

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 28 October 2015

Title and Author of Paper: Performance Report (Month 6).
Lisa Quinn, Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework - Governance risk rating remains Green (lowest risk) and the Financial Sustainability Risk rating is 4 as at September 2015. (pages 3-4)
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at 2015/2016 quarter 2 (page 5)
- Quality Dashboard – at M6 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety. Three CQUIN schemes and five quality priorities have been RAG rated amber as at month 6. (page 6).
- Waiting Times – Performance against the CYPS 9 and 12 weeks standard has improved in the month and however in some areas remains under plan. Nb there is also a quality priority relating to waiting times. (pages 7-13)
- Workforce Dashboard – appraisal rates have decreased from 84.4% to 82.5% in the month. Sickness absence was 5.13% in September and the rolling 12 month average is now 5.66%. Safeguarding adults training has remained at 89.1% across the Trust. (page 14)
- Finance Dashboard - At Month 6, the Trust had a risk rating of 4 and a surplus of £4.4m which was £1.3m ahead of plan. The Trust currently expects to deliver £1.5m more than its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 6 was £28.0m which was £13.6m above plan due to the surplus being higher than plan, capital spend being below plan and working capital being higher than plan. The year-end cash balance is currently forecast to be slightly above plan. (page 15)
- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 6. (page 16-21)
- Principal Community Pathways Benefits Realisation dashboards have been included for the first time, including information on waiting times, referrals, discharges, caseloads, staff time and patient flows. (page 22-25)

Outcome required: To note information



Integrated Performance And Assurance Report

Shining a light on the future



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1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard

Risk Assessment Framework	Target	Quarter 2 position	Current position (m6)	Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	●
Overall Financial Sustainability Risk Rating		4	4	—	4
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	100.0%
CPA 7 day follow up	95%	98.6%	98.2%	●	99.0%
CPA review within 12 months	95%	96.9%	96.9%	●	97.0%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.1%	2.5%	●	2.8%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%	●	100.0%
EIP treatment within 2 weeks of referral*	50%	22.9%	20.0%	●	
IAPT treatment within 6 weeks of referral**	75%	96.3%	99.6%	●	96.5%
IAPT treatment within 18 weeks of referral**	95%	100.0%	100.0%	●	100.0%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	92.6%	92.6%	●	92.6%
Self certification against LD access requirements	Green	Green	Green	●	Green
Clostridium Difficile - meeting the C Diff objective	0	0	0	●	0
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	●	●
CQC compliance action outstanding	No	No	No	●	●
CQC enforcement action within the last 12 months	No	No	No	●	●
CQC enforcement action currently in effect	No	No	No	●	●
Moderate CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	●
Major CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	●
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	No	No	●	●

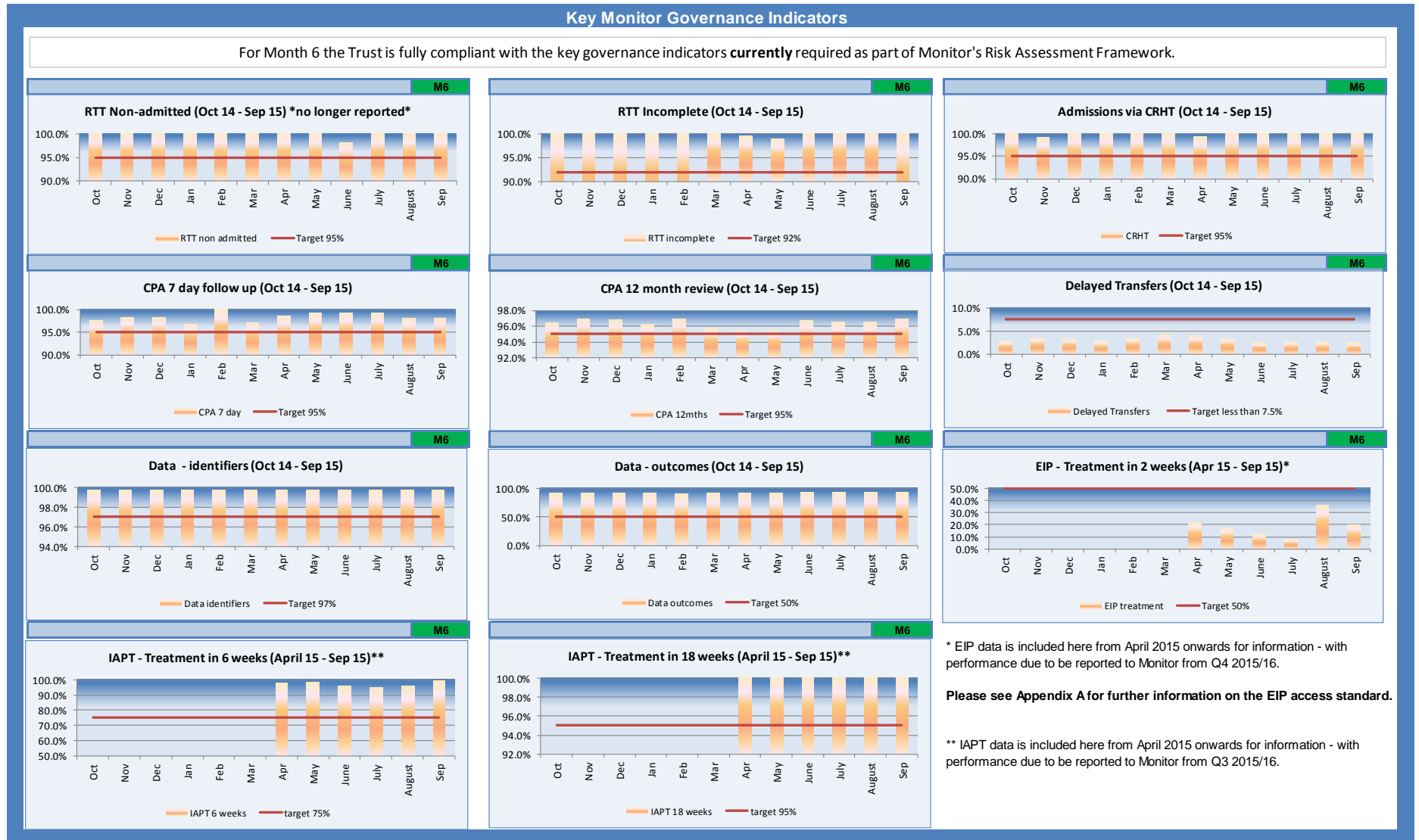
At Month 6 all **current** Monitor Risk Assessment Framework governance requirements have been met.

