



## **Trust Board – 19.11.21**

### **Board Performance Report October 2021 (Month 07)**

#### **Purpose of the report**

To provide the Trust Board with the Trust's performance against KPI's for October 2021 Month 7.

#### **Analysis of the issue**

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

#### **Proposals**

The Trust Board is asked to note the updates below:

- Quality Account Metric relating to Readmission Rates has been reviewed as a result of rates being high. The technical methodology has altered but a technical issue within the reporting script was identified which had resulted in the data reflecting all readmissions.
- Some of the Quality metrics under 'Quality Account', 'Quality and Safety' and 'Patient Flow' have been updated for the Report with further work to update the 'Workforce/HR' metrics for the next Report (Month 8).
- NHSE/I have released the NHS System Oversight Framework Segmentation with LLR ICS as segment 3, and LPT as Segment 3 with mandated support as a result of ongoing concerns raised by CQC along with the Requires Improvement rating. This will be reflected in the Report for November 2021 (Month 8).

#### **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.

#### **Decision required**

The Trust Board is asked to

- Approve the performance report

## Governance table

<b>For Board and Board Committees:</b>	Trust Board 21.12.21	
<b>Paper sponsored by:</b>	Sharon Murphy, Interim Director of Finance and Performance	
<b>Paper authored by:</b>	Sam Kirkland, Head of Data Privacy	
<b>Date submitted:</b>	13.12.21	
<b>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):</b>		
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	None	
<b>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</b>	Standard month end report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	20 - Performance management framework is not fit for purpose
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>	None identified	

Appendix 1

Key issues escalated from Directorate Performance Reviews

Key escalation areas from month 3/5 Performance meetings	Assurance re actions being taken as at Month 5	Update as at month 7	New escalation areas from month 7 Performance meetings	Assurance re actions being taken
<b>FYPC</b>				
Backlog and waiting times	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. 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.	Services are utilising funding to improve backlog, due to issues with recruitment and recovery trajectory’s some of these are being financially risk managed into next financial year  Not yet fully recruited to all posts. Recovery trajectory is on plan to complete July next year.  Regional System work being undertaken with NHFT and the East Midlands Shared Alliance	Potential financial risk if further backlog funding not available next year. Recovery will be on-going into 2022/23	Reviewed our priority services for the Access and Keeping Patients Safe Committee meeting to include those services that are not showing sustained recovery to include:  Community Paediatrics CAMHS ED Adult ED (new) Children’s Physiotherapy (new) LD Access (new) LD Community Nursing (new) Healthy Together County 2-year checks (new)
Suitable Estate to do additional clinics	Raised at SPG and EMEC	Lease for rooms at Westcotes Health Centre is being processed which will give additional space for CAMHS services.		

<p>Community Paediatrics: Large legacy backlog of new and follow ups. In addition second diagnostician for ASD has required a remedial plan.</p>	<p>Additional clinics from the backlog investment, additional SALT/Psychology to support ASD pathway.</p>	<p>Remedial plans are in place, however, these are only slowing the impact of increased referrals and expanding caseloads. There is a requirement to continue with these plans into the next financial year to support</p> <ol style="list-style-type: none"> <li>1. Second diagnostician for ASD</li> <li>2. Increase the number of ADHD Nurses for the increasing ADHD caseload.</li> <li>3. Continue with WLI clinics on Saturdays</li> <li>4. Continue with Agency Paediatrician</li> </ol> <p>Business cases are being prepared for System decision for next year's financial plan</p>	<p>Performance continues to deteriorate due to increased demand and numbers of CYP requiring follow-up due to ADHD. A small number of children will breach 52 week wait for a first appointment as a result.</p>	
<p>Recruitment/workforce High turnover on the Beacon Ward.</p>	<p>Safer staffing levels</p>	<p>Recruitment of workforce in all areas remains difficult. Several</p>		<p>Step up to Great workforce project has been initiated</p>



