

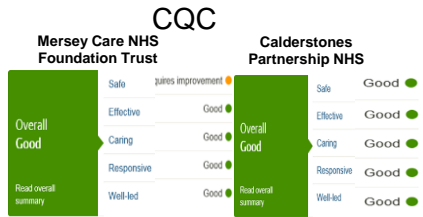
Mersey Care NHS Foundation Trust Care at a Glance Report

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Executive Summary - February 2017

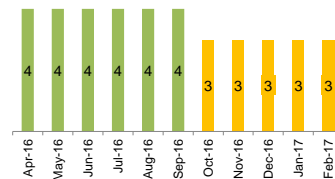
* Quarterly data is reported as at Q3 (Oct - Dec 2016)

REGULATORY

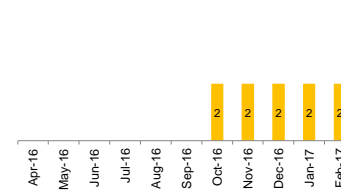


NHSi Single Oversight Framework

NHSi Finance & Use of Resources Score



NHSi Shadow Segment Score



The CQC inspection is underway at the time of writing. The trust's NHS Improvement financial and use of resources score has deteriorated following the inclusion of agency spends as a key metric. The trust is currently 76.55% above national spending targets. The Director of Workforce has presented a remedial plan to the executive committee. Other NHS Improvement areas of underperformance are: data completeness - priority metrics; IAPT recovery; staff sickness; written complaints; CPA follow up within 7 days and aggressive cost reduction plans.

Key Operational Issues for Divisions

Local Division

The division continue to proactively monitor the use of out of area treatments which has decreased during the month of February. The COO has also attended the first meeting of the NHSE led OATS meeting to look at reducing OATS across the Cheshire & North Mersey footprint. We are currently reviewing all inpatients who have had a stay in excess of 90 days to identify any blockages that are delaying timely discharge. A formal report will be presented to the OMB in April. The division have agreed all CQUIN requirements for 17/18. An action planning meeting has taken place and recruitment will commence in March to support delivery of key performance metrics. Staffing continues to be a pressure however successful recruitment events have taken place for support staff and vacancies continue to be proactively managed. A dedicated recruitment event for Southport is being planned due to the difficulties recruiting in this area. The division have been successful in securing significant STP funding to develop our liaison services to achieve Core 24 model fidelity. Formal notification is yet to be received however in advance the division have held an internal workshop resulting in a number of task and finish groups to enable rapid development of the model post April. This will involve external partners.

Secure Division

Delayed discharges remain an issue in low secure and they continue to be escalated with Commissioners. Recruitment is ongoing; since January 13 staff nurses and 20 nursing assistants have been appointed. This has resulted in 3.2 staff nurse vacancies and 24 nursing assistant vacancies at the end of February 2017. The next round of recruitment of the nursing assistants has commenced. In addition to this, 17 apprenticeship posts were appointed in February 2017. Safe staffing levels have improved slightly across the Division, however fill rates on some of the medium dependency wards in high secure are running below 90% due to low patient occupancy. Patient experience scores continue to report well for the Division, any dips in performance are considered at Surveillance. The Division has achieved 2016/17 CIPs and is forecasting a £300k underspend for year end. All Secure CQUIN schemes are on target to be achieved.

Specialist Learning Disabilities Division

Safe Contraction of Services/Implementation of new clinical models is a key issue for the Division. This work is now overseen by the Strategic Implementation Group held monthly and is now chaired by the Executive Director of Operations. NHS England consultation period closed on 23rd February. Joint meetings with NHS England were held on 13th March 2017 to understand the feedback from the consultation and next steps. The Chief Operating Officer has completed the Road shows with the Divisional teams. Staff have reported positively about 'knowing as much as we do'. The Division has developed a financial recovery plan and the Division is working hard to keep the additional costs to a minimum. The main issue remains in covering vacancies with higher cost agency staffing due to the inability to recruit. Preparations for the CQC inspection are in track as per the project plan. CQC have already visited Scott House and Lancaster and have completed several focus groups, all of which the feedback has been positive.

Regulatory Report - February 2017

Mersey Care NHS Foundation Trust
Care Quality Commission (CQC)

Latest CQC Inspection Report: 14 October 2015

CQC Inspection Ratings



Issues & Risks

The inspection visit scheduled to begin formally on 20th March is now well underway, with pre-inspection focus groups, interviews and some of the services already being inspected. Actions agreed from the previous visit have been closed off on SharePoint (end of Dec 2016) and responsibility for maintaining the improved standards of compliance and ensuring this can be evidenced during any future visits from CQC remains with the operational managers from each of the divisions. The project board has been regularly reviewing actions regarding the planned inspection, divisional CQC meetings have been set up and CQC is a topic for discussion at the Trust's weekly Stand-Up Meeting with Executive Directors and the monthly Executive Committee. QRV's and self assessments have been a focus of discussion at the operational meetings and where areas for improvement have been identified, action plans have been put in place and are monitored by the surveillance meetings. An audit on the MCA/MCA awareness has been carried out and this has highlighted significant improvements across all areas in the Trust. Positive feedback has been received regarding the inspections of Morley Road and Rufford Road.

CQC Inspection Ratings of Specific Services

Acute wards for adults of working age and psychiatric intensive care units	Good ●	Long stay/rehabilitation mental health wards for working age adults	Requires improvement ●
Community mental health services for people with learning disabilities or autism	Good ●	Mental health crisis services and health-based places of safety	Good ●
Community-based mental health services for adults of working age	Good ●	Wards for older people with mental health problems	Requires improvement ●
Community-based mental health services for older people	Good ●	Wards for people with learning disabilities or autism	Good ●
Forensic inpatient/secure wards	Good ●		

Calderstones Partnership NHS Foundation Trust
Care Quality Commission (CQC)

Latest CQC Inspection Report: 9 February 2016

CQC Inspection Ratings



Issues & Risks

The inspection visit scheduled to begin formally on 20th March is now well underway, with pre-inspection focus groups, interviews and some of the services already being inspected. Actions agreed from the previous visit have been closed off. The project board has been regularly reviewing actions regarding the planned inspection, divisional CQC meetings have been set up and CQC is a topic for discussion at the Trust's weekly Stand-Up Meeting with Executive Directors and the monthly Executive Committee. QRV's and self assessments have been a focus and where areas for improvement have been identified, action plans have been put in place and are monitored by the surveillance meetings. An audit on the MCA/MCA awareness has been carried out and has highlighted significant improvements across all areas in the Trust. Positive verbal feedback has been received regarding the inspection of Scott House.

CQC Inspection Ratings of Specific Services

Forensic inpatient/secure wards	Good ●	Wards for people with learning disabilities or autism	Good ●
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Regulatory Report - February 2017

NHS Improvement (NHSi) Finance & Use of Resources

Financial Sustainability Risk Rating and Accountability Framework and Operating Plan

Financial Risk		Measure	April	May	June	July	August	September	October	November	December	January	February	March
Liquidity days	Days		15	17	18	19	19	19	30	30	31	30	29	
	Risk Score		4	4	4	4	4	4	1	1	1	1	1	
	RAG		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
Capital services capacity	Rating		3	3	3	3	3	3	3	3	3	3	3	
	Risk Score		4	4	4	4	4	4	1	1	1	1	1	
	RAG		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
I&E Margin	Rating		3.29%	3.73%	4.30%	3.54%	3.25%	2.99%	2.86%	2.83%	3.13%	3.00%	2.74%	
	Risk Score		4	4	4	4	4	4	1	1	1	1	1	
	RAG		Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
I&E Margin Variance (based on original plan)	Rating		(1.04%)	(0.06%)	(0.06%)	(0.01%)	(0.22%)	(0.02%)	0.02%	0.04%	0.04%	-0.02%	-0.02%	
	Risk Score		4	4	4	4	4	4	1	1	1	2	2	
	RAG		Green	Green	Green	Green	Green	Green	Green	Green	Green	Amber	Amber	
Agency Spend	Rating		n/a	n/a	n/a	n/a	n/a	n/a	73.93%	74.26%	67.88%	75.91%	76.55%	
	Risk Score		n/a	n/a	n/a	n/a	n/a	n/a	4	4	4	4	4	
	RAG		n/a	n/a	n/a	n/a	n/a	n/a	Red	Red	Red	Red	Red	
Overall Financial Sustainability Risk Rating			4	4	4	4	4	4	3	3	3	3	3	
Overall Financial Sustainability RAG			Green	Green	Green	Green	Green	Green	Amber	Amber	Amber	Amber	Amber	

Agency	April	May	June	July	August	September	October	November	December	January	February	March
Qualified agency nursing expenditure as a percentage of all qualified nurse staffing expenditure	Target (%)	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
	Actual (%)	0.07%	0.07%	0.05%	0.19%	0.63%	0.51%	0.51%	0.74%	0.76%	2.59%	2.59%
Total agency expenditure ceiling compared to expenditure	Target (£000s)	389	777	1,165	1,704	2,238	2,330	3,126	3,617	4,107	4,597	4,597
	Actual (£000s)	497	1,334	1,817	2,887	4,038	4,762	5,437	6,303	6,895	8,086	8,981

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The Trust is on target with three of the five use of resource targets including Liquidity, Capital Service Cover and I&E Margin. A14The key underperforming metric is agency spend, which is £3.9m above the ceiling. An action plan has been developed by the Workforce Director and work is currently underway to implement the actions to reduce agency spend across the Trust.

