

The Trusts Delivery Committee

Holding to Account Session

Delivering Safe and Sustainable Services

Maria Bond - Chair of Delivery Committee

Purpose of the session

- Brief Governors on the work of the Chair of the Delivery Committee (and attending NEDs) in holding the Executive Directors and Trust managers to account for our service delivery performance
- Providing an overview on some of the issues we have progressed this year

How NEDs fulfil their holding to account responsibilities

- Chair, or are members of, Board Committees that scrutinise the actions of the Trust's management in delivering the Trust's objectives, strategy and regulatory/contractual obligations
- Report levels of assurance and actions being taken via monthly summary reports to the Board
- Triangulate information received from a number of sources ie across committees, external parties
- Request and receive assurance on compliance and performance in all areas

Delivery Committee

- Chaired by Maria Bond since October 2016
- Vice Chair - Quinton Quayle
- Provides assurance to the Board that Trust services are being delivered efficiently, economically and effectively
- Monitors service delivery performance against statutory, contractual and Trust performance indicators
- Compares service delivery performance against external bench marks
- Receives exception reports on areas of underperformance and/or performance variances

Assurance Process

- Report on indicators via a Performance Dashboard, which includes headline actions being taken where performance is below compliance thresholds
- Red flags where issues are not clear and further investigation is required
- Where there are persistent performance issues, the Committee requests a Service Performance Focus Report to provide detailed assurance on improvement actions and results and puts in place detailed monthly update reports until service back to “business as usual

Assurance Process (continued)

- Performance and/or other related issues are referred to the Risk Register where appropriate
- Issues can be referred across Committees and to the Exec Team where they link to other assurance processes ie quality and safety, etc
- Committee provides assurance ratings and commentary to Board on a monthly basis



- That processes and actions deliver required/proposed outcomes

- Trajectories for improvement

- Clear identification of risks, mitigating actions and levels of assurance

What NEDs focus on....

- Timescales and ownership for agreed actions

- Consistency/correlation with previous reports and other sources of information

- More detail when assurance or actions not clear or met

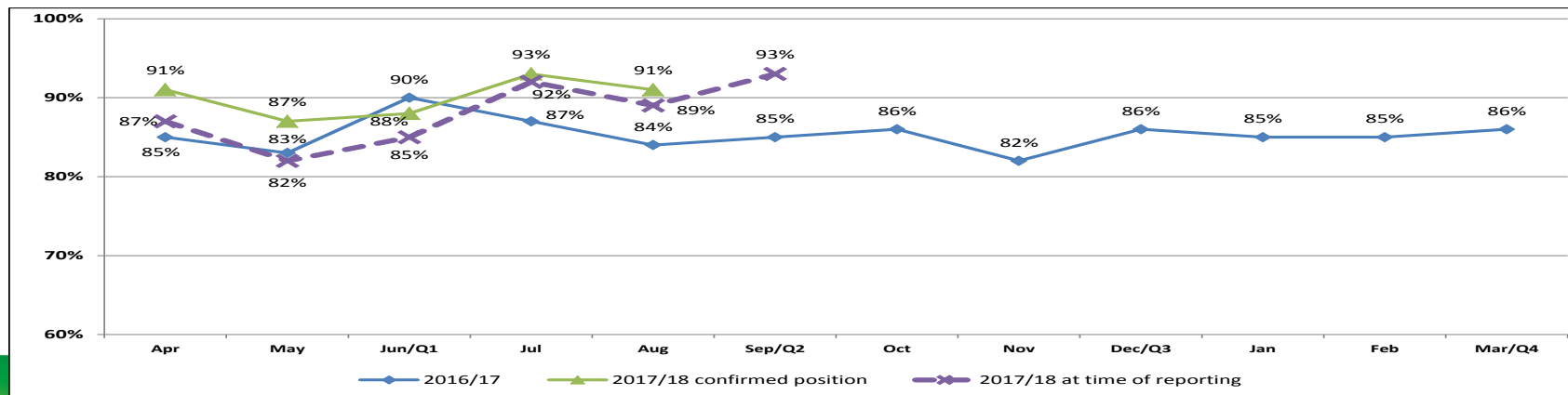
- Interpretation of information, its not just data

The Performance Dashboard

The following table summarises our performance position as at the end of September 2017 for each of the KPIs within each of the reporting categories.

