

Board of Directors - Public

SUMMARY	Meeting Date:	26 July 2023
	Agenda Item:	14

Report Title:	Integrated Performance and Quality Report (IPQR) May 2023	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST & Performance	
Other Meetings presented to or previously agreed at:	Committee/Group:	People Committee Quality Assurance Committee Finance and Performance Committee
	Date:	11 July 2023 12 July 2023 13 July 2023
Key Points recommendations to or previously agreed at:	<p><u>Comments from Quality Assurance Committee</u></p> <p>Key concerns:</p> <p>Waiting times – Increasing waiting times across community services.</p> <p>Re-purposing of beds – Concerns Health Based Place of Safety (HBPoS) beds are being used more frequently as an alternative to out of area.</p> <p>QUIT programme – Concerns with implementation attributed to engagement across teams and breaches.</p> <p>Positive alerts:</p> <p>Woodland View – Committee was assured that all actions completed and embedded following inspection</p> <p>Emerging Quality Risks:</p> <p>Sexual Safety – Committee is assured this is receiving high priority focused on improvement work.</p> <p>Implementation of Patient Record System (Rio) - Delays in implementation of Rio impacting on centralised data input and reporting eg Race Equality Indicators.</p> <p><u>Comments from Finance and Performance Committee</u></p>	

	<p>The IPQR is now received bi-monthly by the Finance and Performance Committee.</p> <p>The committee received the IPQR for the period ending May 2023 at its meeting in July 2023.</p> <p>There were no specific areas of escalation during the meeting and noted that any emerging risks will be escalated outside of this routine report through the assurance reporting process.</p>
--	--









Recommendation for the Board/Committee to consider:							
Consider for Action	Approval	Assurance	✓	Information	✓		
The Trust Board is asked to accept the assurance provided by this report, whilst acknowledging the ongoing concerns to performance and quality in the identified areas.							
Please identify which strategic priorities will be impacted by this report:							
Recover services and improve efficiency				Yes	✓	No	
Continuous quality improvement				Yes	✓	No	
Transformation – Changing things that will make a difference				Yes	✓	No	
Partnerships – working together to make a bigger impact				Yes		No	✓
Is this report relevant to compliance with any key standards?					State specific standard		
Care Quality Commission	Yes	✓	No		This report ensures compliance with NHS Regulation – CQC Regulation may be a by- product of this.		
IG Governance Toolkit	Yes		No	✓			
Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why		
Service User and Carer Safety, Engagement and Experience	Yes	✓	No		Any impact is highlighted within relevant sections.		
Financial (revenue & capital)	Yes	✓	No		CIP delivery is being offset by underspending on investments and COVID funding		
OD/Workforce	Yes	✓	No		Any impact is highlighted within relevant sections.		
Equality, Diversity & Inclusion	Yes	✓	No		Work looking at EDI concerns is underway which may suggest the inclusion of certain indicators as future developments occur.		
Legal	Yes		No	✓			
Environmental Sustainability	Yes		No	✓			




Section 1: Analysis and supporting detail











Background

1.1 The IQPR is a monthly report that presents a full and detailed data set that is used to assure the Board about the performance and quality of service delivery. This report details data up to and including May 2023.

The report was presented and considered in detail to the People, Quality Assurance and Finance & Performance Committees in July with a summary of highlights and concerns. Those areas are further summarised below, and the detail can be found within the body of the report itself, or by reference to the respective committee summary.

Good Performance				
Committee	KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F Q	Waiting Times	5		Sustained reductions in average wait time referral to assessment for SAANS, Relationship & Sexual Service and CLDT. Also notable reductions referral to treatment wait times for SPA/EWS and Recovery North.
F Q	Average Discharged Length of Stay - Beech	9		Maintained a lower average discharged length of stay on Beech in May 2023.
F Q	Average Discharged Length of Stay - Endcliffe	10		Significant decrease in discharged length of stay (12 month rolling) on Endcliffe ward – comfortably within national benchmarks.
F Q	Average discharged Length of Stay – Forest Close & Forest Lodge	12		Performance above national benchmarks.
F Q	Annual CPA Review	14		Improved performance in Early Intervention – hitting target of 95%.
F Q	IAPT – wait times	15		IAPT consistently achieving the 6 and 18 week wait targets.
Q	Medication incidents	20		There has been a sustained reduction in medication incidents below the 24-month mean for the last 7 consecutive months.
Q	Assaults on Service Users	21		Low number of assaults on service users in Rehab & Specialist directorate.

Good Performance					
Committee		KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
Q		Restrictive Practice	23-25		Low number of rapid tranquillisation incidents trustwide – mainly due to reduction on Older Adult and Rehab & Specialist wards. Sustained reduction in seclusion incidents below the 24-month mean for the last 9 consecutive months.
Q	P	Supervision	31		Rehabilitation & Specialist directorate are consistently achieving the 80% trust target. Acute & Community directorate and corporate services maintaining continuous improvement towards achieving target.
Q	P	Mandatory Training	31		Consistently achieving the trustwide target of 80%.

Performance Concern							
Committee		KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?	
F	Q			Waiting Times	5-7	 Increasing trend/sustained high waits in certain areas noted Recovery teams, SMS, OA CMHT, ME/CFS.	Recovery Plan x 2 (EWS, Recovery Teams)
F	Q			Waiting Lists	5	 Increased waiting lists for Recovery North, SMS, OA CMHT, Gender, STEP, SAANS & HIT.	Recovery Plan x 3 (Gender, SAANS & HIT)
F	Q			Caseloads/Open Episodes	5	 Increasing trend in OA CMHT, SMS and Highly Specialist community services (Gender, STEP, SAANS.)	Recovery Plan x 4 (OA CMHT, SMS, Gender & SAANS)
F	Q			Length of Stay and Delayed Discharge (inpatient areas)	9	 Failing to meet target for average discharged length of stay (12 month rolling)	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Out of Area Placements	8-9	 Prolonged failure to meet reduction/elimination of inappropriate OAPs in acute.	Out of Area Recovery Plan(s) x 3
F	Q			Delayed Care Bednights	13	 Delayed Adult Acute bednights showing sustained trend above the mean.	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Annual CPA Review	14	 Failing to meet 95% target in Recovery teams: Recovery North 90.2% Recovery South 70.8%.	Recovery Plan in place.
	Q	P		Supervision	31	 Failing to meet 80% target trustwide.	CQC Back to Good Action Plan/Local Recovery Plans.
	Q	P		PDR	31	 Consistently failing to meet trustwide target of 90% for PDR compliance.	CQC Back to Good Action Plan/Local Recovery Plans.
	Q	P		Medic Appraisal Rate	31	 Sustained reduction in medic appraisal rate below 24-month mean for last 7 months.	CQC Back to Good Action Plan/Local Recovery Plans.
F				Agency and Out of Area Placement spend	34		No Financial Report for month 1 & 2 of 2023/24 Out of Area Recovery Plan(s) x 3 CIP Plans 22/23