

Report provided (check necessary boxes):			
To Note:	<input type="checkbox"/>	For Assurance:	<input type="checkbox"/>
For Decision:	<input checked="" type="checkbox"/>	For Consent:	<input type="checkbox"/>

Paper No:	TB/17/18/113
Report to:	Trust Board
Meeting Date:	26 July 2017

Care at a Glance – Month 3 2017/18

Accountable Director(s):	Ray Walker, Executive Director of Nursing 0151 473 2965
Report Author(s):	Puneet Kaura, Manager of Performance Reporting

Alignment to the Trust's Strategic Objectives: <i>(listed by the 4 Strategic Aims)</i>	Our Services	<input checked="" type="checkbox"/>	Save time and money	<input type="checkbox"/>	Improve quality (STEEP)	
	Our People	<input checked="" type="checkbox"/>	Great managers and teams	<input checked="" type="checkbox"/>	A productive, skilled workforce	<input checked="" type="checkbox"/> Side by side with service users and carers
	Our Resources	<input checked="" type="checkbox"/>	Technology that helps us provide better care	<input checked="" type="checkbox"/>	Buildings that work for us	
	Our Future	<input checked="" type="checkbox"/>	Effective Partnerships	<input checked="" type="checkbox"/>	Research and innovation	<input checked="" type="checkbox"/> Grow our services

Purpose of Report:	<ul style="list-style-type: none"> To provide a summary of the trust performance to 30 June 2017.
Summary of Key Issues:	<p>South Sefton Community Division (SSCD) data has been incorporated into the following KPIs at trust level:</p> <ul style="list-style-type: none"> Safe staffing Delayed transfers of care Board assurance framework (Risks) Vacancy Rate Work is ongoing to integrate SSCD data at trust level where applicable. Due to a technical issue with the transfer of staff in ESR sickness data has not been incorporated. <p>The below key issues have been discussed with the individual directors and work is in train to action these</p> <p>REGULATORY POSITION</p> <ul style="list-style-type: none"> The trust continues to be allocated by NHS Improvement to segment 2 in the single oversight framework and the NHSi Finance and Use of Resources remains at score 3. The trust has been assessed as "Good" following the recent Care Quality Commission inspection between 20 March 2017 and 23 March 2017. The services that received a rating of "good" were effective, caring, responsive and well led. A "requires improvement" rating was given for safe. Agency Spend continues to be a key underperforming metric for the trust. The position for June 2017 is 50.85% which is a slight improvement when compared with May 2017.

STRATEGIC PRIORITIES

Our Services

- The number of STEIS incidents in June 2017 is 27. This is a deterioration compared with May 2017.
- The trust continues to meet the target of 7.5% for delayed discharges. The June 2017 position is 5.20%. This includes delayed discharges for South Sefton Community Division which is reporting at 16% for June 2017.
- Physical Health screening (new admissions) remains below target at 18.6% in June 2017.
- The detention of people from a BME background remains high but relatively stable at 35.51% in June 2017.
- At the end of June 2017 the trust has achieved all financial performance targets, including a planned surplus of £1.832m.

Our People

- The number of substantive leaders in place for 3 months or more continues to increase. The position for June 2017 is reported as 85.94%.
- Core statutory training remains below the 95% target at 84.39% in June 2017. This data is now measured against the common trust standard as SpLD has now been mapped to the trust competencies from month 2.
- The trust's in-month sickness rate for June 2017 is 6.22%. This is an improvement when compared with 6.34% in May 2017.
- The vacancies vs budgeted establishment continues to remain higher than planned. In June 2017 the position reported is 10.38%.
- The turnover rate for the trust remains fairly stable at 15.22% in June 2017 but above target.

Our Resources

- New metrics are being developed to reflect the Global Digital Exemplar plan and will be in place from Q2 2017/18.

Our Future

- In June 2017 the count of actual and potential suicides was 4. This remains consistent when compared with May 2017.
- The data for the number of physical restraints incidents has been amended to reflect the monthly position rather than the rolling 12 month position. This is to ensure that the data is accurate and is not open to misinterpretation. The number of restrictive practice incidents in June 2017 is 186. A downward trend can be observed since January 2017.
- The number of assaults on staff in June 2017 is 50. This is below the mean average. The Perfect Care Team are devising a target for this metric to be measured against and this will be available in the month 4 (July 2017) Care at a Glance Report.