<p><b>Finance on the wards</b></p> <p>Not achieving directorate financial balance</p>	<p>Increasing recruitment of substantive staff to prevent use of agency staff to cover vacancies</p> <p>Director/HOS sign off for all DRA's Monitoring the roster</p> <p>Employing a peripatetic team to provide cover across all 3 directorate wards</p> <p>Specialist wards month 5 position discussed, as detailed in the inpatient finance and recovery plan.</p> <p>Mitigating actions reviewed and confirmed through Operational Executive Board</p>	<p>All 3 wards have an action plan to increase the levels of substantive staff and to over recruit to HCW's to allow for turnover and reduce the reliance on agency staff</p> <p>Month 7 position discussed which shows an improvement in financial performance in FYPC and LD, supported by the allocation of the backlog funding.</p>	<p>The Agnes unit continues to show a deteriorating financial position</p>	<p>Developing business case for the future clinical model at the Agnes Unit</p>
<b>DMH</b>				
<p>Waiting times</p>	<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 consultation is now complete. The findings are being drawn together</p>	<p><i>ADHD</i></p> <p>The ADHD Service continues to experience increasing waits for assessment and treatment.</p> <p>A non-consultant-led</p>	<p><i>Memory Service</i></p> <p>The service is not delivering against the planned trajectory. Waiting times have deteriorated in the memory service as it was</p>	

	<p>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 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</p>	<p>pathway now in situ. Has increased efficiency but vacancies impeding impact on numbers waiting and sustained reduction in the length of wait. Recruitment is ongoing. Due to difficulties in recruiting to specialist posts, the service is developing alternative roles including a pharmacy role and training roles.</p> <p>Further non-recurrent capacity is required through out-sourcing to support clearing the historic backlog of cases. A tender went out to market and closed on 1st October; however, this was unsuccessful. A revised procurement exercise is currently in development.</p> <p>The service is exploring different models of service delivery with system partners and commissioners. An options paper will be</p>	<p>suspended during the early stages of the pandemic – this led to a large backlog of cases.</p> <p>At 1<sup>st</sup> November 1063 currently on the RTT pathway, of those 267 have been seen for an initial assessment and are awaiting treatment.</p> <p>PDSA improvement plan is in place and recorded using LifeQI – more streamlined patient pathway (reduced need for imaging), maximising clinical activity through job plans and detailed analysis of capacity required. Additional capacity agreed to support reducing the backlog – recent recruitment partly successful, however, there are still vacant posts. Future posts to be recruited to substantively to assist with successful recruitment.</p>	
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	<p>patients requiring urgent support were redirected to urgent care services. The process also 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.</p> <p>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>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>presented to DMH DMT in December.</p> <p><i>TSPPD</i></p> <p>52 week waits are reducing, however, The number of treatment waiters over 52 weeks is projected to rise significantly over coming months as the capacity to take patients on for treatment under current plans does not outweigh the increase in demand from those being assessed and moving to the treatment waiting list.</p> <p>Psychological skills group pilot started in November. A rolling schedule of groups is now in place. These are taking place via MS Teams and are limited to 8 participants over 12 weeks. The number of groups is limited by the ability to free staff up from the historical/ existing treatment offers which are resource-</p>		
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		<p>intensive and lengthy in nature. Current plans continue to evolve – the current focus is on providing training to the first cohort of staff across locality teams using ‘The Decider’ skills (procured externally). This will enable those trained to begin providing psychological skills groups across locality teams from December. Staff from the TSPPD service will support this and provide supervision.</p> <p>All other services remain broadly on track against the planned trajectories, with the exception of the Memory Service.</p>		
workforce (recruitment)	<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</p>	No updates	No escalation	

	of Business Development and Transformation, is linking in with the recruitment team to look at specific recruitment challenges within the directorate.			
Underspends on investment funding	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.	Spend on investment funding is closely tracked. Where there is likely to be slippage, alternative non-recurrent schemes have been developed. Current projections predict an underspend of £1.4m 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. Work is underway to 'carry forward' monies not spent.		
IPS performance	The employment support service	IPS		