Indicators Reported in Month and Levels of Compliance							
Indicator Type	Total Measures	Reported in Month	Compliant	Non Compliant	% non-compliance	Not Yet Required	NYA/ UR
NHSi Requirements	13	13	11	2	15	0	0
Never Events	17	17	17	0	0	0	0
Department of Health	10	8	7	1	13	2	0
Gloucestershire CCG Contract	52	26	25	1	4	22	4
Social Care	15	13	12	1	8	2	0
Herefordshire CCG Contract	22	15	12	3	20	3	4
CQUINS	25	17	17	0	0	8	0
Overall	154	109	101	8	7	37	8

The following graph shows our percentage compliance by month and the previous year's compliance for comparison. The line "2017/18 confirmed position" shows the position of our performance reported a month in arrears to enable late data entry and late data validation to be taken into account.



Things we have moved on in year

- Governor attendance at Committee
- Provides very helpful feed back to NEDs on observations from the meeting
- Want to support this becoming “business as usual”

Things we have moved on in year

- Service Presentations
- Each meeting has a service presentation
- Presentations highlight
 - What they are proud of and see as best/innovative practice
 - What they are struggling with
 - A typical patient journey/experience

Extracts from Children and Young People's Services Presentation

STAFFING INDICATORS	H'FORD SHIRE	GLOS' SHIRE
Appraisals	94% Aug'17	95% Aug'17
Statutory & Mandatory Training	89% Aug'17	93% Aug'17
Cumulative Sickness Absence	6.2% July'17	1.8% July'17

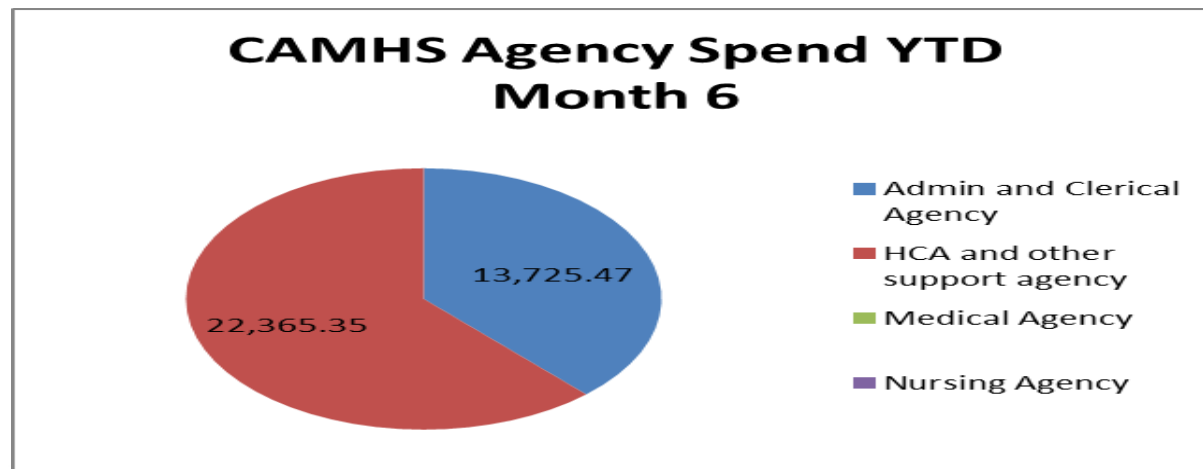
The Money

Herefordshire - Month 6 (Sept 2017)

- The annual budget for CAMHS is £1.144m
- Underspend at month 6 of £64k, against a full year underspend forecast of £64K.