- There are two risks associated with contracts from the Board Assurance Framework.

TRANSFORMATION PLANS

Local Division

- The number of new referrals from GP continues to be above plan.
- Adult Mental Health bed occupancy has improved in June 2017 at 94.59% and is within tolerance.
- The number of OATs for June 2017 is 3.
- An improvement has been observed in June 2017 for in-month staff sickness (6.38% to 6.10%).
- The % of vacancies against budgeted plan in June 2017 is reported as 10.39%. This remains above target.
- The Local Division is on target to meet its key financial targets for budget as at 30 June 2017.

Secure Division

- An improvement has been observed in June 2017 for in-month staff sickness (6.70% to 6.56%).
- The % of vacancies against budgeted plan in June 2017 is reported as 5.76%. This remains slightly above target.
- The Secure Division is on target to meet its key financial targets for budget and CIPs as at 30 June 2017.

Specialist Learning Disabilities Transformation Plan

- The number of service users discharged remains significantly below plan at one discharge in June 2017.
- A deterioration has been observed in June 2017 for in-month staff sickness (9.40% to 9.63%).
- The % of vacancies against budgeted plan in June 2017 is reported as 20.76%. This remains above target.
- The Sp LD division is on target to meet its key financial targets for budget as at 30 June 2017.

South Sefton Community Division

- The completion of the falls risk assessment tool in June 2017 is reported as 89.40%. This is below the target of 95%.
- The completion of the malnutrition universal screening tool in June 2017 is reported at 91.30%. This is below the target of 95%.
- The % of rejected referrals from urgent care is reported at 40% in June 2017. This is above the target of 10%.
- Sickness rate. No data is currently available due to a technical issue around the transfer of staff for June 2017; this will be resolved for reporting in month 4.
- The % of vacancies against budgeted plan in June 2017 is reported as 6.07%. This is above the target of 5%.

	<ul style="list-style-type: none">• South Sefton Community Division is on plan to meet its financial target for budget as at 30 June 2017.
Recommendation:	The Committee is asked to note: <ul style="list-style-type: none">• The assessment of performance• The amended data used for the reporting of physical restraints incidents (rolling 12 months to monthly).
Next Steps: <i>(Subject to recommendation being accepted)</i>	

Previously Presented to:			
Committee Name	Date (Ref)	Title of Report	Outcome / Action

Do the action(s) outlined in this paper impact on any of the following issues?			
Area	Yes	None	If 'Yes', outline the consequence(s) (providing further detail in the report)
Patient Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
Clinical Effectiveness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
Patient Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
Operational Performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
CQC Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
NHS Provider Licence Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
Legal / Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards
Resource Implications (financial or staffing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The impact is anticipated to be positive and to provide assurance of compliance with quality standards

Equality and Human Rights Analysis			Yes	No	N/A
Do the issue(s) identified in this document affect one of the protected group(s) less or more favourably than any other?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any valid legal / regulatory reason(s) for discriminatory practice?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If answered 'YES' to either question, please include a section in the report explaining why</i>					
Does this paper provide assurance in respect of delivery of our Equality Delivery System goals and objectives (if it does please click the appropriate ones below)					
EDS 1.2 - Individual people's health needs are assessed and met in appropriate ways	<input checked="" type="checkbox"/>	EDS 1.4 – When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	<input checked="" type="checkbox"/>		
EDS 2.2 – People are informed and supported to be as involved as they wish to be in decisions about their care	<input checked="" type="checkbox"/>	EDS 2.3 – People report positive experiences of the NHS	<input checked="" type="checkbox"/>		

Does this paper provide assurance in respect of a new / existing risk (if appropriate)							
Area	New	Existing	N/A	If new or existing, please indicate where the risk is described			
Type of Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board Assurance Framework	<input checked="" type="checkbox"/>	Risk Register	<input type="checkbox"/>
Risk Reference / Description: (only include reference to the highest level framework / register)	SRR.60 Strategic Risk that the focus on the drivers for financial sustainability and quality improvement become out of balance						