* EIP data for information only - to be reported to Monitor from Q4 2015/16

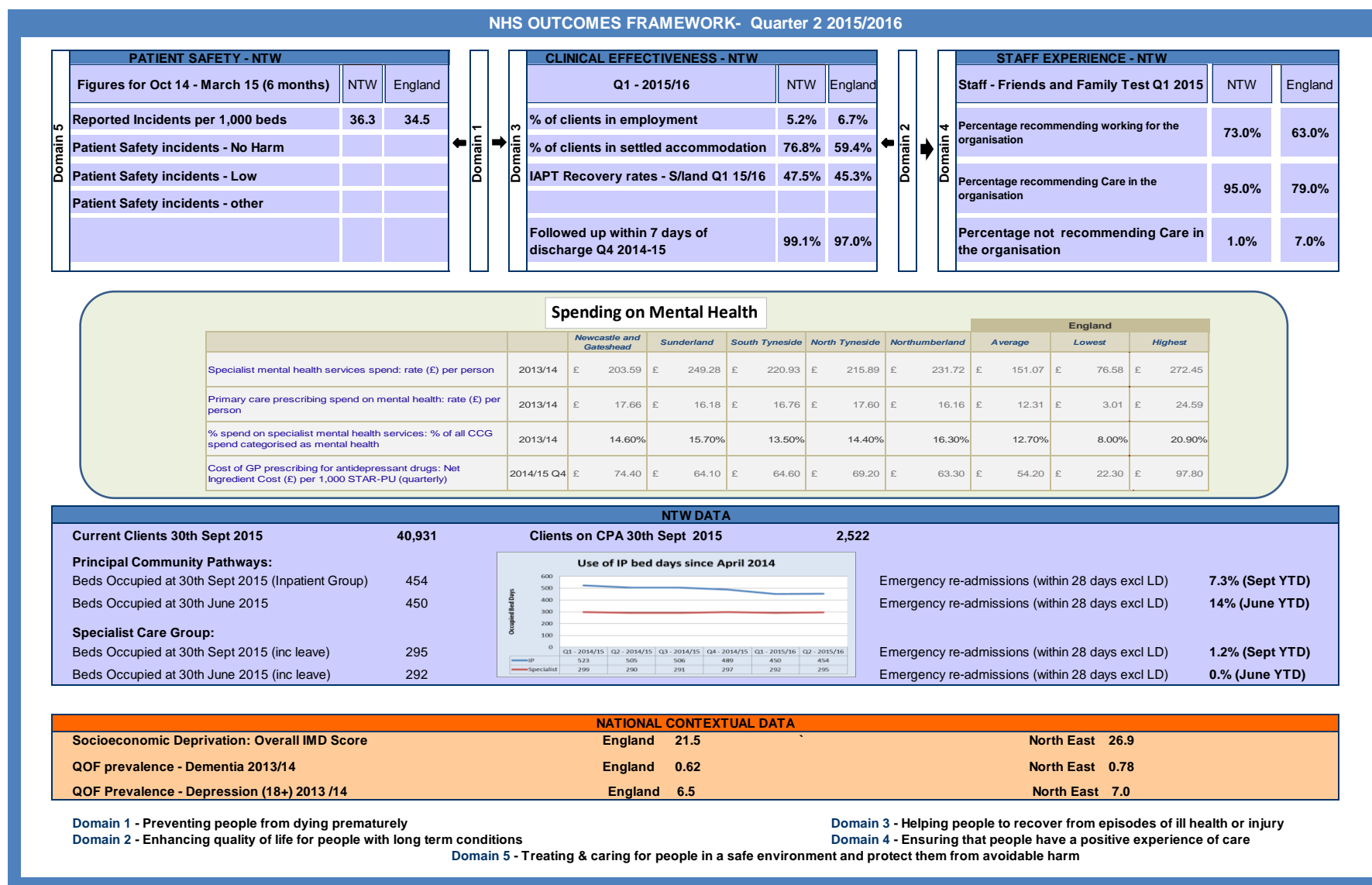
** IAPT data for information only - to be reported to Monitor from Q3 2015/16

●	Meeting Monitor target
●	Breaching Monitor target
▲	Trend improved from previous month
—	Trend the same as previous month
▼	Trend worse than previous month

2. Monitor Indicator Trends



3. NHS Outcomes Framework (updated quarterly)



4. Quality Dashboard

Quality Dashboard

CQC Fundamental Standards	Target	M6 position	Trend	Forecast position
Care and treatment must be appropriate and reflect service users needs and preferences	●	●	●	●
Service users must be treated with dignity and respect	●	●	●	●
Care and treatment must only be provided with consent	●	●	●	●
Care and treatment must be provided in a safe way	●	●	●	●
Service users must be protected from abuse and improper treatment	●	●	●	●
All premises and equipment used must be clean, secure, suitable and used properly	●	●	●	●
Complaints must be appropriately investigated and appropriate action taken in response	●	●	●	●
Systems and processes must be in place to ensure compliance with the fundamental standards	●	●	●	●
Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed	●	●	●	●
Persons employed must be of good character, have necessary qualifications, skills, experience and be able to perform the work for which they are employed (Fit and Proper Persons Test)	●	●	●	●
Registered persons must be open and transparent with service users about their care and treatment (Duty of Candour)	●	●	●	●

Quality Priorities 2015/16 (Internal)	Target	M6 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	—	●
Goal 2 - Improve the way we relate to patients and carers				
1. Greater choice, quality of food and timing of meals to inpatient areas.	●	●	▼	●
2. To improve waiting times for multidisciplinary teams	●	●	—	●
3. To improve communication to, and involvement of, carers and families (young carers)	●	●	—	●
Goal 3: Right services are in the right place at the right time for the right person				
1. To continue to embed the Recovery Model	●	●	—	●
2. To increase the recording of diagnosis in community teams	●	●	—	●
3. To improve recording and use of outcome measures by improving suppression rates of PROMs (SWEMWEBS)	●	●	—	●

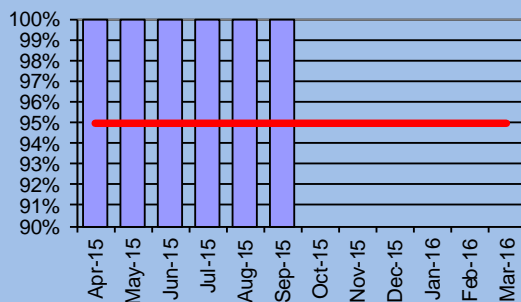
CQUIN 2015/16	Target	M6 position	Trend	Year End Forecast
Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	▲	●
Physical Healthcare (Sunderland)	●	●	▲	●
CYPS waiting times - Northumberland	●	●	—	●
CYPS waiting times - Newcastle & Gateshead	●	●	—	●
CYPS waiting times - South Tyneside	●	●	—	●
CYPS waiting times - Sunderland	●	●	—	●
Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Carers (Sunderland)	●	●	—	●
Liaison (North Tyneside only)	●	●	▲	●
NHS ENGLAND only:				
Physical healthcare (NHS England)	●	●	—	●
MH1 Secure services active engagement programme	●	●	—	●
MH3 Deaf recovery package	●	●	—	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	—	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	—	●

●	Performance on track and/or improved from previous month
●	Some improvements needed to achieve target
●	Not achieving target/performance deteriorating
▲	Trend improved from previous month
—	Trend the same as previous month
▼	Trend worse than previous month

5. Waiting Times Dashboard

Waiting Times Dashboard - NHS England Commissioned Specialised Services

RTT (Consultant Led Services)- %seen within 18 weeks (Target 95%)



RTT services = neurological rehabilitation and neuropsychiatry

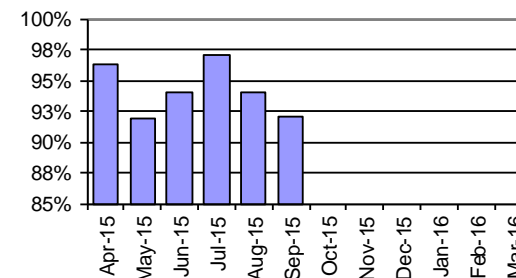
Month 6 narrative:

The RTT incomplete waiting times standard was achieved in September.

The underperformance in MDT teams relates to neuro psychology activity (not classed as RTT).

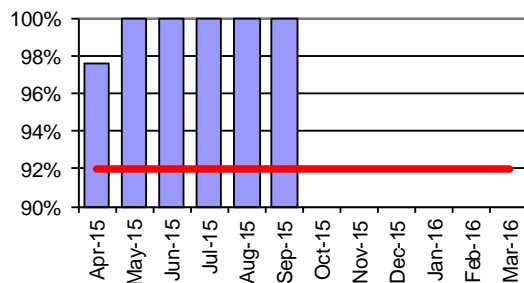
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list is continues to increase sharply while the plan is being implemented and currently stands at c350

Multidisciplinary Teams (MDT) wait from referral to first contact - %seen within 18 weeks (target 100%)

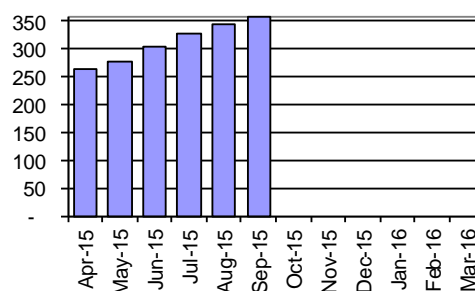


^^ MDT wait data excludes gender dysphoria

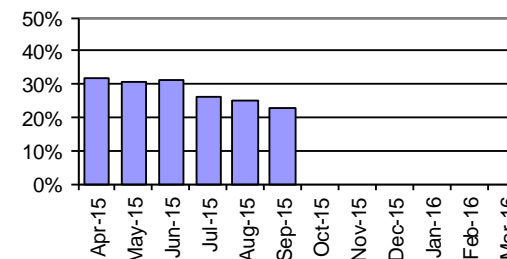
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



Gender Dysphoria- Total waiting list at the end of the month



Gender Dysphoria waiting list - % waiting less than 18 weeks at the end of the month



Month 6 narrative:

The RTT and IAPT waiting times standards were achieved in the month.

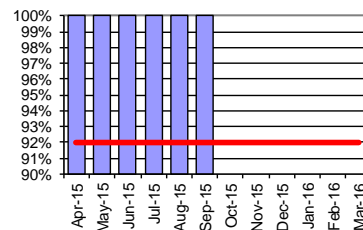
The EIP 2 week standard is currently being measured using first contact after cluster.