The Trust remains on plan to meet its statutory financial targets and to deliver a use of resource rating of 3 by 31st March 2017. However during December the Trust received notification from HM Treasury of a change to the discount rate which effects the Trust's provision for permanent injury benefits and early retirements. This is a technical adjustment, generating an increased cost to the Trust of £2.740m. Discussions are on-going with NHSi as this is a national policy change and the Trust should not be disadvantaged. The trust is forecasting a control total surplus (including STF) slightly better than plan at £6.968m

Regulatory Report - February 2017

NHS Improvement (NHSi) Single Oversight Framework

Type	Measure	Frequency	Source	Thresholds	Nov-16	Dec-16	Jan-17	Feb-17	Latest Data	Comments
Operational Performance	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards (UNIFY2 and MHSDS)	Quarterly	Provider return	>=95% green; <95% red.	99.40%	97.23%	97.65%	95.71%	28/02/2017	
Operational Performance	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (UNIFY2 and MHSDS)	Quarterly	Provider return	>=50% green; <50% red	65.00%	75.00%	71.43%	73.91%	28/02/2017	
Operational Performance	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards	Quarterly	Board statement	>=90% green; <90% red						
Operational Performance	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in early intervention in psychosis services	Quarterly	Board statement	>=90% green; <90% red						
Operational Performance	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in early intervention in community mental health services (people on CPA)	Quarterly	Board statement	>=65% green; <65% red						
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics	Monthly	Provider return	>=95% green; <95% red	99.53%	99.58%	99.55%	99.61%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: priority metrics - overall position	Monthly	Provider return	>=85% green; <85% red	77.42%	77.24%	77.11%	77.35%	28/02/2017	Performance has declined in relation to employment and accommodation status recording. This will be investigated with clinical divisions and actions identified to improve the position". Note: that from M10, this metric does not include diagnosis data following an announcement by NHS Improvement regarding national concerns on data coverage.
Operational Performance	IAPT - proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	Quarterly	Provider return	>=50% green; <50% red	31%	31%	30%	33%	28/02/2017	Whilst this is a new NHSi indicator, the existing action plan re: Talk Liverpool includes plans for improving this position.
Operational Performance	IAPT – waiting time to begin treatment (from IAPT minimum data set) within six weeks	Quarterly	Provider return	>=75% green; <75% red	78.49%	80.56%	82.66%	82.96%	28/02/2017	
Operational Performance	IAPT – waiting time to begin treatment (from IAPT minimum data set) within 18 weeks	Quarterly	Provider return	>=95% green; <95% red	99.10%	98.89%	98.14%	92.12%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - NHS Number	Monthly	Provider return	>=95% green; <95% red	99.45%	98.35%	98.06%	98.64%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - Date of Birth	Monthly	Provider return	>=95% green; <95% red	100%	100%	100%	100%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - Postcode	Monthly	Provider return	>=95% green; <95% red	99.65%	99.72%	99.79%	99.76%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - Current Gender	Monthly	Provider return	>=95% green; <95% red	100%	100%	100%	100%	28/02/2017	

Operational Performance

Regulatory Report - February 2017

NHS Improvement (NHSi) Single Oversight Framework

Type	Measure	Frequency	Source	Thresholds	Nov-16	Dec-16	Jan-17	Feb-17	Latest Data	Comments
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - registered GP org code	Monthly	Provider return	>=95% green; <95% red	97.54%	98.57%	98.62%	98.56%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: identifier metrics - commissioner org code	Monthly	Provider return	>=95% green; <95% red	99.99%	99.99%	99.99%	99.99%	28/02/2017	
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: priority metrics - ethnicity	Monthly	Provider return	>=85% green; <85% red	74.00%	74.00%	74.79%	74.79%	28/02/2017	The target of 90% from previous months has now been revised to 85%.
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: priority metrics - employment status (for adults only)	Monthly	Provider return	>=85% green; <85% red	83.46%	82.43%	81.86%	82.81%	28/02/2017	The target of 50% from previous months has been revised to 85%.
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: priority metrics - accommodation status (for adults only)	Monthly	Provider return	>=85% green; <85% red	81.54%	80.53%	79.87%	80.73%	28/02/2017	The target of 50% from previous months has been revised to 85%.
Operational Performance	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: priority metrics - ICD10 coding	Monthly	Provider return	>=85% green; <85% red	55.95%	55.40%	54.94%	57.95%	28/02/2017	The reported trust position is at 20 March 2017. This figure excludes information on HSS and SPLD. Denominator is based on caseload whereas the MHSDS denominator will be all people in contact with services during the reporting period.
Organisational Health	Staff sickness	Monthly / quarterly	NHS Digital (publicly available)	<Upper Decile = Green; >= Upper Decile Red	6.19	6.08	6.10	6.38	30/11/2016	Upper decile is 5.74 (based on mental health trusts benchmark).
Organisational Health	Staff turnover	Monthly / quarterly	NHS Digital (publicly available)	>= Lower Decile and <= Upper Decile = Green; < Lower Decile or > Upper Decile = Red	10.78	11.47	11.11	11.21	31/01/2017	12 month leaver rate reported. Lower decile is 11.06 and upper decile is 18.32 (based on mental health trusts benchmark)
Organisational Health	Executive team turnover	Monthly	Provider return	No = green; Yes = red	No	No	No	No	28/02/2017	
Organisational Health	NHS staff survey	Annual	CQC (publicly available)	Performance maintained or no material reduction observed = green; material reduction observed = red.	Performance Maintained	Performance Maintained	Performance Maintained	Performance Maintained	2015/16	
Organisational Health	Proportion of temporary staff	Quarterly	Provider return	Performance maintained or no material increase observed = green; material increase observed = red.	12.44%	12.08%	12.35%	11.40%	28/02/2017	The benchmark 2015/16 is 10.86% which is based on percentage of payroll spent on agency and bank.
Organisational Health	Aggressive cost reduction plans	Quarterly	Provider return	<=5% green; <=6% amber; >6% red	5.34%	5.82%	5.82%	5.82%	28/02/2017	

Regulatory Report - February 2017

NHS Improvement (NHSi) Single Oversight Framework

Type	Measure	Frequency	Source	Thresholds	Nov-16	Dec-16	Jan-17	Feb-17	Latest Data	Comments	
Quality	Organisational Health	CQC community mental health survey	Annual	CQC (publicly available)	Performance maintained or no material reduction observed = green; material reduction observed = red.	Maintained	Maintained	Maintained	Maintained	2016	2016 results published on 15 November 2016. The trust's comparative position was "About the Same" across all sections. For a number of individual questions, the trust scored better than average. Overall there has been no material deterioration in our scores between 2015 and 2016 with the exception of the "Support and Wellbeing Section". The findings were considered by the Trust Board on 30 November 2016.
	Caring	Written complaints – rate	Quarterly	NHS Digital (publicly available)	<=Upper decile Green; > Upper decile Red	23.4	23.4	23.4	38	Q2 2016/17	In Q1 2016/17 (as reported for November to January 2017) the data was based on the number of complaints per 10,000 open mental health referrals. In Q2 2016/17 a change in methodology has been implemented by NHS Digital and the rate is now based on the number of new written complaints per 1000 staff. This data is classified as experimental statistics by NHS Digital. The upper decile for Q2 2016/17 is 37.
	Caring	Staff friends and family test % recommended - care	Quarterly	NHS England (publicly available)	>= Lowest Decile Green; < Lowest Decile Red	68.4	68.4	68.4	68.4	Q2 2016/17	Comparison is for all organisations (lowest decile is 65.1)
	Caring	Mental health scores from patient friend and family test - % positive	Monthly	NHS England (publicly available)	>= Lowest Decile Green; < Lowest Decile Red	84.3	89.5	71.52	93.56	31/01/2017	Lowest decile is 81.25. The reduction in patient friends and family score to 71.52 reported in the M10 care at a glance report has been investigated and identified that an error in transcription of the specialist learning disability division's data into the template used for creating the full trust wide position required for reporting nationally had occurred. The correct score should have been 80.5% and we should have reported as green in terms of our comparative position with other mental health trusts.
	Safe	Occurrence of any Never Event	Monthly	NHS Improvement (publicly available)	=0 green; >0 red	0	0	0	0	31/01/2017	Using internal data to report upon this.
	Safe	NHS England / NHS Improvement Patient Safety Alerts outstanding	Monthly	NHS Improvement (publicly available)	Green - 0 alerts open which are past completion date; Red - 1 or more alerts open which are past completion date.	0	0	0	0	28/02/2017	Using internal data to report upon this.
	Safe	Admissions to adult facilities of patients who are under 16 years old	Monthly	NHS Digital (publicly available)	=0 green; >0 red.	0	0	0	0	28/02/2017	Using internal data to report upon this.

Regulatory Report - February 2017

NHS Improvement (NHSi) Single Oversight Framework

Type	Measure	Frequency	Source	Thresholds	Nov-16	Dec-16	Jan-17	Feb-17	Latest Data	Comments
Safe	Potential under-reporting of patient safety incidents	Monthly	NHS England (dashboard)	>= Lower Decile and <= Upper Decile = Green; < Lower Decile or > Upper Decile = Red	27.94	27.94	27.94	27.94	01/10/2015 to 31/03/2016	Currently reporting based on the six monthly data published by the NPSA from the NRLS (Lowest decile is 23.04 and upper decile is 66.85)
Effective	Care programme approach (CPA) follow up – proportion of discharges from hospital followed up within 7 days – MHMDS	Monthly	NHS Digital (publicly available)	>=95% green; <95% red.	93.96%	95.42%	95.31%	94.32%	28/02/2017	The local division has investigated all 10 breaches and identified opportunities to improve processes.
Effective	% clients in settled accommodation	Monthly	NHS Digital (publicly available)	>= Lowest Decile Green; < Lowest Decile Red	66%	65%	65%	63%	30/11/2016	Lowest decile is 0
Effective	% clients in employment	Monthly	NHS Digital (publicly available)	>= Lowest Decile Green; < Lowest Decile Red	3	4	3	3	30/11/2016	Lowest decile is 0

Third Party Concerns: There have been four concerns reported for February, of which two are ongoing. Further details are provided below.

- 1) The Liverpool CCG continues to impose sanctions and contract penalties in 2016/17 for the under performance of the Talk Liverpool contract. The penalties are capped at 2.5% of the quarterly contract value, therefore as at month 11 the penalty will be £0.01m. The Trust have responded to the CCG. This is an On-going sanction.
- 2) NHS Digital made contact with the trust in August 2016 and subsequently in January 2017 to flag concerns regarding multiple open referrals within MHSDS submissions. The trust continues to work with systems suppliers to address the issues relating to multiple open referrals and has advised NHS Digital of this. Progress is being monitored.
- 3) Complaint about a trainer by a trainee via lead employer – Feb 2017 -to be completed within 4 months
- 4) Folder found in desk drawer in Family Room on Ward at Windsor House (22.2.17) containing personal information for 10-15 service users relating to Psychology - reported to ICO investigation commenced. 23.2.17 Complaints response letter sent to incorrect address for pt in Ashworth - reported to ICO investigation commenced.

Domain Report

Domain Introduction

Introduction

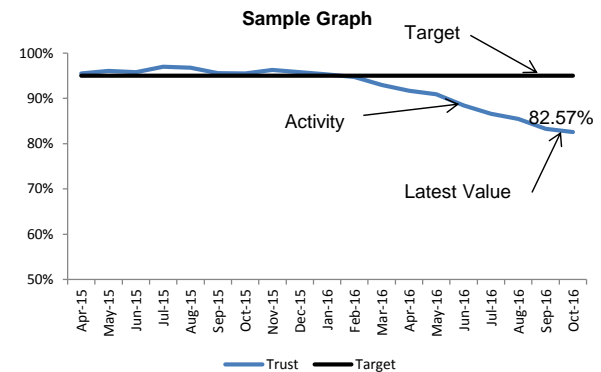
We provide specialist inpatient and community mental health, learning disabilities, addiction management and acquired brain injury services for the people of Liverpool, Sefton and Kirkby, Merseyside. We also provide secure mental health services for the North West of England, the West Midlands and Wales. We have recently acquired Calderstones Partnerships NHS Foundation Trust on 1 July 2016 and in addition we now provide specialist learning disabilities services at our Whally site.

