



Trust Board – 28.05.24

Board Performance Report April 2024 (Month 1)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for April 2024 Month 1.

Analysis of the issue

The report is presented to the Accountability Framework Meeting each month, prior to it being released to Level 1 committees.

Proposal

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

The following metrics have been removed:

- Potential under-reporting of patient safety incidents - Number of months in which patient safety incidents or events were reported to the NRLS
- VTE Risk Assessment
- Proportions of patient activities with an ethnicity code
- Children and Young People's Access (13 weeks) - Incomplete pathway
- Continence (18 weeks) - Complete Pathway
- Therapy Service for People with Personality Disorder - assessment waits over 52 weeks.
- Serious incidents

The following metrics have been added:

- Out of Area Placement - Inappropriate Bed Days
- Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway
- 52 weeks waiters and longest waiters for DMH and FYPCLDA services
- All Access Waiting Times with a completed pathway have been replaced with incomplete waits except for the nationally reported waits (CAMHS ED/EIP)
- The Cognitive Behavioural Therapy - Treatment waits - No of waiter's metric is consistently failing to meet the target and therefore will be included in the exception report.
- Safe staffing-No. of wards not meeting >80% fill rate for RNs (Day) metric indicates an improvement in SPC assurance analysis and shows that the metric will now either achieve or miss the target due to random variation. The exception page for this metric will be removed next month.
- The Agency Costs metric shows that it will consistently fail to meet the target and will remain as an exception page.

Decision required

The Trust Board is asked to:

- Approve the Performance Report.

Governance table

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| For Board and Board Committees: | Trust Board | |
| Paper sponsored by: | Sharon Murphy, Director of Finance and Performance | |
| Paper authored by: | Nasir Shaikh, Business Information Manager | |
| Date submitted: | 20.05.24 | |
| 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): | N/A | |
| 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 |
| | Reaching Out | |
| | Equality, Leadership, Culture | |
| | Access to Services | |
| | Trust wide Quality Improvement | |
| | Organisational Risk Register considerations: | List risk number and title of risk |
| 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 | |