Waiting time by cluster for patients entering treatment in the quarter is included below.

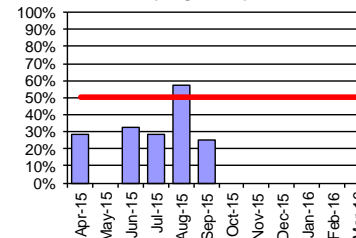
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

CYPs incomplete waiting times have improved in the month and the plan has been achieved. The number of throughput waiters has now been reduced to zero ahead of the CQUIN deadline of 30/9/15.

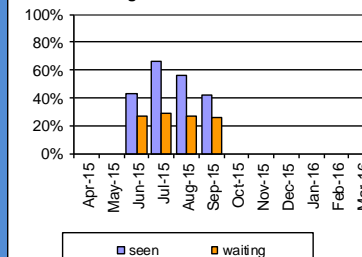
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



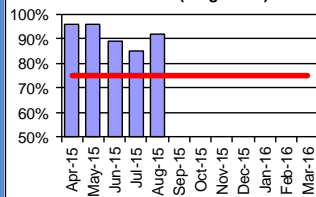
EIP - % seen in treatment within 2 weeks (Target 50%)



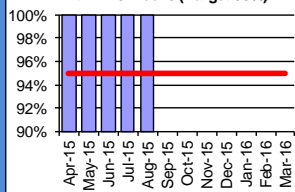
Adult ADHD % seen in the month & % waiting at the end of the month



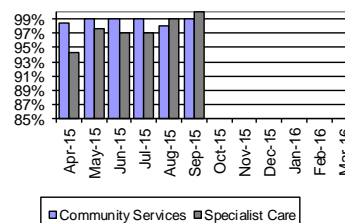
Adult IAPT - % seen in treatment within 6 weeks (Target 75%)



Adult IAPT - % seen in treatment within 18 weeks (Target 95%)



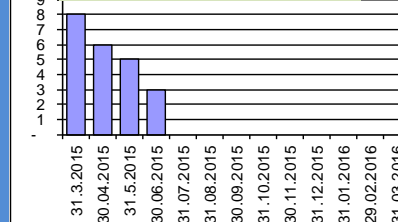
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



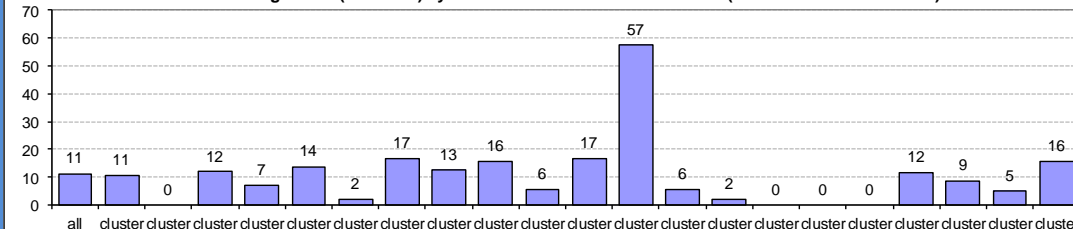
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



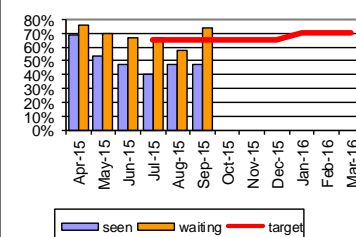
Number of CYPs Throughput Waiters (to be zero by 30.9.15) **ACHIEVED** July 15



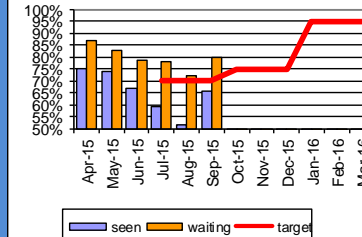
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPs 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPs 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 6 narrative:

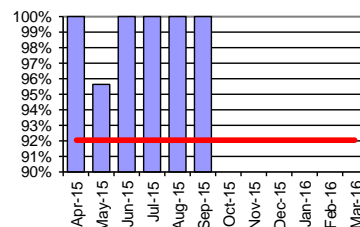
The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved, with none of the patients entering treatment in quarter two reported as receiving treatment within 2 weeks of referral. This is measured using first contact after cluster.

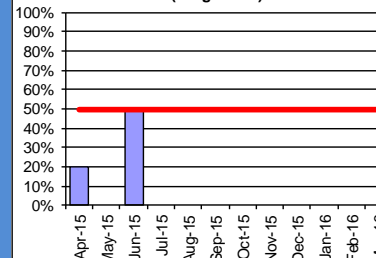
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

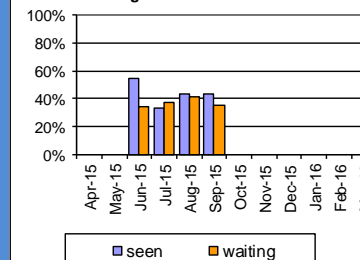
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



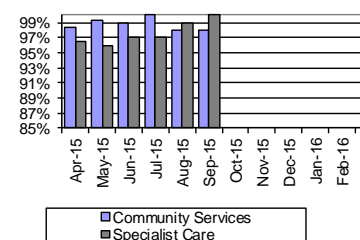
EIP - % seen in treatment within 2 weeks (Target 50%)



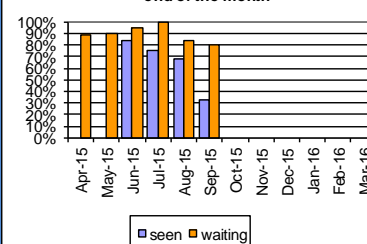
Adult ADHD % seen in the month & % waiting at the end of the month



Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



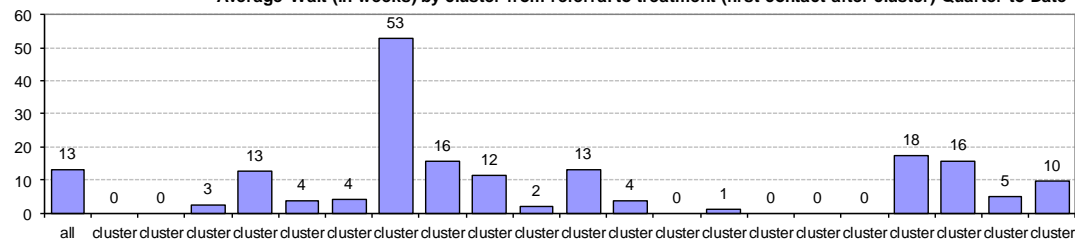
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



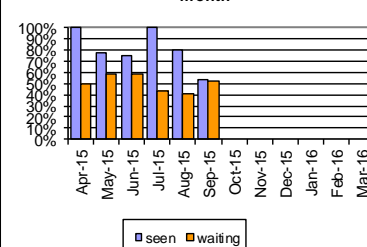
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

The waiting times CQUIN does not apply to North Tyneside CCG and the data provided below is for information only.

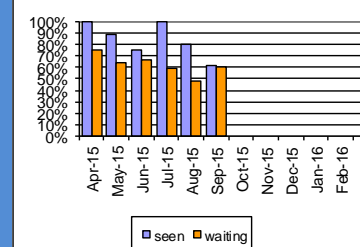
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 6 narrative:

The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved and is currently measured using first contact after cluster.

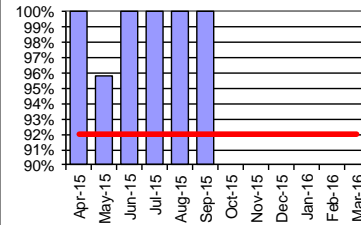
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

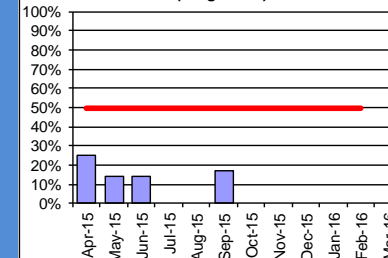
The adult autism diagnosis team waiting list has deteriorated in the month to 70% waiting less than 18 weeks at the end of the month and none of the new patients seen in the month were seen within 18 weeks of referral.

CYPs waiting times have improved in the month however remain below plan. There is just one throughput waiter remaining.