The following reports illustrates our Key Performance Indicators in relation to 'Our Services', 'Our People', 'Our Resources' and 'Our Future' aims which can be found in the trust's Annual Operating Plan.

The reports are split into Level 1 and 2 Prioritised Metrics which are related to the underpinning objectives linked to our Strategy; which are to improve the quality of our services, and strive to provide safe, timely, effective, equitable and person-centred care every time, for every service user. Level 1 Metrics relate to our key trust indicators which are scrutinised by our board. Level 2 Metrics are scrutinised by appropriate committees around the trust.

Each metric will be set out in a standardised format; an example is shown on the right hand side of this page. There will be a header which will be the category of the metric and a label to quickly identify what part of the Strategy the metric is linked to and a succinct label to identify the metric. There will be a visual representation of the metric in the form of a chart or a relevant visualisation and below will be the associated risk which will be taken from the trust's Board Assurance Framework. There will also a text box which will provide a brief narrative on the metric linked to the key issues and significant changes since the previous reporting period.

Category - Label



























Associated Risk: Taken from the trust's Board Assurance Framework (BAF)

Key Issues and significant changes since previous reporting period:

Brief Narrative on each of the metrics up to 600 characters (including spaces)

Domain Report - February 2017

Level 1 - Our Services - Highlight Report

Level 1 Strategic Aim & KPI	Frequency	Value	Arrow	Forecast	Trend	Kite Mark
Safe - STEIS Incidents (Target 16)	M	21				
Timely - Delayed Discharge (Target 7.5%)	M	5.42%				
Effective - Physical Health Screening for New Admissions (Target 95%)	M	2.60%				
Equitable - Detention Under MHA by BME Service Users (BME Target 18%)	M	36.15%				
Efficient - Safe Staffing Levels (NHSE Target 100%)	M	108.39%				
Patient Centred - Overall Patient Experience (Target 95%)	M	92.50%				

Board Assurance Framework Risks		
Reference	Title	Risk Rating
CS-Programme16	There is a Risk that the target number of transfers of secure Service Users on the Whalley site into community care programmes is not possible to achieve, within the 3 year implementation period.	16
SRR.61	Risk that the large scale transformational programmes are not managed effectively	12
SRR.63	Risk that due to the block contract we experience an increase in demand for services	15
SRR.60	Risk that the focus on the drivers for financial sustainability and quality improvement become out of balance	12
SRR.64	Risk that the trust will be unable to provide safe staffing on wards	12
SRR.62	Risk that the Trust approach to Perfect care will not be implemented effectively.	12

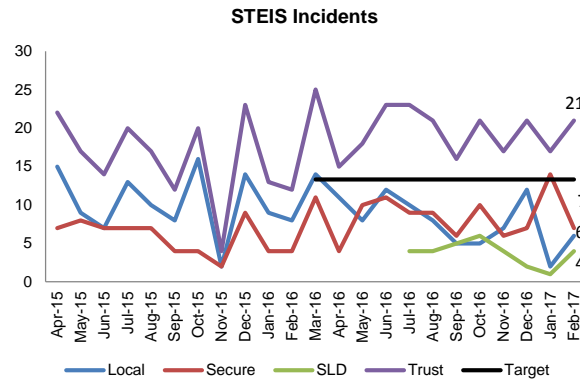
The reporting of STEIS Incidents overall remains largely unchanged, two suspected suicides were reported within the local division and one death in custody reported by the secure division. Delayed discharges continue to be closely scrutinised; the picture continues to improve and remains ahead of trajectory. There has been a further reduction in the number of acute unplanned OATs in this reporting period, though pressure on beds remain. Staffing levels continue to remain above the 100% fill rate target and a revised approach to reporting on safe staffing from April 2017 is presented in the safe staffing attachment for approval. The review of complex care wards has increased the planned requirements. Work is in train to support improvements in the physical health checks indicators for inpatient and community services. The number of upheld complaints remains broadly consistent and above target; recent benchmarking data published by NHS Digital suggests that the trust has high numbers of new complaints per 1000 staff. The Director of Patient Safety has been asked to review this data and identify actions that could support improvement.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 1 Prioritised Metrics

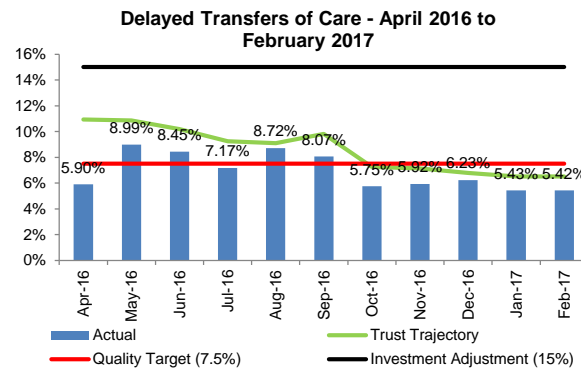
Safe - STEIS Incidents



Data Source: Datix/Ulysses
Graph Source: Monthly
Commentary: Joanne Hodson / Steve Morgan

SLD - unusually low numbers reported in Jan, now at normal levels. 1 self harm, 2 allegations against staff (one withdrawn, injuries caused by another service user), 1 violence against others. Local - Info breach, 2 suicides, 1 fall, 1 missing person (located). Secure - within normal range. 3 security breach (open doors), death in custody, 2 deterioration of health, 2 self harm (1 ligature), assault on staff (no harm, recommendation patient moved to MSU)

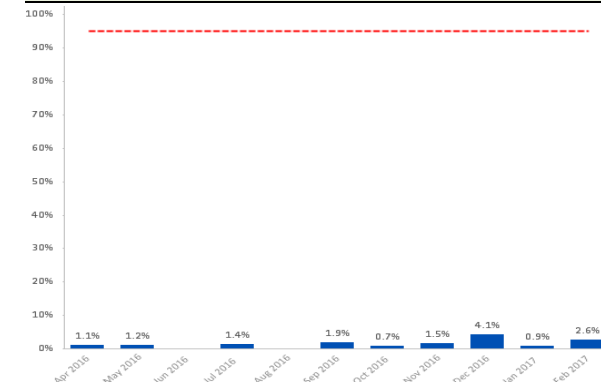
Timely - Delayed Discharge



Data Source: ePEX/PACIS/Carenotes
Graph Source: Month in Quarter
Commentary: Donna Robinson / Des Johnson / Lee Taylor

All three clinical divisions continue to achieve the national target and the trajectory agreed with NHS Improvement for delayed discharges. The specialist learning disability and local divisions saw the highest rates of delays in February 2017 at 6.19% and 6.16% respectively; this reflected a deterioration in performance to the January 2017 position. Delays continue to be closely monitored and managed including escalation to commissioners through the mechanisms described in the paper accompanying the M10 Care at a Glance report.

Effective - Physical Health Screening for New Admissions



Data Source: Quality Dashboard
Graph Source: Monthly
Commentary: Ray Walker

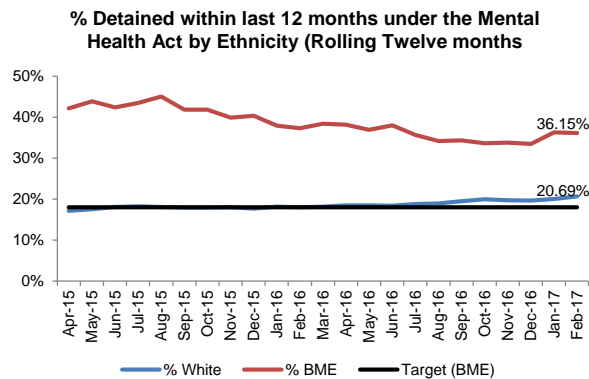
Currently there is no data flowing through as the services are not utilising the new data collection forms. Currently at 0%

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 1 Prioritised Metrics

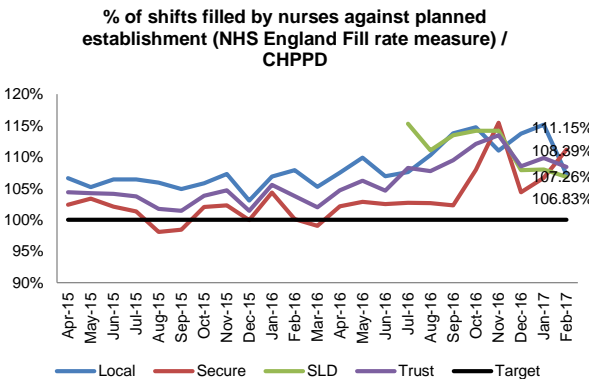
Equitable - Detention Under MHA by BME Service Users



Data Source: ePEX
Graph Source: Rolling 12 Months
Commentary: Meryl Cuzak

The actions on this program of work continue as detailed in previous reports. We have engaged UCLAN to support a more comprehensive analysis of the overall MHS data to support the identification of key areas, with the aim of developing a 5 year plan to support a long term change. A community engagement session is being held on 16th March to support a coproduction approach with the communities we serve.

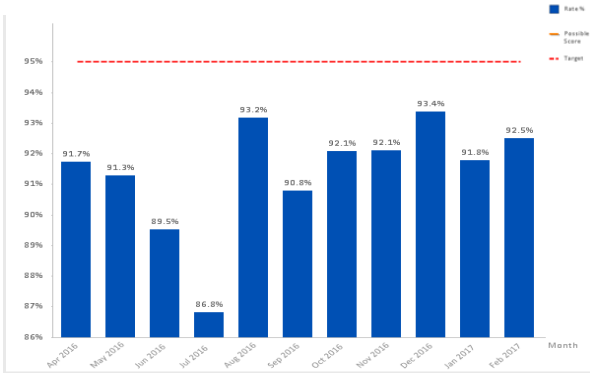
Efficient - Safe Staffing Levels



Data Source: SharePoint
Graph Source: Monthly
Commentary: Helena McCourt

The number of planned shifts filled in this period continues to be over 100%. This supports the requirement for staff to support unplanned care. The review of complex care wards has also increased the planned requirements and this will be supported by the division. Future reporting via a dashboard focussing on the domains of STEEP has been piloted and agreed for trust wide roll out in April 17. Wards will receive a dashboard with the suite of metrics displayed from March 17. This will support triangulation of quality data in relation to staffing requirements.