	<p>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 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> <p>The service has successfully integrated into the CMHT's, AO and PIER despite the difficulties of COVID, the team scored highly for integration, and they have managed this integration through Microsoft teams.</p> <p>There were some delays in</p>	<p>An IPS Grow Partnership Fidelity Review Action Plan is in place which the service is working through.</p> <p>The first meeting of the Steering Group met this week. The team are continuing to recruit workers to support the increase in access to services.</p>		
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	<p>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 workers has commenced.</p>			
<p>Physical healthchecks – LLR system performance</p>	<p><b>Mental Health Facilitators</b>  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 11<sup>th</sup> 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</p>	<p>An action plan is in place which the service review on a weekly basis.</p> <p>The team are continuing to work collaboratively with commissioners and meet weekly, focusing on physical health checks for people on the SMI register.</p> <p>Business Support Officer who will be supporting data analysis and use of technology to collect information commenced</p>		

	<p>agreed process for each service user who does not respond or want input from the service.</p> <p>Utilisation of peer support workers aligned to the PCNs.</p> <p>Ensuring the MHFs are phlebotomy trained.</p> <p>Recruitment of additional posts to support and release clinical capacity to carry out checks (Admin and Data Analyst).</p> <p>SystemOne units configured to capture the required data across the system.</p> <p>Validation of SMI registers.</p> <p>Collaboration with experts by experience to improve attendance for PH checks</p> <p>To utilise neighbourhood MDT networks (e.g. VCSE) support) to identify organisations and practitioners working with individual who can promote and engage people in health checks.</p>	<p>in post on 13<sup>th</sup> December 2021.</p>		
<p><b>EIP Performance</b></p>			<p>NCAP (National Clinical Audit of Psychosis) conducts an annual national audit to ensure the access, waiting time targets and five additional quality standards are met.</p>	

			<p>The standard requires “level 3 - performing well” on all domains to demonstrate adherence. LPTs EIP service obtained an overall score of “level 2 - needs improvement” with some standards scored “level 1 – greatest need for improvement”.</p> <ul style="list-style-type: none"><li>-Caseloads outside of expectation (c.25 instead of 15-20)</li><li>-Physical health assessments and interventions scored at level 1</li><li>-Employment support scored at level 2</li><li>-Provision of carer education and support scored at level 2</li><li>-Recording of at least two outcome measures – DIALOG, HoNOS, QPR at least twice – at level 2</li><li>-Absence of ARMS provision across all three age ranges</li><li>-In addition, although we scored level 4 in CBTp and level 3 in Family</li></ul>	
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			<p>Interventions, loss of qualified staff means action is required to avoid these scores dropping for 2021/22.</p> <p>To address these issues the service has implemented a robust action plan which is monitored internally, via the local management team and at DMT.</p> <p>Actions include additional recruitment, caseload reviews are taking place and a performance monitoring dashboard is in development.</p>	
<b>Perinatal Service– Access Rate</b>			<p>Concerns have been raised by both NHSI/E and local commissioners in relation to the Perinatal Service access performance. The service has been identified nationally as an outlier in terms of performance. During both 2020/21 and 2021/22 the access rate has fallen below the specified target for a number of reasons:</p>	