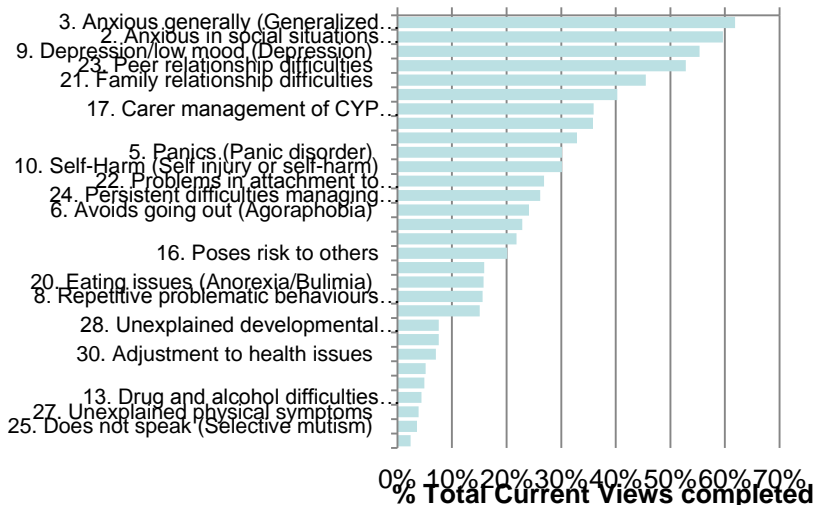
Gloucestershire Overview for Month 6 (Sept 2017)

- The annual budget for CYPS is £4.99m
- Underspend at month 6 of £93k, against a full year forecast of underspend of £129k.

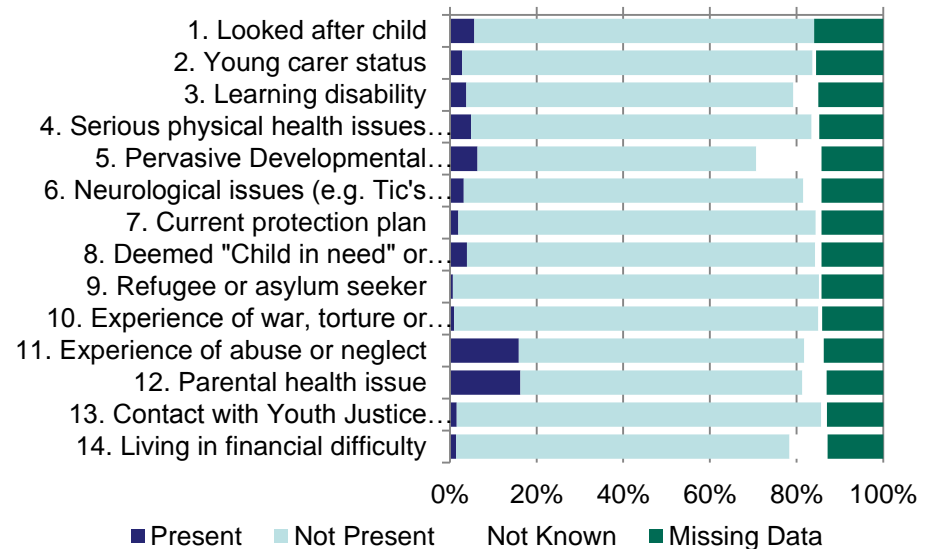


Extracts from Children's and Young People's Service Presentation

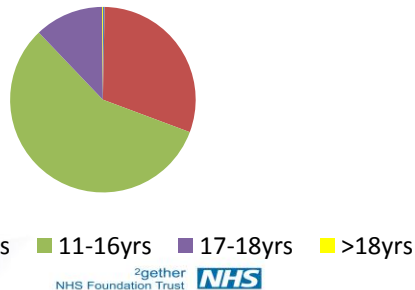
Presenting Problems (Mild - Severe)