Patient Centred - Overall Patient Experience



Data Source: Quality Dashboard
Graph Source: Monthly
Commentary: Steve Morgan/ Kim Guy

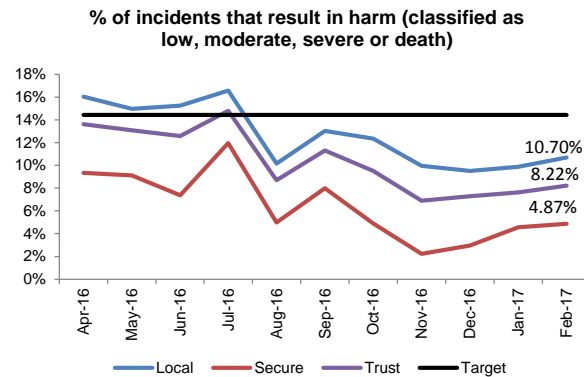
The patient experience overall scores remain above the threshold of 90 achieving a green RAG rating fluctuating between 92.87 at the lowest to 95.33 at the highest for inpatient services from April 2016. However community teams have fallen below 90 on five occasions since April 2016 with the lowest score of 86.52. The patient experience results continue to be monitored at a local level and scrutinized at the surveillance meetings alongside other key indicators.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 2 Prioritised Metrics

Safe - Harmful Incidents



Data Source: Datix/Ulysses
Graph Source: Monthly
Commentary: Steve Morgan

No update to narrative provided in M11 2016/17, updated expected in M12.

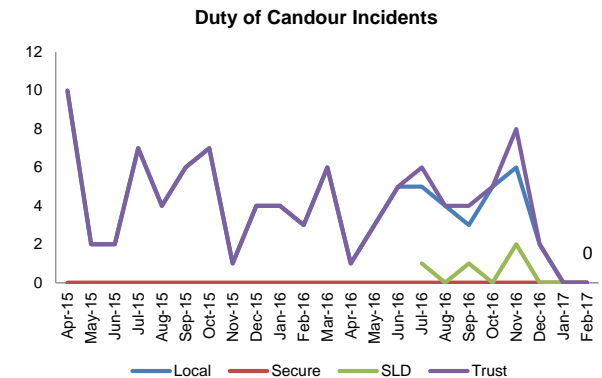
Safe - Unexpected Deaths

Metric in development (Due 2017/18)

Data Source:
Commentary:

Metric in development (Due 2017/18)

Safe - Duty of Candour Incidents



Data Source: Datix/Ulysses
Graph Source: Monthly
Commentary: Steve Morgan / Kim Guy

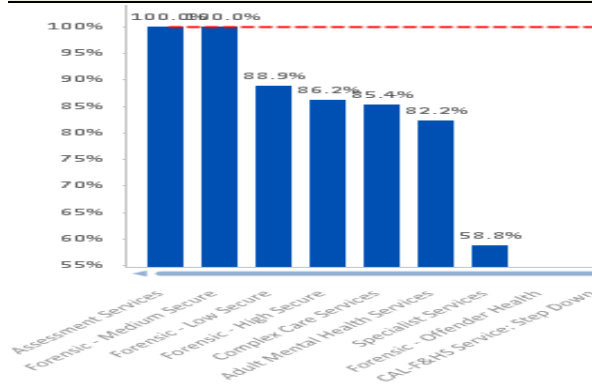
All incidents of moderate harm and above are assessed against the threshold for Duty of Candour and are compliant with Regulation 20. Since April 2016 there are 40 incidents identified and all have been allocated a family liaison manager, all have received an apology/condolences and a follow up letter apart from where there were no family identified or no contact details available. On completion of the investigation report this is shared with the service user or family unless they decline.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 2 Prioritised Metrics

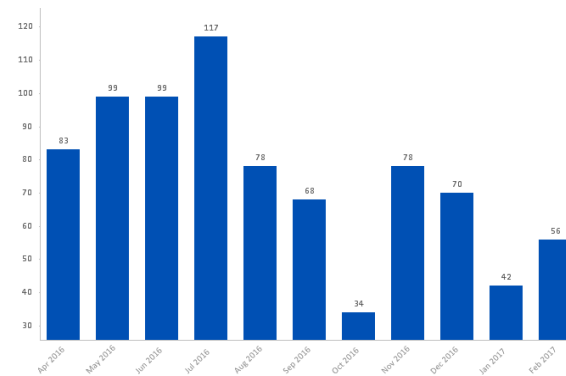
Timely - Fundamental Responsive Standards



Data Source: Quality Dashboard
Graph Source: Snapshot at month end
Commentary: Sandra O'Hear

The system has been realigned in February in due to with monthly completion and reporting false negatives related to NA items. The NA items have now been hidden. Reviewing the secure submission no standards reported as non-compliant but a number of teams missed the deadline for end of February reporting so no data submitted. SLD had a 100% return with non-compliance with quality initiatives and accessing planned leave. Similar issues to Local Division

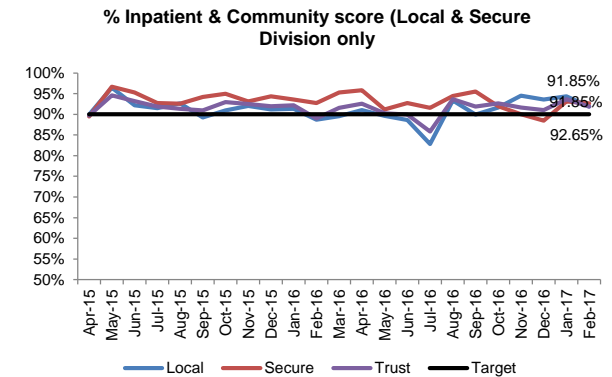
Timely - Discharges to Primary Care



Data Source: Quality Dashboard
Graph Source: Monthly
Commentary: Pat McGuiness

As discharge to primary care can be a challenging concept for both staff and service users, the team have took a very person centred approach to their work, focusing upon building relationships and empowering individuals. They work with an array of community resources with the aim of ensuring people feel supported, fulfilled and confident to be discharged from secondary care

Timely - Patient Survey (Can you access services when you need them)



Data Source: SharePoint
Graph Source: Monthly
Commentary: Steve Morgan / Kim Guy

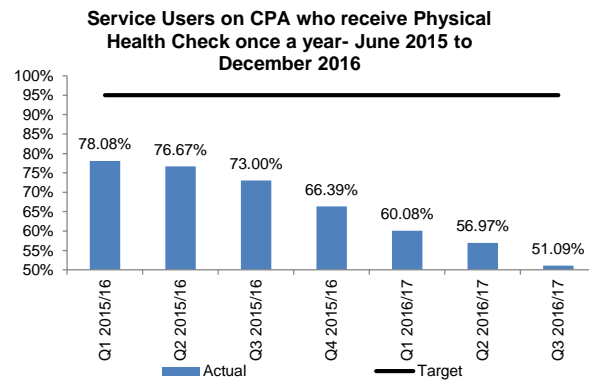
The response to the questions to "can you access services when you need them?" has on accession fallen below the 90 threshold for a green RAG rating. However on review of the results by team by month there is no one area that falls below 90 consistently. The two highest are Dee Ward which fell below on 6 occasions since April 2016 and Windsor Clinic on 4 occasions.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 2 Prioritised Metrics

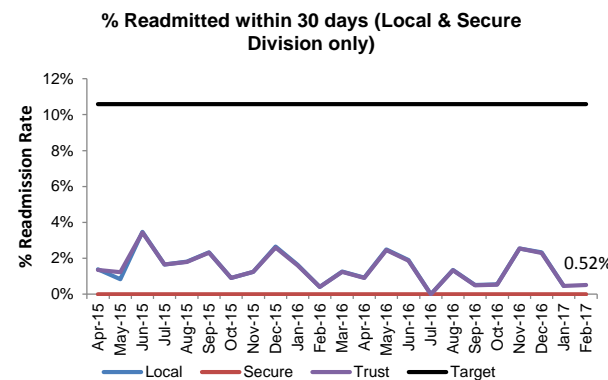
Effective - Service Users on CPA who receive Physical Health Check once a year



Data Source: ePEX/PACIS
Graph Source: Quarterly
Commentary: Wendy Copeland-Blair

The trust's physical health strategy group are reviewing the community physical health pathway with a view to clarifying the roles and responsibilities in relation to physical health checks for people on CPA. In the meantime, the local division operational management team has asked all care co-ordinators to ensure that they ascertain the physical health check status for people on their caseload and work with GPs to ensure health checks are completed. Staff have also been reminded to ensure completion of the field within the community physical health form on ePEX

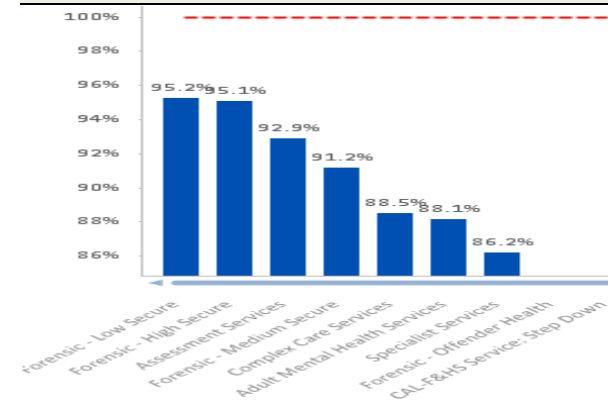
Effective - 30 Day Readmissions



Data Source: ePEX
Graph Source: Monthly
Commentary: Donna Robinson

Re-admissions remain below the Trust target for the local division.