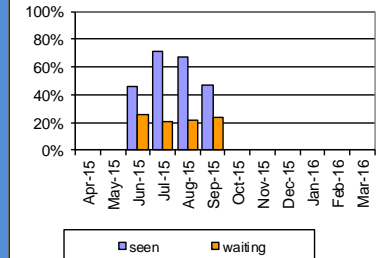
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



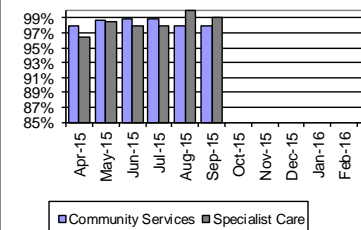
EIP - % seen in treatment within 2 weeks (Target 50%)



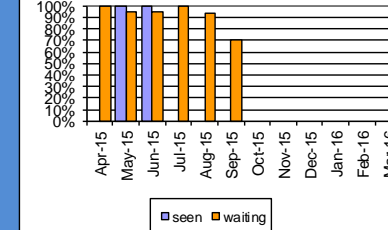
Adult ADHD % seen in the month & % waiting at the end of the month



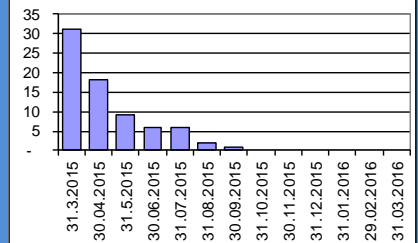
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



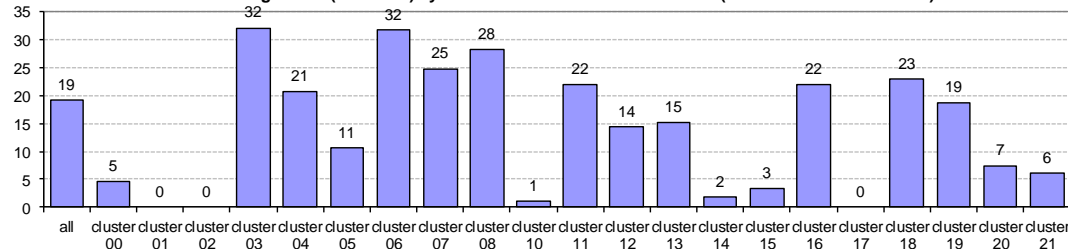
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



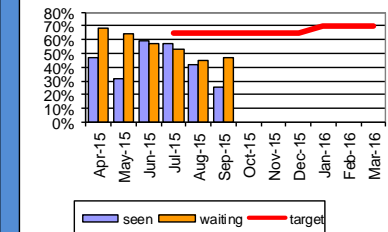
Number of CYPs Throughput Waiters (to be zero by 31.12.15)



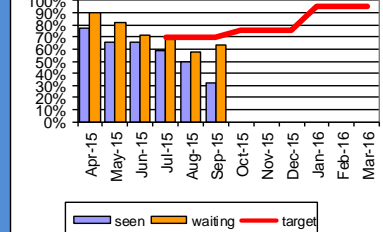
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPs 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPs 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 6 narrative:

The RTT standard was achieved in the month.

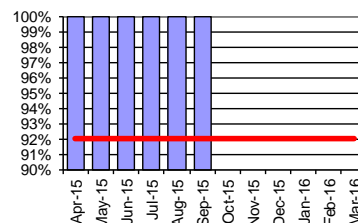
The EIP 2 week standard was achieved in September 2015 and is currently measure using first contact after cluster.

Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

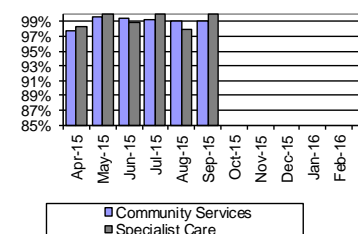
Adult ADHD waiting times data is included from June onwards, highlighting that most patients on the waiting list have been waiting more than 18 weeks, however some of the new cases seen in the month had waited less than 18 weeks.

CYPS waiting times have improved in the month however remain below plan. The throughput waiters remain at just two.

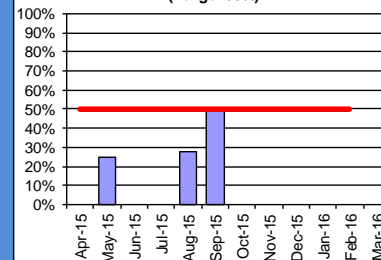
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



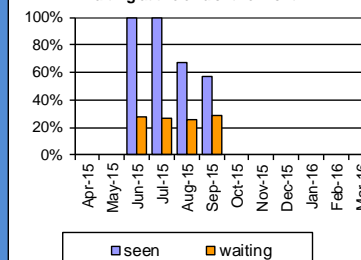
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



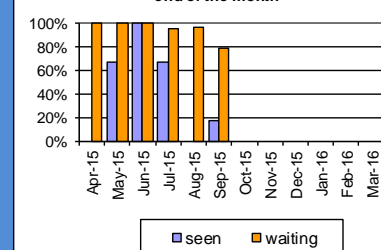
BP - % seen in treatment within 2 weeks (Target 50%)



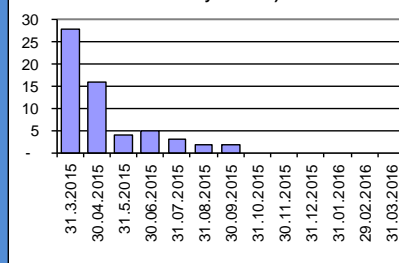
Adult ADHD % seen in the month & % waiting at the end of the month



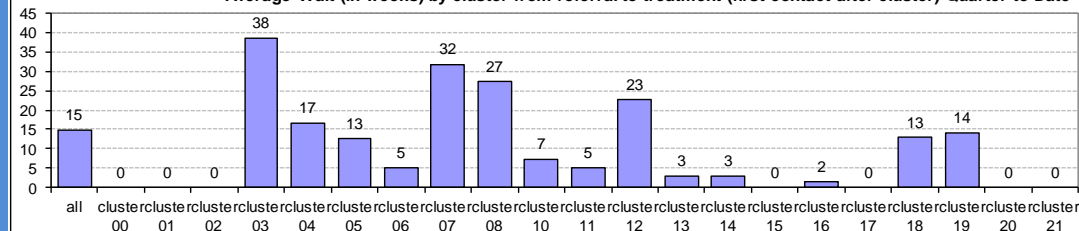
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



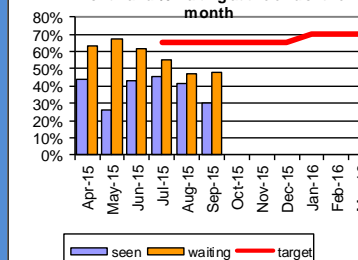
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



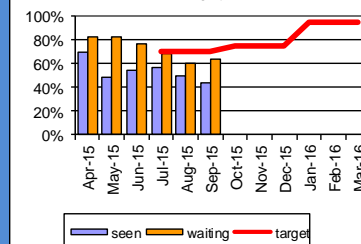
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Month 6 narrative:

The RTT standard was achieved in the month.

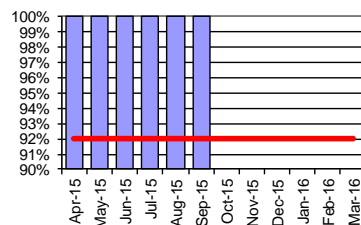
The EIP waits are currently measured using first contact after cluster.

Waiting time by cluster for patients entering treatment in the quarter is included below - there are two reported very long waits (for clusters 2 and 11) relating to individual patients.

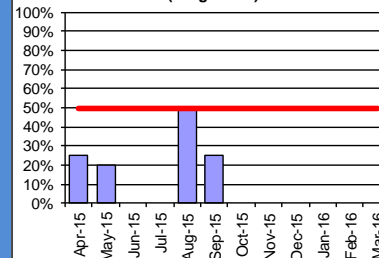
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

CYPS 9 and 12 week incomplete waiting times have improved in the month although remain below plan. There are now 53 throughput waiters remaining.