			<ul style="list-style-type: none"><li>-Response to pandemic.</li><li>-Use of virtual technology.</li><li>-Migration of IT systems from RiO to SystmOne.</li><li>-Parameters around the inclusion of activity - access for this indicator is defined as requiring a face to face or video consultation i.e. telephone contacts are excluded. Due to the pandemic, the service has been using telephone as a replacement for some face to face work.</li><li>-Data quality errors.</li><li>- Analysis of the referral data indicates that the service will receive an adequate number of referrals. However, the acceptance rate is running at around 75% which is resulting in a shortfall of referrals.</li><li>- The average number of referrals accepted into the service each month has reduced since 2020/21, making it more difficult for the service to achieve the required performance</li></ul>	
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			<p>targets.</p> <p><i>Recovery Plan</i>  The service is working closely with commissioners to address issues raised and ensure communication is maintained. A recovery plan has been developed which addresses all of the issues identified. This is reviewed regularly at DMT and a weekly performance review meeting is in place to ensure that the service remains on track.</p> <p>Based on current referral rates if all new patients referred were seen face to face or virtually for the remainder of this financial year, the maximum rate the service could achieve on a 12-month rolling performance basis is circa 7%.</p>	
<b>CHS</b>				
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	<ul style="list-style-type: none"> <li>Urgent compliance is 100%.</li> <li>Longest waiters are reducing</li> </ul>	Nothing to escalate	

	<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>	<ul style="list-style-type: none"> <li>• It is unlikely the service will reach 95% compliance by February due to a decrease in locum availability</li> <li>• The transformation plan is being reviewed to explore opportunities to bridge the gap</li> </ul>		
<p>Continence waiting times</p>	<p>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.</p> <p>Waiting List has started to reduce and patient contact time has increased.</p> <p>Additional nursing and admin staffing has been secured. Triage</p>	<ul style="list-style-type: none"> <li>• Quality improvement pilots in place.</li> <li>• Waiting list continues to decrease</li> <li>• Number of 1st assessments increasing</li> <li>• Preventing 52 week breaches continues to be a key focus for the service.</li> </ul>	<p>No additional issues raised</p>	

	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.			
Number of pressure ulcers	<p>Community Services pressure ulcer quality improvement plan is in place and has five key workstreams:</p> <ul style="list-style-type: none"> <li>• Think Patient</li> <li>• Patient and carer information</li> <li>• Patient centred holistic assessment</li> <li>• Mental Capacity Assessments</li> <li>• Collaborative conversation</li> </ul> <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. 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</p>	<ul style="list-style-type: none"> <li>• Quality Improvement work is continuing</li> <li>• Quality summit completed with good attendance and positive outcomes</li> <li>• Directorate workstreams have started to progress the actions from the quality summit</li> </ul> <p>A further summit is planned for February 2022 to review progress</p>	No additional issues raised	

	<p>2.11.21</p> <p>NHFT OD session with City DN team 25.10.21</p> <p>Weekly rapid action meetings lead by Head of Nursing and Director of CHS which will inform the quality summit</p>			
Falls	Planned discussion with the service	<ul style="list-style-type: none"> <li>• First falls increased in October but have remained below the median since April 2021.</li> <li>• Repeat falls reduced in October</li> <li>• We are reviewing the number and use of sensor mats to ensure all wards have access to these</li> <li>• The induction checklist for temporary staff has been updated to cover responsibilities when completing enhanced observations</li> </ul>		
Workforce	Managed through DMT and	As before		

	Corporate workforce Where there are escalation areas these are being managed via task and finish groups			
Breathlessness Rehabilitation			Breathlessness rehabilitation service Waiting times have increased and actions to address are being progressed	
<b>LD</b>				
Finance pressures on the Agnes Unit	<ul style="list-style-type: none"> <li>Working with CCG to implement a new financial model for high acuity patients</li> <li>Increasing recruitment of substantive staff to prevent use of agency staff to cover vacancies</li> <li>Director/HOS sign off for all DRA's</li> <li>Closer monitoring and utilisation of the roster</li> <li>Employing a peripatetic team to provide cover across all 3 directorate wards</li> </ul>	<p>LPT Exec to CCG Exec meeting scheduled for 20<sup>th</sup> 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 20<sup>th</sup> Oct</p> <p>Review recruitment and retention premia use at DMT on 25<sup>th</sup> 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"> <li>• Demand &amp; Capacity review to look for pathway efficiencies and to identify gaps in funding</li> <li>• Ensuring processes in place to risk manage the waiting list and prevent harm</li> </ul>	<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>