Equitable - Fundamental Standards associated with Well Led domain



Data Source: Quality Dashboard
Graph Source: Snapshot at month end
Commentary: Sandra O'Hear

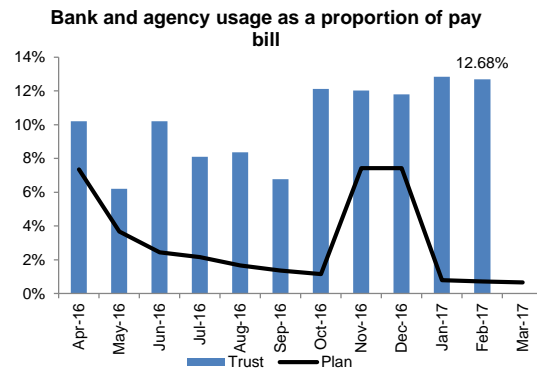
All three Divisions are reporting non-compliance issues around regular MDT team, no team objectives and completion of PACE. Secure and SLD also report issues with sickness levels. At the time of assessment each is required to submit comment around they are addressing non-compliance issues. Teams report all staff at appropriate stage of sickness management and ongoing recruitment into team vacancies. PACE compliance appears to be linked with reviews which teams are planning.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 2 Prioritised Metrics

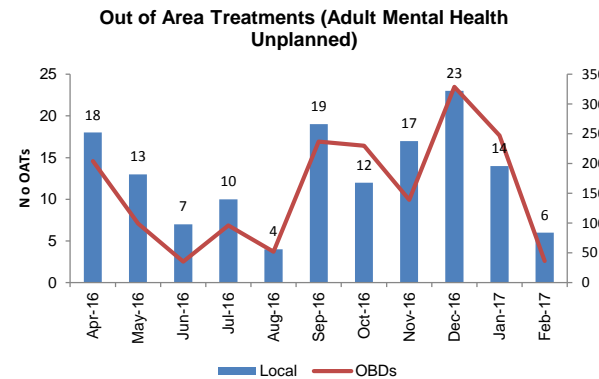
Efficient - Bank and Agency Usage as a proportion of paybill



Data Source: Finance
Graph Source: Monthly YTD
Commentary: Mina Patel

The Trust is 77% above national agency spending targets at month 11. An action plan is being implemented, led by the Director of Workforce to reduce levels of spending. There has been a significant increase since the inclusion of the Specialist LD Division following the acquisition of Calderstones. There could be significant savings delivered by reducing spend to the national target as these staff will currently be provided at premium costs.

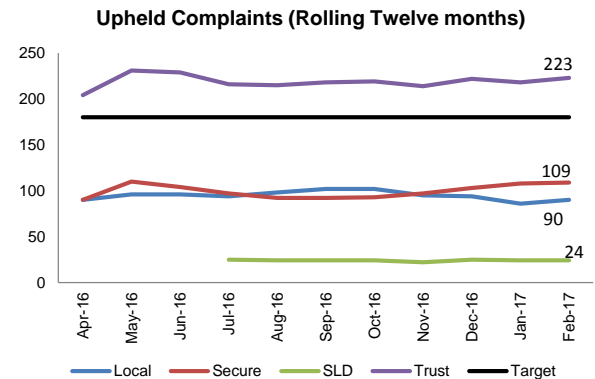
Efficient - Out of Area Treatments (Adult Mental Health Unplanned)



Data Source: Manual Returns
Graph Source: Snapshot at month end
Commentary: Donna Robinson

There was a significant decrease in OATS during the month of February in respect of both individual service users and occupied bed days. This continues to be monitored via daily bed meetings and a weekly bed management teleconference. The division continues to have a number of delays for LSU placements which is affecting flow. This is recorded within the system wide EMS database.

Patient Centred - Upheld Complaints



Data Source: Datix
Graph Source: Rolling 12 months
Commentary: Steve Morgan / Janine Betley

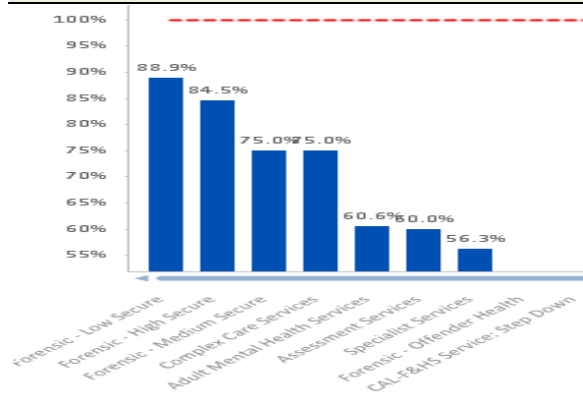
The complaints team are starting to meet with areas that have high numbers of complaints. The first meeting took place with the Ward Managers at Broadoak. Factors leading to complaints were considered and each ward lead agreed to share these with staff, monitor compliance and focus on locally resolving complaints with PALS support. The next meetings will take place with Moss House community team and the Liaison service at the RLUH. Staff attitude continues to be a theme across the divisions along with access delays relating to Talk Liverpool in the local division.

Domain Report - February 2017

Level 2 - Our Services - Key Performance Indicators

Level 2 Prioritised Metrics

Patient Centred - Fundamental Standards associated with Caring domain













Data Source: Quality Dashboard
Graph Source: Snapshot at month end
Commentary: Sandra O'Hear

Again similar issues across the 3 divisions; TRIP(Recovery Model), engagement with family and carers, and SUs feel their feedback is acted upon. When self-assessment standards were realigned a more detailed explanation of recovery was provided, so unsure why teams feel they cannot achieve compliance. Teams addressing engagement issues through carer awareness training, To address 'SUs feedback' issues teams are using a 'you said-we did' approach. SLD also reported issues with the privacy and dignity scores reporting greater emphasis at Community meetings on SU feedback.

Domain Report - February 2017

Level 1 - Our People - Highlight Report

Level 1 Strategic Aim & KPI	Frequency	Value	Arrow	Forecast	Trend	Kite Mark
Supported Managers & Effective Teams - Leadership & Management Continuity (substantive leader in post) (Target 90%)	M	80.88%	↑	●		
Productive Workforce with the right Skills - Statutory Training (Target 95%)	M	91.03%	↑	●		
Productive Workforce with the right Skills - Sickness Absence (Target 4.8%)	M	7.16%	↑	●		
Productive Workforce with the right Skills - Vacancies vs Budgeted Establishment (Target 5%)	M	7.21%	↑	●		
Working side by side with Service Users & Carers - Patient Survey (Have you been involved in the development of your care plan?) (Target 90%)	M	95.16%	↑	●		

Board Assurance Framework Risks		
Reference	Title	Risk Rating
CS-Programme17	Insufficient qualified/unqualified staff retained at Whalley Site	15
CS-programme 23	Risk of Industrial Action following outcome of NHSE Consultation if recommendation is to close all services on the Whalley site.	12
SRR.56	Risk that the People Plan including WFP, H&WB Plan and Engagement Plan will not be implemented effectively	16

Sickness absence has decreased by 0.82% in month to 7.16%. A Trust Board deep dive session took place on 22 February 2017 from which a draft action plan has been developed. Staff vacancies in December decreased (7.70% in January) and total 337.89 WTEs, which represents 7.21% of the budgeted establishment. A Strategic Recruitment and Retention map has been agreed and a task and finish group established to address vacancies. The rolling twelve month turnover figure has increased this month to 16.28%. No significant improvement is expected until at least April 2017. Statutory training has seen an increase of 8.29% from Month 10. The OE&L team are continuing to work within teams to support staff to achieve 95% compliance and continue to escalate any issues which may affect completion.

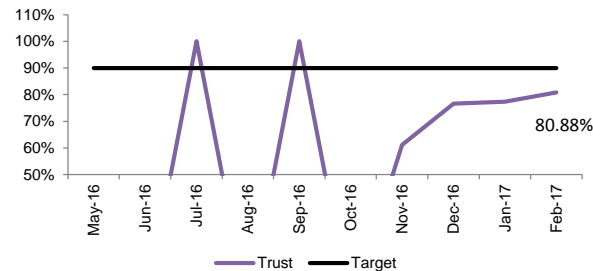
Domain Report - February 2017

Level 2 - Our People - Key Performance Indicators

Level 1 Prioritised Metrics

Supported Managers & Effective Teams - Leadership & Management Continuity (substantive leader in post)

Leadership and Management Continuity: The percentage of teams where there has been a substantive consultant, team manager and deputy in post for 3 months or more

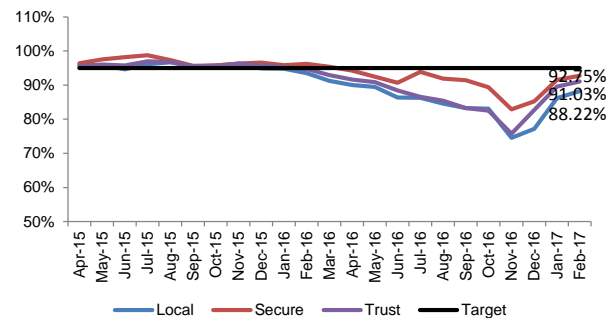


Data Source: SharePoint
Graph Source: Monthly
Commentary: Lynn Lowe

This is on-going and a review is being undertaken to determine the stability of regular team managers and deputies being in post which then provides consistent leadership and supports teams accordingly. A report is being developed to ascertain if we have permanent team managers and deputies in place for 3 months or more. This is completed via Sharepoint

Productive Workforce with the right Skills - Statutory Training

% of staff up to date with statutory training as defined by their job role

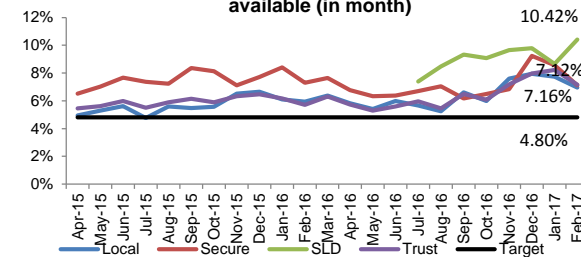


Data Source: ESR
Graph Source: Monthly
Commentary: Jean Perkins

In February all managers were given access to reports showing the statutory and mandatory training information for their teams. This has enabled managers to focus on releasing non compliant staff to complete their training. OE&L staff are continuing to target "hotspots" directly as identified within our new organisational reports and with managers to support this improvement. This work is reflected in an 8.29% increase from last month. Currently SpLDD have a trajectory of 90% but will align to the wider Mersey Care trajectory of 95% in April 2017.

Productive Workforce with the right Skills - Sickness Absence

% of sickness days against the FTE days available (in month)



Data Source: ESR
Graph Source: Monthly
Commentary: Lynn Lowe

Sickness has reduced in month to 7.16%, a reduction of 0.82% from January 2017. Rolling 12 month absence is 6.7%. A Trust Board deep dive session took place on 22 February 2017 from which a draft action plan has been developed.