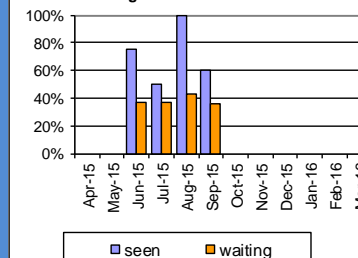
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



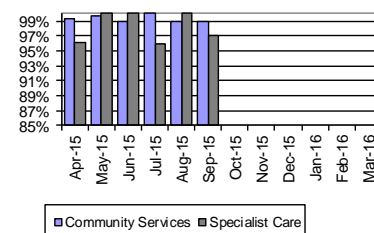
EIP - % seen in treatment within 2 weeks (Target 50%)



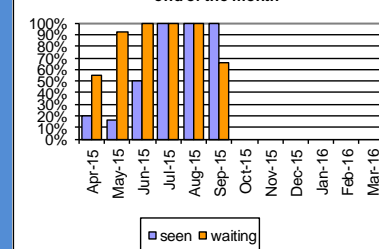
Adult ADHD % seen in the month & % waiting at the end of the month



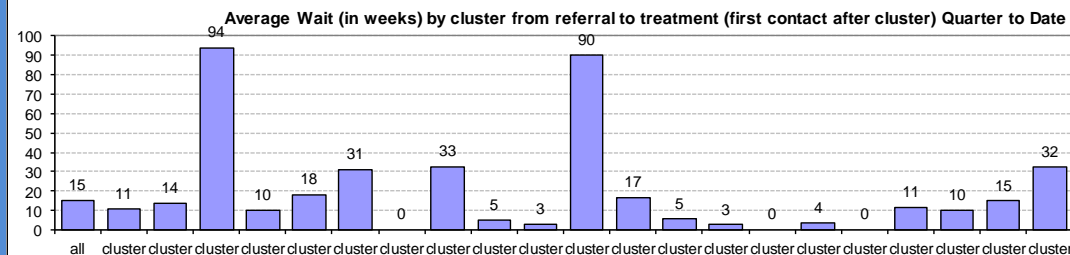
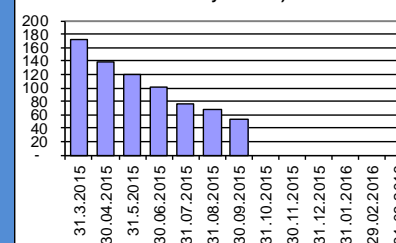
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



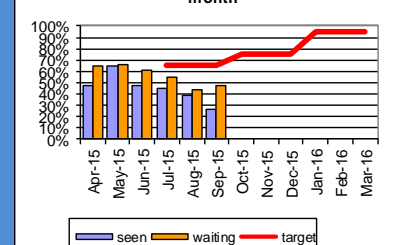
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



Sunderland CCG

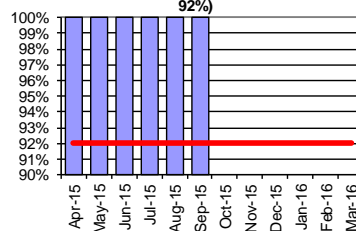
Month 6 narrative:

The RTT and IAPT standards were achieved in the month. The EIP 2 week standard is currently being measured using first contact after cluster.

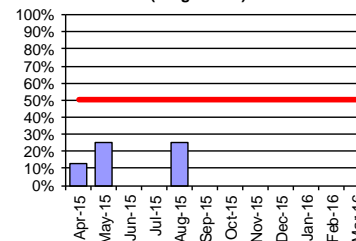
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. Very few of the adult ADHD or adult Autism Diagnosis patients first seen in September were seen within 18 weeks of referral.

CYPS 12 week incomplete waiting times have been maintained since last month although remain below plan and there are now 75 throughput waiters remaining.

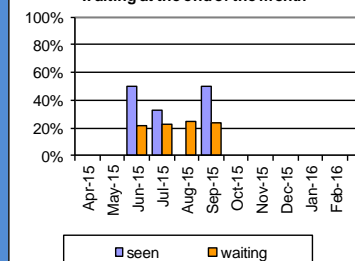
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



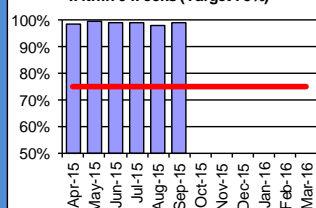
EIP - % seen in treatment within 2 weeks (Target 50%)



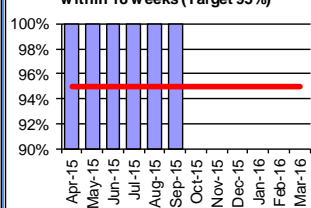
Adult ADHD % seen in the month & % waiting at the end of the month



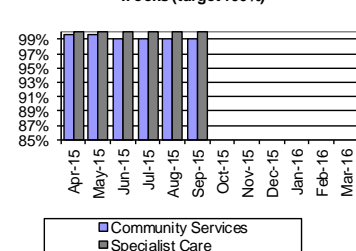
Adult IAPT - % seen in treatment within 6 weeks (Target 75%)



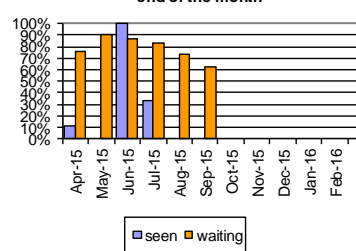
Adult IAPT - % seen in treatment within 18 weeks (Target 95%)



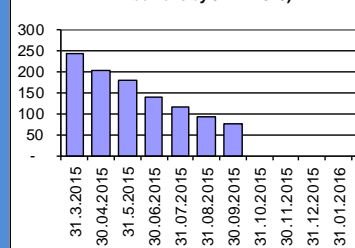
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



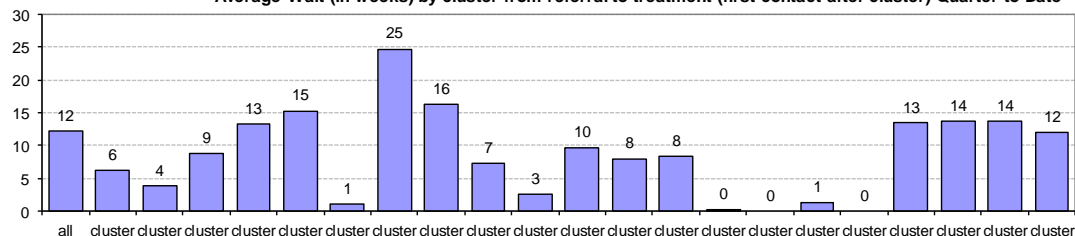
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



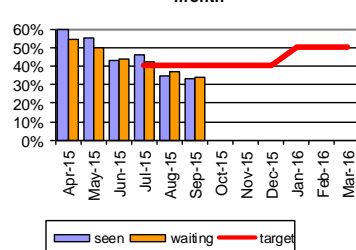
Number of CYPS Throughput Waiters (to be zero by 31.12.2015)



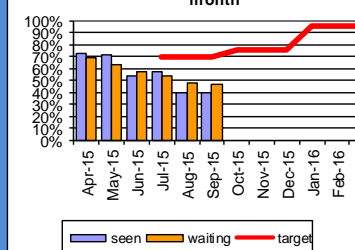
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



6. Workforce Dashboard

Workforce Dashboard

Statutory and Mandatory Training	Target	M6 position	Trend	Forecast position
Fire Training	90%	88.3%		90%
Health and Safety Training	90%	94.1%		94%
Moving and Handling Training	90%	95.1%		95%

Job Related Essential Training	Target	M6 position	Trend	Forecast position
Clinical Risk Training	90%	90.4%		91%
Clinical Supervision Training	90%	83.1%		84%
Safeguarding Children Training	90%	90.8%		90%
Safeguarding Adults Training	90%	89.1%		90%
Equality and Diversity Introduction	90%	92.1%		92%
Hand Hygiene Training	90%	90.2%		90%
Medicines Management Training	90%	86.5%		87%
Rapid Tranquilisation Training	90%	84.9%		85%
MHCT Clustering Training	90%	90.8%		91%
Mental Capacity Act Training	90%	82.8%		83%
Mental Health Act Training	90%	82.0%		82%
Deprivation of Liberty Training	90%	83.0%		83%
Seclusion Training	90%	94.0%		94%
Dual Diagnosis Training (80% target)	80%	86.8%		87%
PMVA Basic Training	90%	79.0%		80%
PMVA Breakaway Training	90%	73.1%		73%
Information Governance Training	90%	87.8%		90%
Records and Record Keeping Training	90%	97.4%		98%

	Performance at or above target
	Performance within 5% of target
	Under-performance greater than 5%

	Trend improving on previous month
	Trend the same as previous month
	Trend worse than previous month

Behaviours and Attitudes	Target	M6 position	Trend	Forecast position
Appraisals	90%	82.5%		85%
Disciplinarys (new cases since 1/4/15)		75		
Grievances (new cases since 1/4/15)		23		

Recruitment, Retention & Reward	Target	M6 position	Trend	Forecast position
Corporate Induction	100%	100.0%		100%
Local Induction	100%	91.8%		93%
Staff Turnover	<10%	8.3%		<10%
Current Headcount		5987	N/A	N/A