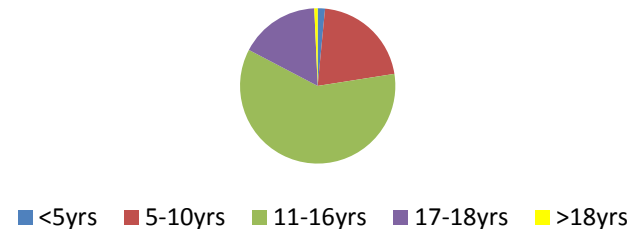
Complexity



Herefordshire Caseload by Age Band



CYPS Caseload by Age Band



Young Persons Participation

- Participation of CYP is a key part of NHSE Service Transformation and CYP IAPT
- Examples across the service of projects, developments & input into service planning
- CYPs Wishing Well Exercise
- CAMHS First 15 Steps – a review of CAMHS Accommodation – *example follows next*

First 15 Steps Survey

A group of CAMHS service users got together to review the service.

We did a 15 step Walkthrough & We made lists of

Positives
Negatives
and Recommendations



Ground Rules	Timetable
How can we make sure we stay awesome? <ul style="list-style-type: none">- Keep things confidential- Phones on silent- Respect opinions- HAVE FUN	2:00-2:10 Intro + game
	2:10-2:50 Activity (feedback)
	2:50-3:00 Forms
	3:00-3:10 Write Q's
	3:10-3:20 Break / game
	3:20-3:50 'Walkthrough'
	3:50-4:00 Ask Q's to staff

Positives

positive things

Chairs by the doors are good!

10 things I (especially) love

Accessible toilet in waiting room



Spacious hallway & good light

Disabled parking & good disabled access

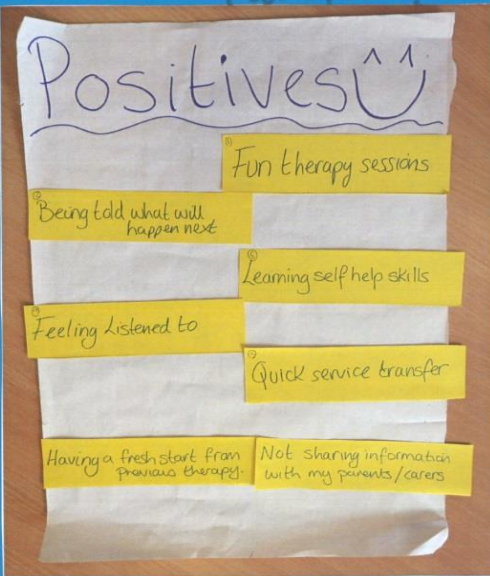
feedback from young people & parents/carers

love it!

Nice big window in hallway!

We like the animal pictures in the hallway!

We like the pictures of staff! Helpful



Fresh water in waiting room



wonderful

Negatives

NEGATIVES

Indiscreet

Dentist smell + noises !!

Waiting Room

only one clock

Too hot

Not specifically for CAMHS

Too loud overstimulating

Lots of busy people

stigmatising

← Too quiet

No big sign to point you towards phone

Feeling judged

No sign

Noisy children's play area

Too much going on.

A lot of people do not like phones

unhygienic



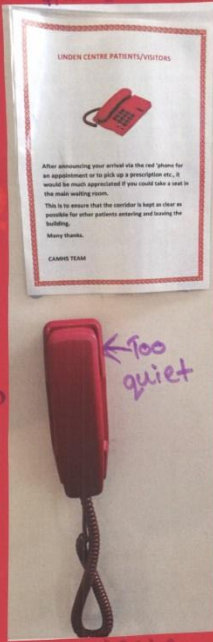
mixed waiting room →

Sign too small

door locked! confusing.

confusing Reception

No free parking



Negatives

NEGATIVES

STRESS
over-stimulating
waiting room
Dentist Patients safe

LIGHTING
overly bright

Ticking clocks

Intimidating

CCTV cameras

no where to sit in CAMHS

horrid walls + carpets

no soundproofing/privacy

- feeling judged in mixed waiting room.