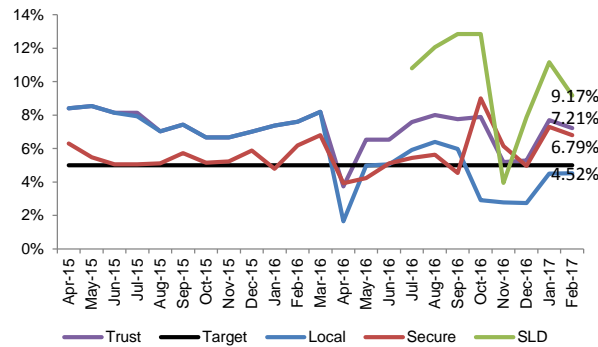
Domain Report - February 2017

Level 2 - Our People - Key Performance Indicators

Level 1 Prioritised Metrics

Productive Workforce with the right Skills - Vacancies vs Budgeted Establishment

Vacancies vs Budgeted Establishment

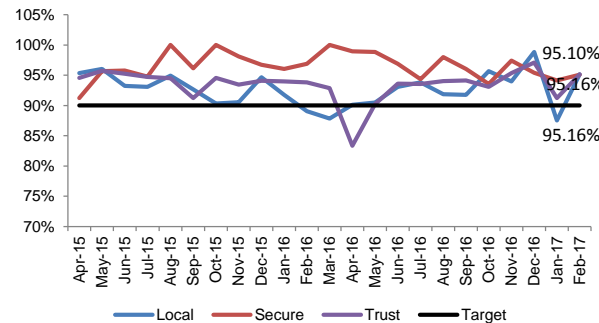


Data Source: Finance
Graph Source: Monthly
Commentary: Lynn Lowe

We had a total of 337.89 wte vacancies verses budgeted establishment in February 2017. This represented a 7.21% vacancy factor. There has been a slight reduction in vacancies across all areas. A Strategic Recruitment and Retention map has been agreed and a task and finish group established to address vacancies. Currently, there is an issue regarding vacancies for junior medical and SAS doctors and a Medical Staffing recruitment paper has been agreed.

Working side by side with Service Users & Carers - Patient Survey (Have you been involved in the development of your care plan?)

% Inpatient & Community score (Local & Secure Division only)



Data Source: SharePoint
Graph Source: Monthly
Commentary: Steve Morgan / Kim Guy

For inpatient services the result for being involved in your care plan are more favourable than the results in the community teams. Trust wide since May 2016 the score has remained over 90 for inpatients but has fallen below this on five occasions within community services. For the care plan theme Moss House cmht fell below 90 on five occasions between April and September but have maintained improvement since October. Kirby cmht has fallen just below the 90 threshold on several occasions but again is showing signs of improvement in this area.

Level 2 - Our People - Key Performance Indicators

Level 2 Prioritised Metrics

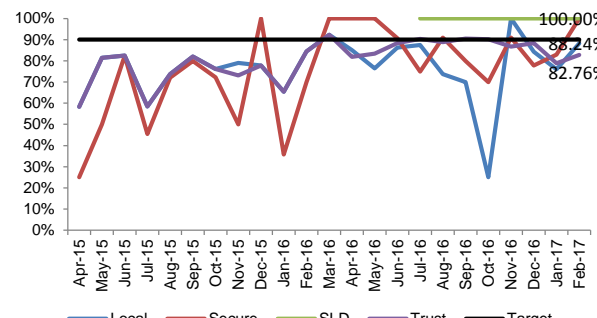
Supported Managers & Effective Teams - Teamness Score

Data Source:
Commentary:

Metric currently in development

Supported Managers & Effective Teams - Corporate Induction

% of new starters completing Trust induction within three months of their start date



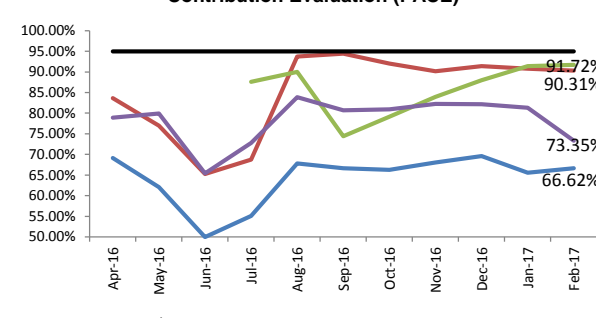
Month	Local	Secure	SLD	Trust	Target
Apr-15	55%	25%	80%	60%	90%
May-15	80%	50%	80%	80%	90%
Jun-15	60%	45%	80%	60%	90%
Jul-15	75%	70%	80%	80%	90%
Aug-15	75%	70%	80%	80%	90%
Sep-15	75%	70%	80%	80%	90%
Oct-15	75%	50%	80%	80%	90%
Nov-15	75%	70%	80%	80%	90%
Dec-15	75%	35%	80%	80%	90%
Jan-16	75%	70%	80%	80%	90%
Feb-16	75%	70%	80%	80%	90%
Mar-16	75%	70%	80%	80%	90%
Apr-16	75%	70%	80%	80%	90%
May-16	75%	70%	80%	80%	90%
Jun-16	75%	70%	80%	80%	90%
Jul-16	75%	70%	80%	80%	90%
Aug-16	75%	70%	80%	80%	90%
Sep-16	75%	70%	80%	80%	90%
Oct-16	25%	70%	80%	80%	90%
Nov-16	75%	70%	80%	80%	90%
Dec-16	75%	70%	80%	80%	90%
Jan-17	75%	70%	80%	80%	90%
Feb-17	82.76%	100.00%	100.00%	100.00%	90%

Data Source: ESR
Graph Source: Monthly
Commentary: Jean Perkins

February Induction figures show a 3% increase from January in staff attending induction and completing their statutory training within the three month timeframe. Figures can be significantly affected if even one member of staff does not attend Corporate Induction. This month this has occurred due to staff sickness and will be followed up once they return. Improvements can be seen within secure division who have ensured that all staff was fully inducted within the three month time frame.

Productive Workforce with the right Skills - PACE

% of staff having a Personal Achievement and Contribution Evaluation (PACE)



Month	Local	Secure	SLD	Trust	Target
Apr-16	68%	82%	78%	78%	95%
May-16	62%	78%	78%	78%	95%
Jun-16	52%	65%	65%	65%	95%
Jul-16	58%	68%	88%	82%	95%
Aug-16	68%	92%	92%	82%	95%
Sep-16	68%	92%	72%	82%	95%
Oct-16	68%	92%	82%	82%	95%
Nov-16	68%	92%	82%	82%	95%
Dec-16	68%	92%	82%	82%	95%
Jan-17	68%	92%	82%	82%	95%
Feb-17	66.62%	91.72%	90.31%	73.35%	95%

Data Source: SharePoint
Graph Source: Monthly
Commentary: Jean Perkins

Divisions were given January to March 2017 to complete any outstanding PACE reviews from 2016/17, any completed within this period will be included as part of the PACE 2017 window figures, which opens on 3 April. System improvements have been implemented based on feedback from previous years, particularly around identification of objectives. Divisions have been provided with a proposed plan to achieve 100% completion and can access data throughout the window via BIT to monitor progress.

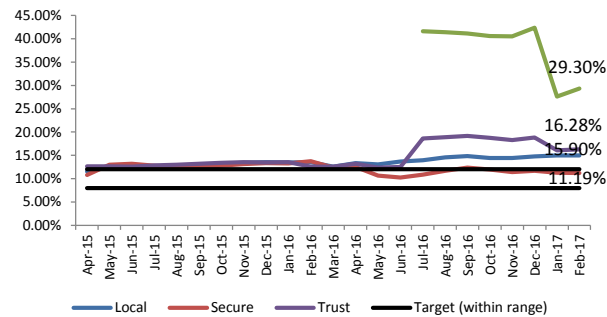
Domain Report - February 2017

Level 2 - Our People - Key Performance Indicators

Level 2 Prioritised Metrics

Productive Workforce with the right Skills - Turnover

% of leavers to the average monthly staff in post from previous rolling 12 months



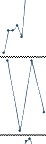









Data Source: ESR
Graph Source: Rolling 12 months
Commentary: Lynn Lowe

Turnover has slightly increased in month to 16.28% from 16.09%. A Strategic Recruitment and Retention paper has been approved by the Strategic Workforce Group and a Task and Finish group is being established which will include reviewing turnover rates and reasons for leaving the organisation.

Domain Report - February 2017

Level 1 - Our Resource - Highlight Report

Level 1 Strategic Aim & KPI	Frequency	Value	Arrow	Forecast	Trend	Kite Mark
Technology that helps provide better care - IM&T spend against plan	M	£7,381,551	↑	●		
Buildings that work for us - Gross capital expenditure actual v plan	M	£8,596,341	↔	●		
Save time and money - Percentage of anticipated income from CQUIN schemes achieved during reporting period	Q*	100.00%	↑	●		
Save time and money - Financial position (breakeven duty)	M	£5,907,000	↔	●		
NHS Improvement - Continuity of services risk rating / Finance and use of resources score	M	3	↔	●		

Board Assurance Framework Risks		
Reference	Title	Risk Rating
N/A	N/A	N/A

*No risks from the Board Assurance Framework linked to Our Resources

The Trust is on plan to meet its key financial targets:

Breakeven £6.903m
Capital £13.437m
Cash £20.248m
BPPC 95%

The Trust is on plan to meet its statutory financial targets. In December the Trust received notification from HM Treasury of a 1% change to the discount rate. This will impact upon the trusts provisions for Early Retirements and Permanent Injury Benefit. Mersey Care has an unusually high level of provisions (circa £22.183m) and when applied creates a technical cost pressure to the trust of £2.740m. Whilst this is a non-cash adjustment it would reduce the Trust surplus in 2016/17.

The trust is on plan to meet all statutory KPIs identified above however the following potential risks have been identified.

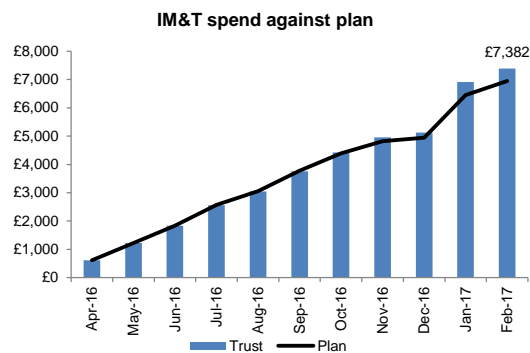
- IM&T spend is currently above plan - This is primarily due to IT support and maintenance costs and agency costs. Actions are currently being implemented to resolve overspends.
- Gross capital expenditure is on plan - forecast outturn for capital expenditure has been reduced by £4m to £13.437m due to slippage on the Strategic Capital Programme.
- % of anticipated income from CQUIN - There is a slight risk of the trust not achieving targets linked to physical health. This amounts to £0.080m.
- Financial Position - The Trust is on plan at month 11. The forecast outturn position is slightly better than plan at a £6.969m surplus however a technical adjustment of £2.740m has been identified and discussions with NHSi are taking place to ensure the trust is not disadvantaged.
- NHSi Finance and use of resources score – The Trust's financial risk rating deteriorated following the inclusion of agency spend as a key metric. The Trust is currently 76.55% above its imposed target, which is a slight deterioration of 1% from Month 10.