Managing Attendance	Target	M6 position	Trend	Forecast position
In Month sickness	<5%	5.13%		
Short Term sickness (rolling)		1.54%		
Long Term sickness (rolling)		4.12%		
Average sickness (rolling)	<5%	5.66%		

Best Use of Resources	Target	M6 position	Trend	Forecast position
Agency Spend		£1,074,000		
Admin & Clerical Agency (included in above)		£204,000		
Overtime Spend		£250,000		
Bank Spend		£757,000		

7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(4,448)	(3,500)
EBITDA	(10,465)	(15,602)
Capital Spend/CRL	4,766	20,454
Efficiency Plan	3,819	10,234

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	315	1,223
Community Services	(466)	(589)
Specialist Care	1,052	2,648
Indirect/Support Services Costs	(1,856)	(2,406)
Other/Reserves	(268)	(2,235)
Cost of Capital	(104)	(140)

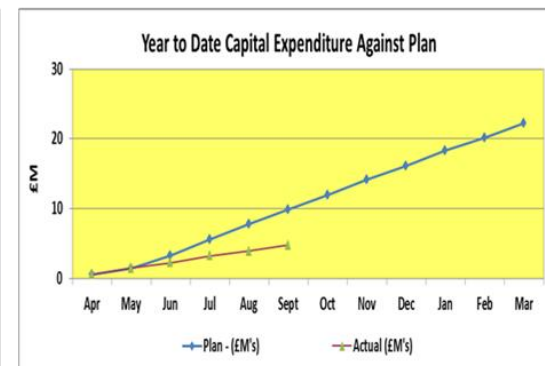
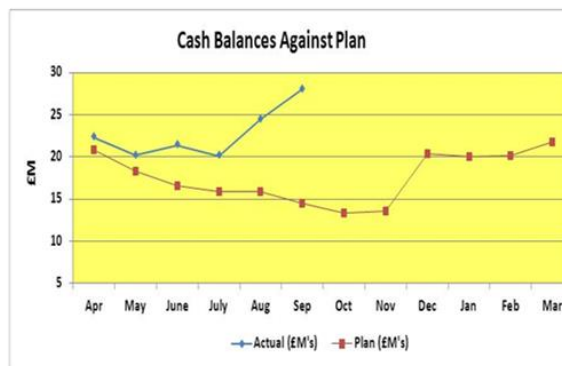
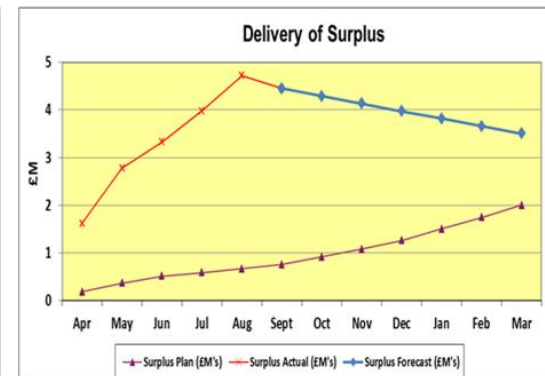
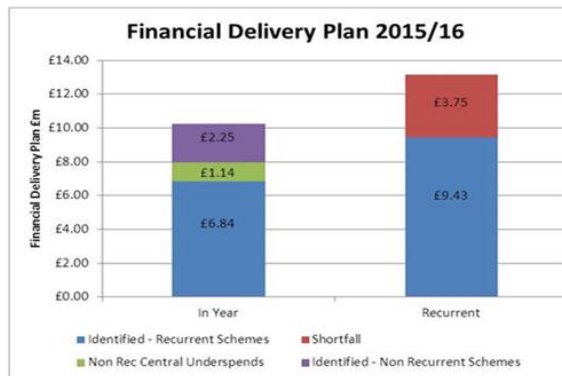
Balance Sheet

Key Indicators	Current	Forecast
Cash	£28.0m	Green
Loans Drawn	£6.8m	Green
Loans Forecast	£14.8m	Green
Current Ratio	1.6	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.70x	3
Liquidity Ratio	20.4 days	4
I&E Margin	2.89%	4
I&E Margin Variance	2.40%	4
Overall Rating		4

Key Issues

- Risk rating is a 4 & I&E position is above plan at Month 6
- Year-end forecast rating is a 4 & forecast surplus is £1.5m above plan.
- The main pressures/risks to delivery are staff overspends in Specialist Care and achieving FDP savings.
- Cash position is well above plan at Month 6 and the forecast is also slightly above plan.



8. Contract Summary Dashboards

NTW Quality and Performance
Group: North
Period: 2015/16 September

Northumberland, Tyne and Wear **NHS**
NHS Foundation Trust

Target Achievement in this period



- 11 NORTHUMBERLAND CCG (100.0%)
- 9 NORTH TYNESIDE CCG (100.0%)

Comments:

All targets have been achieved in September

Areas for improvement

Metric ID	Ref	Metric Name
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Report Date: 12/10/2015 14:15:14

Target Achievement in this period



Comments:

All metrics achieved at contract level.

Areas for improvement

Target Achievement in this period

9 SOUTH TYNESIDE CCG (100.0%)



Comments:

All targets have been achieved in September

Areas for improvement

Metric ID	Ref	Metric Name

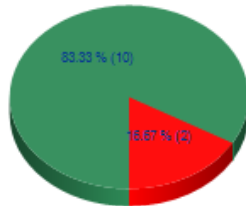
Report Date: 12/10/2015 14:15:14

Target Achievement in this period



SUNDERLAND CCG (83.3%)

Under Achievement Achievement



Comments:

At September all targets are met with the exception of the IAPT access target and the numbers moving to recovery.

Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	524 ✗	524 ✗
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland	47.5% ✗	47.5% ✗

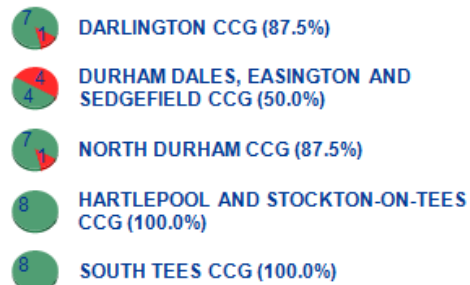
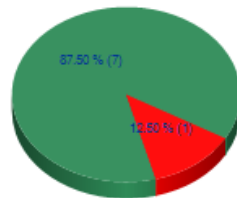
Report Date: 12/10/2015 14:20:07

NTW Quality and Performance
Group: Durham and Tees
Period: 2015/16 September

Northumberland, Tyne and Wear **NHS**
 NHS Foundation Trust

Target Achievement in this period

Under Achievement Achievement



Comments:

There are a small number of areas of under performance in September which frequently are a result of the care co-ordination function for these patients being held outside of NTW and therefore leading to delays in accessing this information .

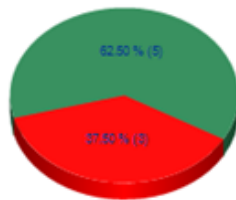
Areas for improvement

Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES,	NORTH DURHAM	HARTLEPOOL AND	SOUTH TEES CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	80.0% ✗	89.5% ✗	95.0% ✓	92.3% ✓	90.0% ✓	90.5% ✓
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	87.5% ✗	100.0% ✓	100.0% ✓	100.0% ✓	96.7% ✓
7238		MHMDS Data Completeness, Current Service Users aged 18 and over with a valid NHS Number	100.0% ✓	98.9% ✗	99.7% ✓	100.0% ✓	100.0% ✓	99.5% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	85.7% ✗	92.3% ✗	100.0% ✓	100.0% ✓	94.6% ✗

Report Date: 12/10/2015 14:15:37

Target Achievement in this period

Under Achievement Achievement



Comments:

In September there are three areas of under performance.

In all cases the underperformance relates to 1 client.