Too hot

no CAMHS

A room filled with sound
Waiting room too loud.

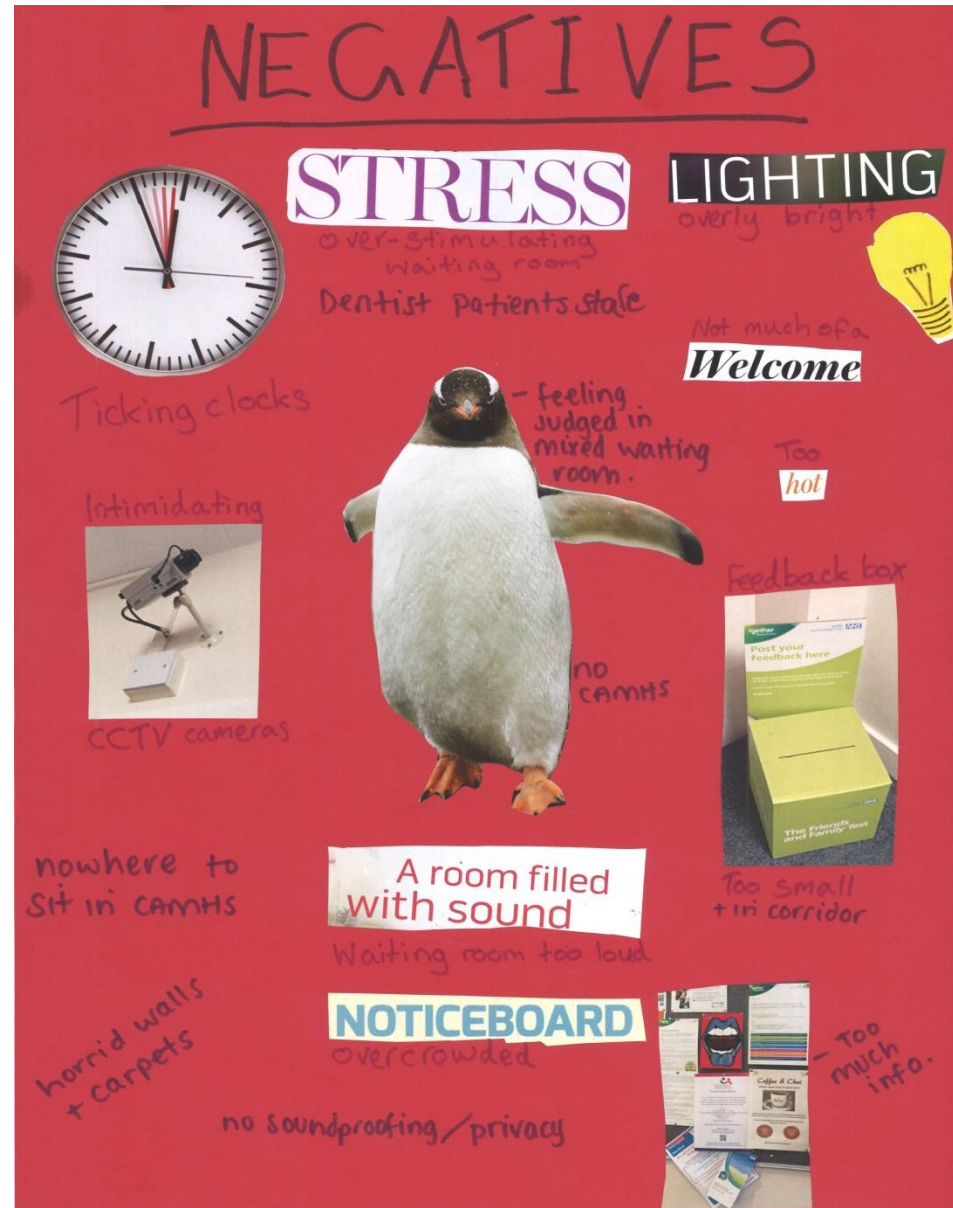
NOTICEBOARD
overcrowded

Not much of a **Welcome**

Feedback box

Too small + in corridor

- Too much info.



