and data analytics nearing completion.</p> <p>H2 funding plans being led by Service Manager</p> <p>SystemOne optimisation work progressing with information team support - includes 6 week check compliance reporting.</p>