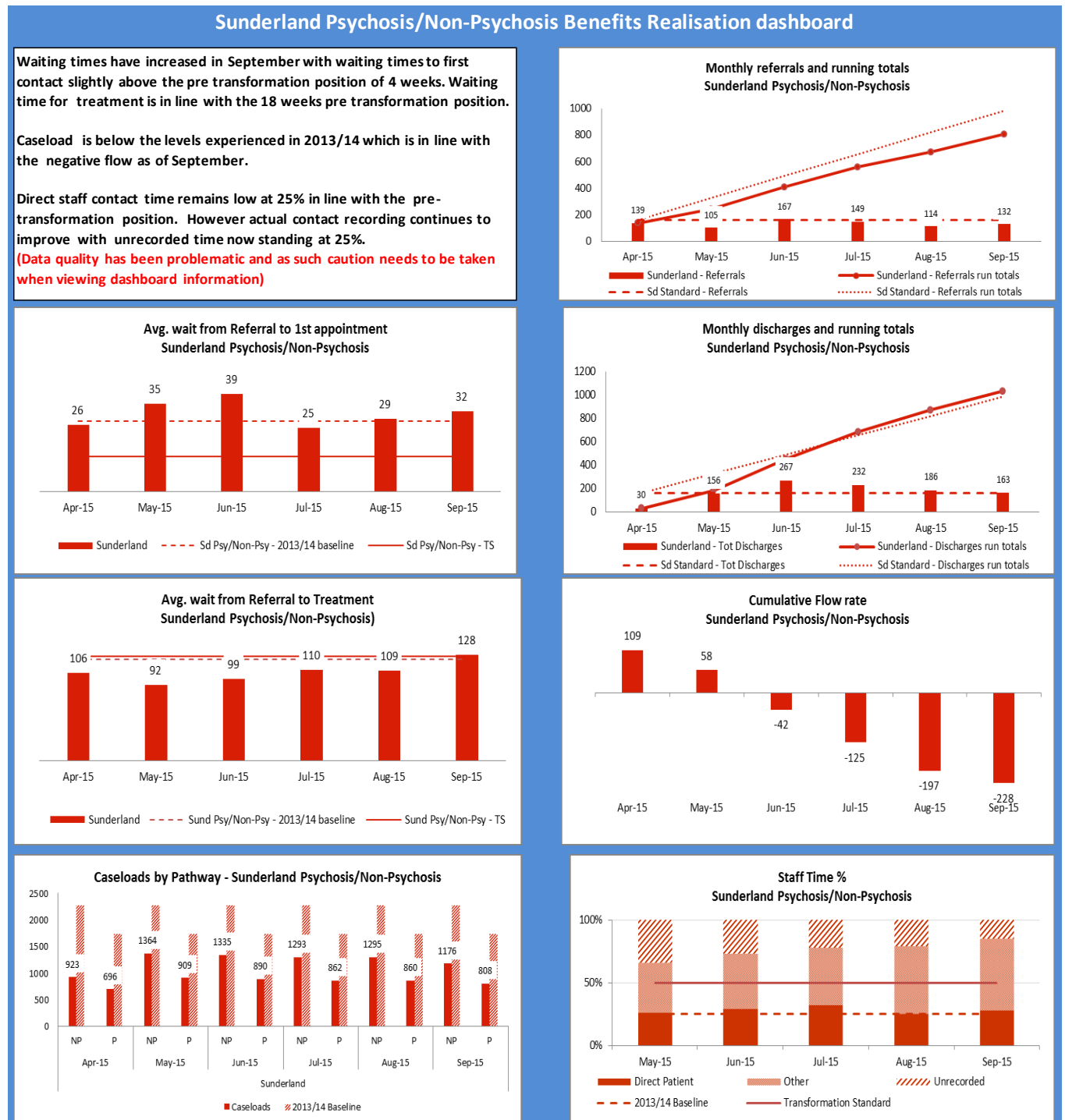
Areas for improvement

Metric ID	Ref	Metric Name	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	90.0% ✗
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	80.0% ✗
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	83.3% ✗

Report Date: 12/10/2015 14:15:25

9. Principal Community Pathways Benefits Realisation Dashboards

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Nb the colour schemes used within these reports will be amended in future months. The current colour schemes are no reflection on current performance.

****DRAFT****

Sunderland Cognitive & Functionally Frail Benefits Realisation dashboard

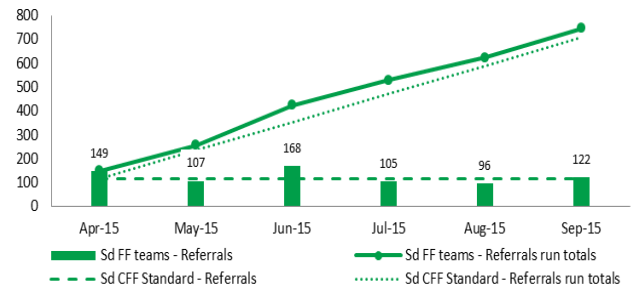
Waiting time from referral to first contact decreased in September and is now slightly below the pre transformation position of 4 weeks. Waiting times from referral to treatment increased in september and although above the 2013/14 position is still well below the transformation standard.

Caseload is below the levels experienced in 2013/14 although during 2015/16 referrals have exceeded discharges. Referrals for the year are above the assumptions made within the pathway plan.

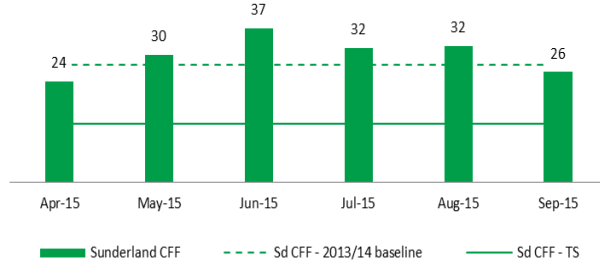
Direct staff contact time continues to be low in line with three pre-transformation position. Although recording has improved slightly in September this remains high at just under 50%.

(Data quality has been problematic and as such caution needs to be taken when viewing dashboard information)

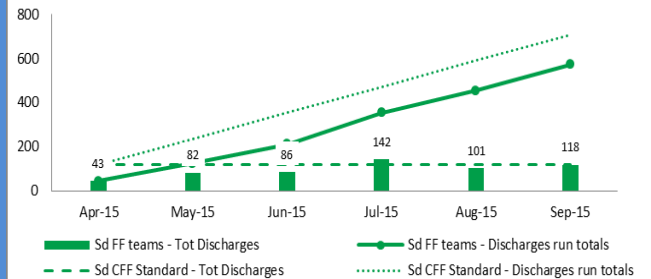
Monthly referrals and running totals
Sunderland CFF



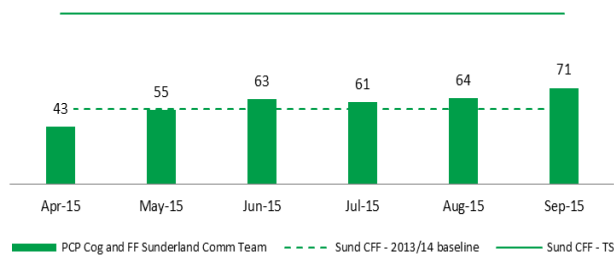
Avg. wait from Referral to 1st Appointment
Sunderland CFF



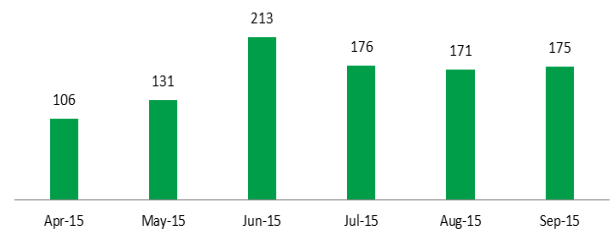
Monthly discharges and running totals
Sunderland CFF



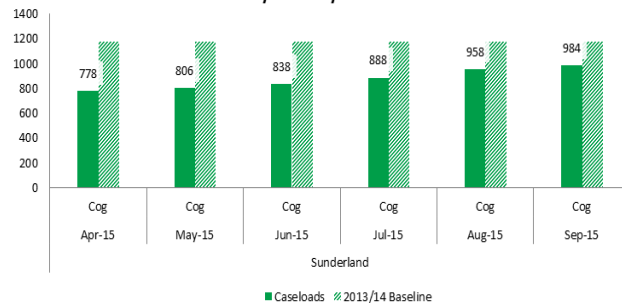
Avg. wait from Referral to Treatment
Sunderland CFF



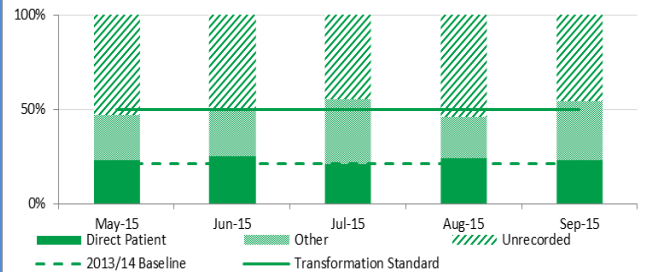
Cumulative Flow rate
Sunderland CFF



Caseloads by Pathway - Sunderland CFF



Staff Time %
Sunderland CFF



Nb the colour schemes used within these reports will be amended in future months. The current colour schemes are no reflection on current performance.