Recommendations

cosy ↓ needs painting

— more friendly rooms needed

Future perfect

Help us

nicer chairs →

"YUCKY CARPETS" → HARSH THERAPY ROOM

Needs Improving 😊

- Waiting time after referral too long
- No waiting room
- Option of family sessions
- Unhelpful out of hours emergency team
- Need more support for family members
- Unaware how to give feedback
- Counselling ended without a replacement counsellor
- Option of more therapy sessions
- Need more young therapists

HELPFUL SIGN IN WRONG PLACE can't see it!

POSSIBLE FISH TANK

Better Accomodation!

FIDGET TOYS
Pretty Walls

DIGITAL CLOCK
no ticking

patient parking!

MURALS ON WALLS

OWN WAITING ROOM!

Nicer rooms

Own reception

WORKING TOGETHER



Things we have moved on in year

- **IAPT** (Improving Access to Psychological Therapies – Lets Talk)
– We are getting there – but there is still more to do
- Issues ongoing over the last 2 years
- Focused remedial actions plans and monthly reporting/scrutiny at committee – now moved to bi monthly
- Significant Improvements in; Waiting Times, Access Rates, Recovery Rates, Staff Productivity, Tools available to clinical managers and staff to see and understand their performance and areas requiring attention/improvement, patient outcomes and patient satisfaction.
- Improvements in Commissioner understanding of how service works/performs and the links to investment/commissioning needs

Things we have moved on in year

- **CYPS Waiting Times Gloucestershire**
- Not able to meet the 4 week and 10 week local stretch performance thresholds
- Monthly focus reporting/scrutiny
- Whole Team ownership of issue – Management, Clinicians and Administration
- Changes in processes and systems and staff practice
- Now being monitored as business as usual
- Currently quoted as model of best practice by DoH with best service waiting times nationally

Extracts from Children & Young People's Service Presentation Contract Targets

CYPS	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	YTD
Level 3 - Care coordinator allocated at 2nd appointment	98%	98.9%	99.7%	99.1%	99.3%	99.0%	99.4%	99.2%
95% accepted referrals receiving initial app't within 4 weeks	95%	98.2%	98.6%	100.0%	99.3%	98.4%	95.6%	98.4%
Level 2 and 3 – Referral to treatment within 8 weeks	80%	91.8%	94.2%	96.0%	100.0%	92.9%	84.2%	93.2%
LD – Referral to treatment within 8 weeks	80%	50.0%	33.3%	58.3%	40.0%	25.0%	33.3%	40.0%
Level 2 and 3 – Referral to treatment within 10 weeks	95%	95.9%	97.1%	100.0%	100.0%	98.6%	94.7%	97.7%
LD – Referral to treatment within 10 weeks	90%	50.0%	33.3%	58.3%	40.0%	25.0%	33.3%	40.0%