Domain Report - February 2017

Level 2 - Our Resources - Key Performance Indicators

Level 1 Prioritised Metrics

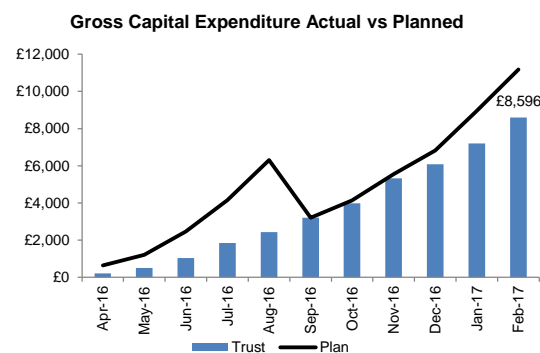
Technology that helps provide better care - IM&T spend against plan



Data Source: Finance
Graph Source: Monthly
Commentary: Mina Patel

IM&T spend totals £7.4m at month 11, which is £0.4m above plan. The Trust has been required to re-phase the implementation of the Rio clinical information system as a result of funding not being made available by Commissioners. The overspend relates to IT support, maintenance costs and agency spend.

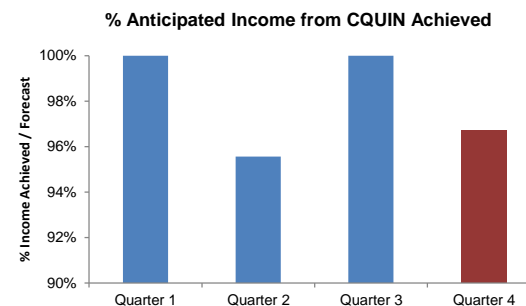
Building that work for us - Gross Capital Expenditure vs Planned



Data Source: Finance
Graph Source: Monthly
Commentary: Mina Patel

Capital Expenditure at month 11 totals £8.7m. This compares to an original plan of £26.6m. The underspend against capital is being driven by slippage against the strategic capital programme, more specifically the Maghull enabling works, the Liverpool 2 development and the Kevin White project.

Save Time & Money - % Anticipated Income from CQUIN



Data Source: Contracts
Graph Source: Quarterly
Commentary: Sally Proffitt

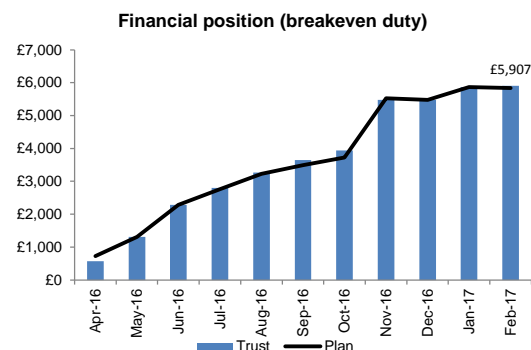
The Trust is on target to meet the majority of the CQUIN schemes (5). There is a risk of not delivering the National Physical Health CQUIN in Quarter 4. The maximum financial risk to the trust of not achieving this CQUIN is £0.08m.

Domain Report - February 2017

Level 2 - Our Resources - Key Performance Indicators

Level 1 Prioritised Metrics

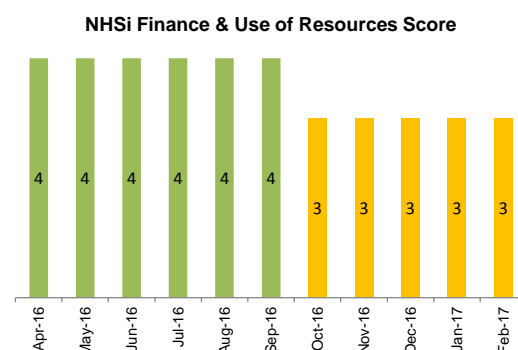
Save Time & Money - Financial Position (breakeven duty)



Data Source: Contracts
Graph Source: Monthly
Commentary: Mina Patel

The Trust is on plan to meet its statutory financial targets. However in December the trust received notification from HM Treasury of a change to the discount rate which effects the trusts provision for permanent injury benefits and early retirements. This is a technical adjustment, generating an increase cost to the trust of £2.7m. Discussions are on-going with NHSi as this is a national policy change and the trust should not be disadvantaged. The surplus at month 11 is £5.905m and is £0.066m above plan.

Save Time & Money - NHSi: Finance & Use of Resources



























Data Source: Contracts
Graph Source: Monthly
Commentary: Mina Patel

The Trust continues to deliver a Use of Resources Risk Rating of 3 and is on target with the liquidity, capital service cover and I&E Margins - which are all rated 1 (lowest risk). The I&E Margin Variance has reduced to 2 and is marginally behind plan (-0.02%), driven by over performance against the income plan. The agency spend metric is rated at 4 (highest risk) due to the spend being £3.9m above the ceiling set by NHSi. A work stream has been set up to implement plans to reduce the levels of agency spend.

Domain Report - February 2017

Level 1 - Our Future - Highlight Report

Level 1 Strategic Aim & KPI	Frequency	Value	Arrow	Forecast	Trend	Kite Mark
Deliver the benefits of research & innovation - Inpatient Ligature Incidents Reduction (Target 110)	Q*	255				
Deliver the benefits of research & innovation - Restrictive Practice Reduction (Target 2544)	M	1548				
Grow our Services - Win Rate (Target 50%)	M	44.40%				
Grow our Services - I&E Margin	M	2.74%				
Grow our Services - % Trust Expenditure in Centre for Perfect Care workstream	M	0.30%				
Work effectively with Primary Care and Other organisations - Risks associated with Contracts from Board Assurance Framework	Q*	12				

Board Assurance Framework Risks		
Reference	Title	Risk Rating
CS-Programme 22	There is a risk the key programme objectives are not being met and that the Board fails to ensure that implementation of the clinical model builds the right support which focuses on improving patient experience with less reliance on inpatient beds.	15
SHP.027	Affordability of the development of the Medium Secure Unit in relation to Capital & Revenue costs	15
SRR.50	There is a risk that the Trust will not embrace its appetite for risk in innovation	16
SRR.54	Risk that the Trust will not embrace its appetite for risk in the areas of growth	15
SRR.55	Risk that we will fail to engage effectively with primary and social care and we will not formally agree a pathway approach to integrated care	12
SRR.53	Risk that the trust Research and Development agenda is not aligned to Perfect Care	12
SRR.58	Risk that we fail to deliver sustainable redesign plans	12
SRR.68	There is a risk that robust planning will not be put in place to manage the transition arrangements with Calderstones (subject to the board agreeing the acquisition)	9

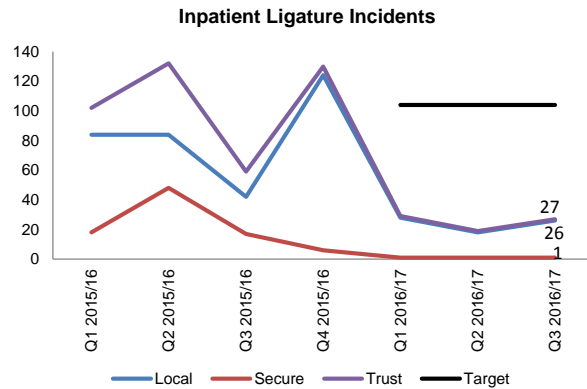
The win rate continues to be 44.4% in the absence of outcomes this month. We continue to anticipate large scale opportunities arising through the STP arrangements. In the meantime we await outcomes for the Health and Wellbeing bids submitted earlier in the year and the Global Digital Exemplar bid. Work is currently underway for the NIHR i4i Challenge Award of £5m to develop our suicide and self-harm prevention methods. This will be a multi-stage process.

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Level 2 - Our Future - Key Performance Indicators

Level 1 Prioritised Metrics

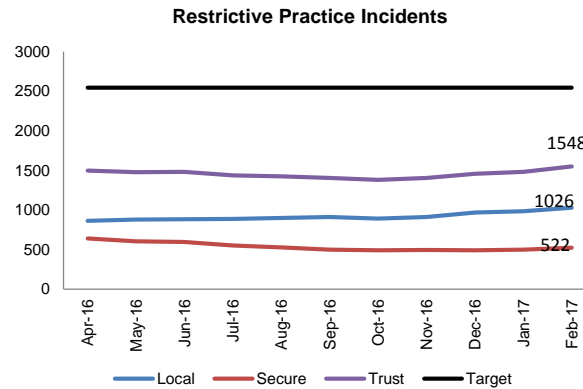
Deliver the benefits of research & innovation - Inpatient Ligature Incidents Reduction



Data Source: Datix
Graph Source: Quarterly
Commentary: Steve Morgan

No update to narrative provided in M11 2016/17, updated expected in M12.

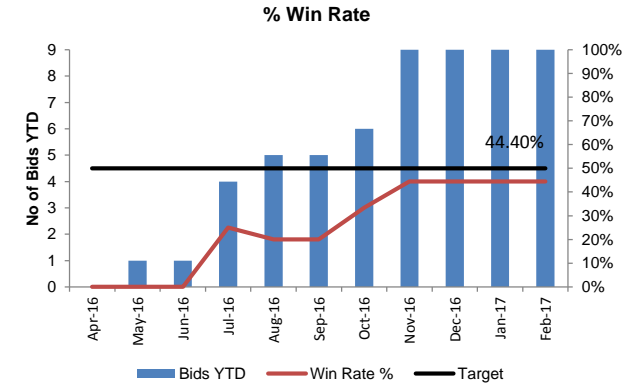
Deliver the benefits of research & innovation - Restrictive Practice Reduction



Data Source: Datix
Graph Source: Rolling 12 months
Commentary: Steve Bradbury

No update to narrative provided in M11 2016/17, updated expected in M12.

Grow our Services - Win Rate



Data Source: Business Development
Graph Source: Monthly ytd
Commentary: Jon Clover

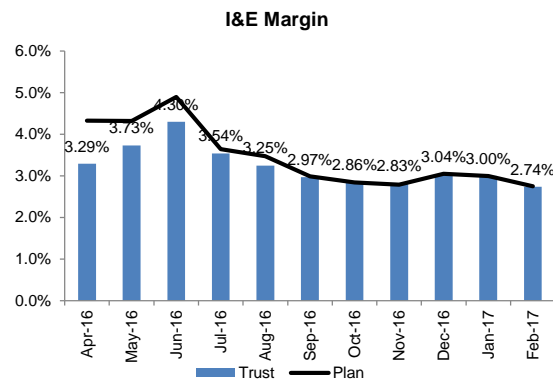
In the absence of any outcomes, the win rate remains at 44.4%. Submission is in draft for the NIHR i4i Challenge Award for £5m over 5 years and will be submitted at the end of March. In the meantime, we continue to await tender outcomes for Liverpool Mutual Homes, Bury Council and the next stage of the Global Digital Exemplar bid. As anticipated, procurement continues to slow through formal bidding processes and we expect larger projects to arise through STP.