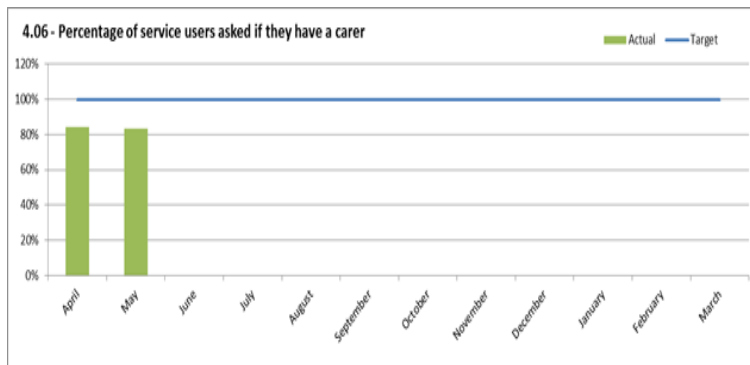
Things we have moved on in year

- **Carers – Identifying and Supporting - Gloucestershire**
- New performance measure
- Low performance identified, improvement not at rate proposed by service
- Moved to monthly reporting/scrutiny
- Questioned data quality and performance threshold
- Gained commissioner agreement to change in unrealistic performance threshold
- Service proposed performance recovery plan
- Performance now being met against both indicators and performance monitoring moved to business as usual
- Learning being shared with Herefordshire colleagues where performance needs to be improved – not a Herefordshire commissioner target but important to us

Carers Progress

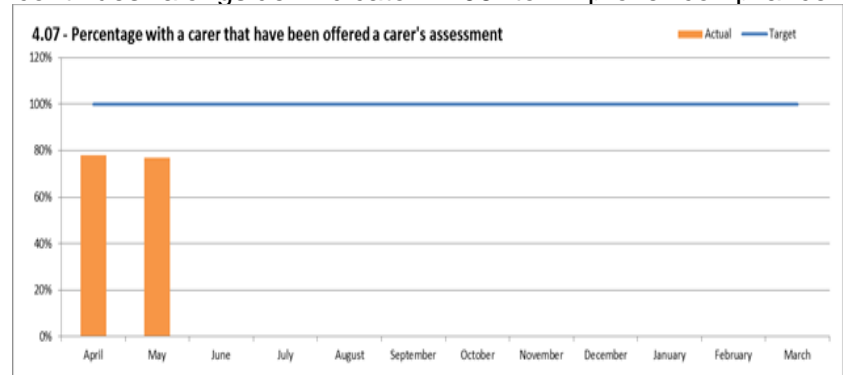
4.06 – Percentage of service users asked if they have a carer

- Compliance in May has fallen slightly. Work continues with Community Service Managers on improving compliance



4.07– Percentage with a carer that have been offered a carer’s assessment

Compliance in April was reported at 76%, revised data shows April now to be 78% and May currently at 77%. Work continues alongside indicator 4.06 to improve compliance



Gloucestershire Social Care								
ID	Performance Measure		2016/17 outturn	July-2017	August-2017	September-2017	(Apr to Sep) Cumulative Compliance	Forecast 17/18 Outturn
4.06	% of WA & OP service users on caseload asked if they have a carer	PM	100%	80%	80%	80%	80%	100%
			86%	82%	82%	82%	82%	
4.07	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	PM	100%	90%	90%	90%	90%	100%
		Actual	75%	89%	90%	92%	92%	

Things we have moved on in year

- **Safeguarding** – House hold, Family and Dependant Children Care Planning
- A review of Care Planning identified this as an issue
 - Too many options for where this could be recorded in RiO
- Focus from Delivery Committee resulted in this being references through to Governance.
- This has led to changes in the way in which this is now recorded so that we have consistent practice and good outcomes.

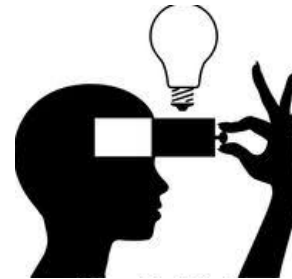
Learning



- What Works Well and helps us improve our performance

- Visibility and Awareness of issues through Committee
- Proactive ownership and action to investigate root causes
- Fast, effective and monitored actions once causes understood
- Robust approach to governance and performance management within the Trust and with our Commissioners
- Engaged managers, Leaders and staff who are supported to learn

Learning



- Improvements we still need to make Trust wide

- Performance is everyone's business and as important as clinical quality, safety and care
 - Training and Support and a Cultural Issue
- Using Data as Information to support Understanding and Improvement is everyone's business
 - Training and Support and a Cultural Issue
- Understanding our business/commissioned context is as important as having appropriately skilled staff
 - Training and Support and a Cultural Issue

Questions?