Domain Report - February 2017

Level 2 - Our Future - Key Performance Indicators

Level 1 Prioritised Metrics

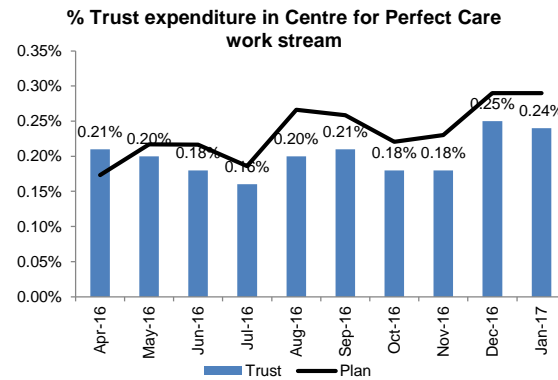
Grow our Services - I&E Margin



Data Source: Finance
Graph Source: Monthly
Commentary: Mina Patel

The Trusts I&E Margin % remains strong at 2.74%. This is driven by the Trust's surplus (adjusted for asset disposals) at month 11 of £5.905m which is £0.066m above plan. The trust received notification from HM Treasury of a 1% change to the discount rate. This creates a technical cost pressure of £2.7m. Whilst this is a non-cash adjustment, it would reduce the Trust's surplus in 2016/17. At this stage we have been advised by NHSi to maintain the forecast position of £6.969m until further clarification is received.

Grow our Services - % Trust Expenditure in Centre for Perfect Care workstream



Data Source: Finance
Graph Source: Monthly
Commentary: Mina Patel

The Trust's spend on Perfect Care to month 11 is on target at £0.638m and equates to 0.30% of total Trust spend.

Work effectively with Primary Care and Other organisations - Risks associated with Contracts from Board Assurance Framework

Risk	Original Risk	Current Risk	Target Risk
Increased demand due to Block Contract	15	6	6
Investment in Liaison Services	12	8	4
EIP KPI Underachieving	9	9	2
Talk Liverpool (TL) - Implementing the agreed recommendations of the IST NHS England Diagnostic Review within timescales.	16	20	8
Not taking the opportunity to review/reposition the current IAPT Talk Liverpool Organisational Structure to meet the needs and future redesign of the service clinical model including standard operating procedures and clear clinical guidance for staff, revised targets and KPI performance from the original contract.	15	15	8
Talk Liverpool - Not achieving 15% target prevalence rate for Liverpool	16	16	12

Data Source: BAF
Graph Source: Quarterly
Commentary: Sally Proffitt

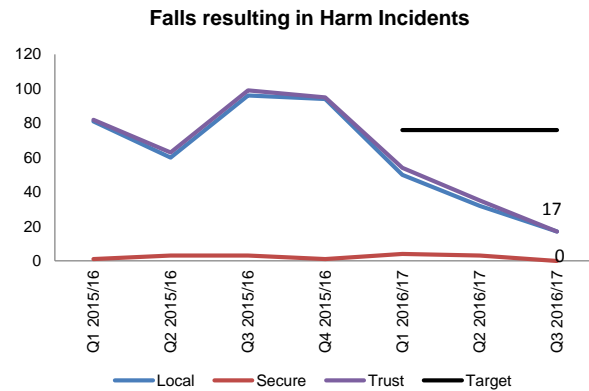
Block Contract - National directive to move away from a block after 17/18.
Liaison Service - Non recurrent funding has been provided in the 2017/19 contract offer and the trust is also working on a bid to secure further funding for a Core 24 service.
EIP - The Trust has received a 1% uplift on the Local CCGs contract offer, this is to fund 'must dos' within the FYFV, this will fund EIP for Liverpool.
Talk Liverpool - The Trust is working closely with NHSi and the CCG to redesign the service and put a revised trajectory in place. There is a potential risk of £0.120m for non-delivery of KPIs.

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Level 2 - Our Future - Key Performance Indicators

Level 2 Prioritised Metrics

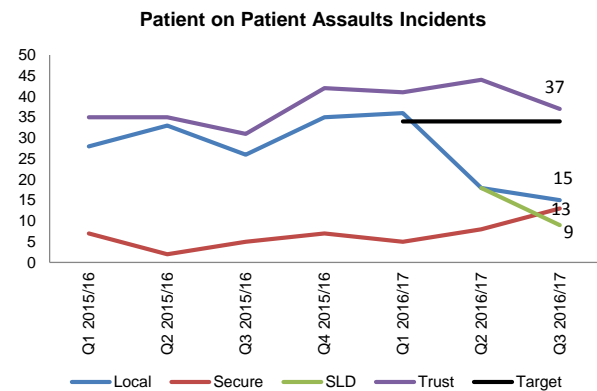
Deliver the benefits of research & innovation - Falls resulting in Harm Reduction



Data Source: Datix
Graph Source: Quarterly
Commentary: Steve Morgan

No update to narrative provided in M11 2016/17, updated expected in M12.

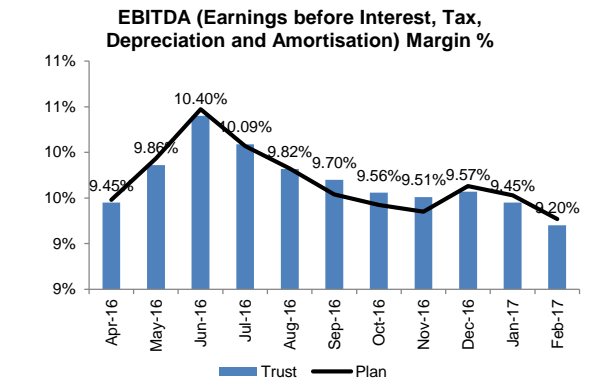
Deliver the benefits of research & innovation - Patient on Patient Assaults resulting in Harm Reduction



Data Source: Datix
Graph Source: Quarterly
Commentary: Steve Morgan

No update to narrative provided in M11 2016/17, updated expected in M12.

Grow our Services - EBITDA



Data Source: Finance
Graph Source: Monthly
Commentary: Mina Patel

The Trust's EBITDA Margin % remains strong at 9.29%. The EBITDA to month 11 is £20.617m and is £0.066m above plan.

Domain Report - February 2017

Level 2 - Our Future - Key Performance Indicators

Level 2 Prioritised Metrics

Transformation Programmes - Risk Rating for Local

	Overall status
Inpatient redesign	Green
Community redesign	Green
Specialist services redesign	Green

Data Source: Helen Bennet
 Commentary: Helen Bennet

The local division has commissioned an acute care pathway, which will inform the continued implementation of the community and the inpatient transformation programmes in local division for 2017-19.
 Considerable progress has been made in implementing the psychological approaches element of the transformation programme and in the response to 'Transforming Care'. The addictions service in Sefton, Ambition Sefton, has been successfully mobilised.

Transformation Programmes - Risk Rating for Secure

	Overall status
Effective secure pathway	Green
Redesign of rehabilitation services	Green
Psychology review	Green
Secure campus	Green

Data Source: Helen Bennet
 Commentary: Helen Bennet

Progress is being made in the implementation of the revised models of rehabilitation and psychology provision. There have been some delays in implementation as a result of staff grievances, however, these have been closely managed and impact on CIPs mitigated.
 The delayed commencement of the Public consultation regarding specialist LD services has resulted in delay to the medium secure unit development programme, which is also subject to the risk of lack of availability of capital monies. All risks and mitigations are being closely managed by the Programme Board.

Transformation Programmes - Risk Rating for SPLD

	Overall Status
Model of care implementation	Amber

Data Source: Helen Bennet
 Commentary: Helen Bennet

The Specialist Learning Disabilities Transformation programme has been delayed due to the NHS England consultation on low secure provision, which will reduce the ability of the Trust to deliver the original model in the timeline and costings originally set out.
 Development of the proposed role and function of the Specialist Support Teams (SST) continues in conjunction with commissioners, as does planning and monitoring of discharges from Whalley.

Level 2 - Our Future - Key Performance Indicators

Level 2 Prioritised Metrics










Transformation Programmes - Risk Rating for Corporate

Data Source: Helen Bennet
Commentary: Helen Bennet



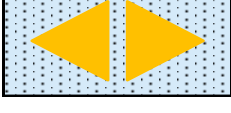
A Corporate services transformation programme is currently being scoped and governance arrangements confirmed.

Legend




Trend Movement Arrows - Summary Sheet

			Performance improved (arrow colour indicates performance level achieved)
			Performance maintained (arrow colour indicates performance level achieved)
			Performance deteriorated (arrow colour indicates performance level achieved)

Trend Movement Arrows - Performance Escalation Tables and Supplementary Reports





	Performance Improving
	Performance Deteriorating
	Performance Maintained

Legend / key Forecasts

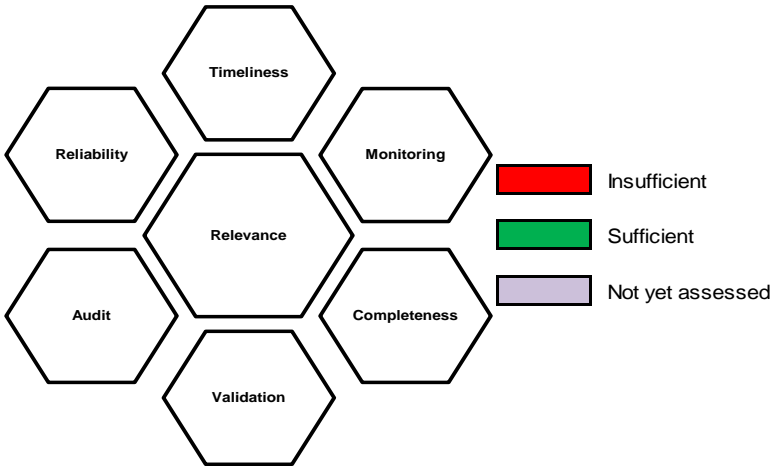
  




Shows whether next month position will meet the standard

Graph Legend



-  Performance
-  Mean Average
-  Control Limits
-  Target

Data Quality Indicator (Kite mark)



-  Insufficient
-  Sufficient
-  Not yet assessed

Escalation Status

-  New Escalation
-  Update on previous escalation

Reporting Frequency

M	Monthly
Q	Quarterly
A	Annual