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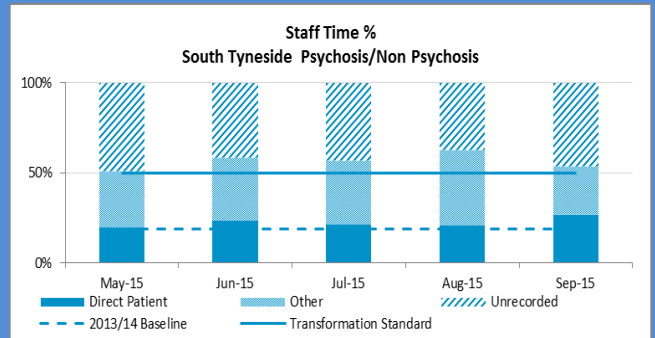
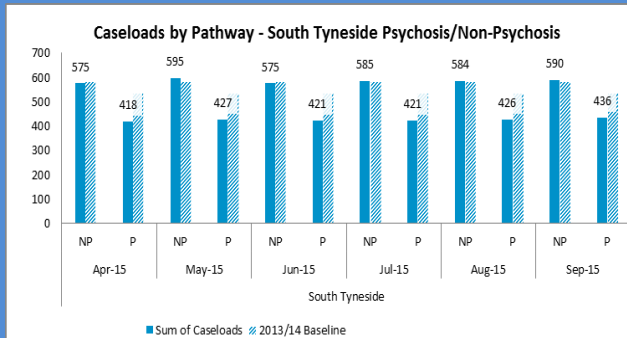
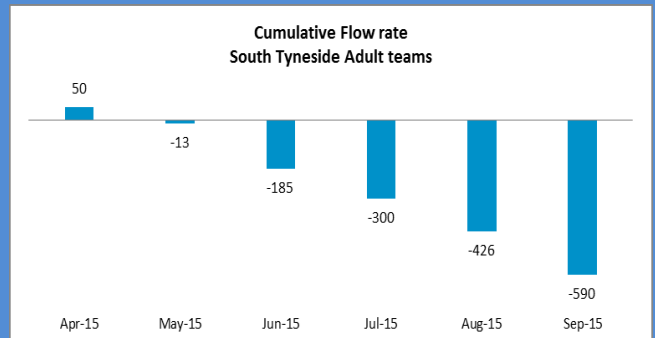
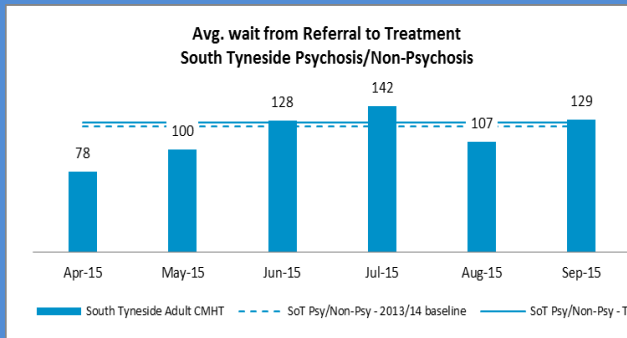
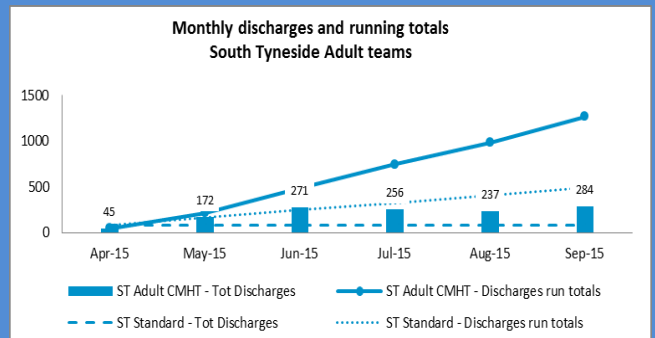
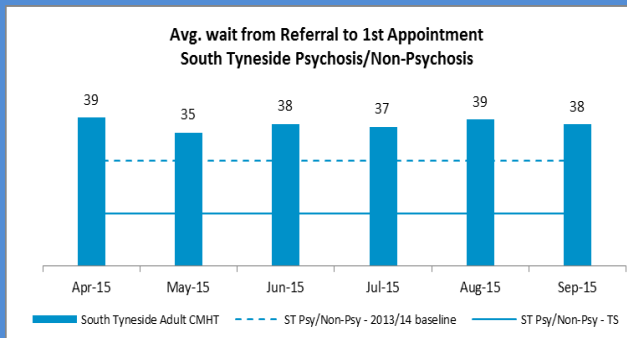
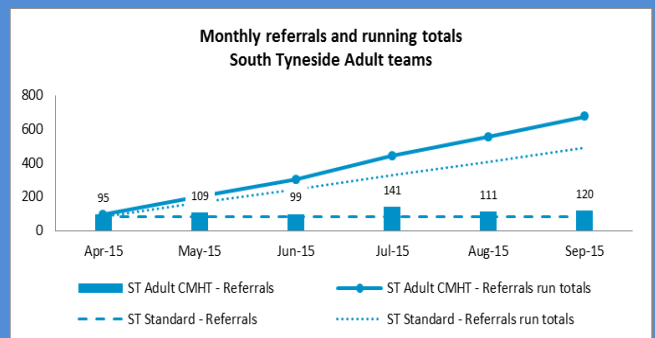
South Tyneside Psychosis/Non-Psychosis Benefits Realisation dashboard

Waiting time from referral to first contact improved slightly in September to 38 days however this remains above the pre-transformation position of 4 weeks. Wait to treatment although increasing in September is in line with the 2013/14 baseline.

Caseload has dipped below the 2013/14 baseline as a result of the negative flow rate as at September.

Direct patient contact time increased in September and now stands above the 2013/14 baseline but remains well below the transformation standard of 50%. Unrecorded time increased in September and is now just below 50%.

(Data quality has been problematic and as such caution needs to be taken when viewing dashboard information)



Nb the colour schemes used within these reports will be amended in future months. The current colour schemes are no reflection on current performance.

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South Tyneside Cognitive & Functionally Frail Benefits Realisation dashboard

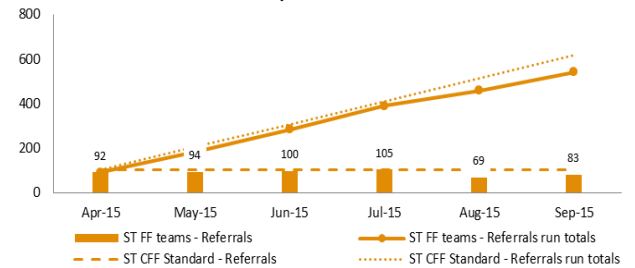
Waiting time from referral to first contact increased in September and is currently above the 2013/14 baseline. However waiting times from referral to start of treatment although increasing in September remains well below the baseline position.

Caseloads have increased and continue to be well above the 2013/14 baseline.

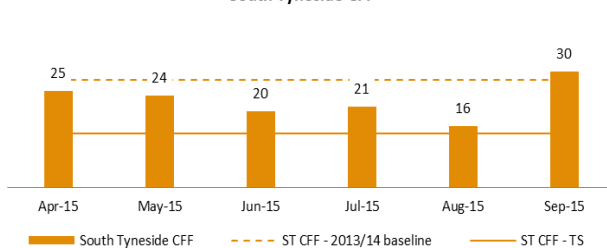
Direct patient contact remains low and as at September activity was below the 2013/14 baseline. Unrecorded time remains high and exceeded 50% in September.

(Data quality has been problematic and as such caution needs to be taken when viewing dashboard information)

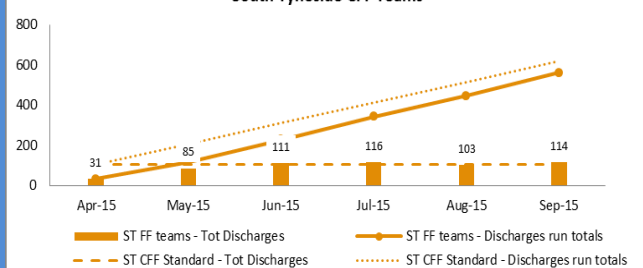
Monthly referrals and running totals
South Tyneside CFF Teams



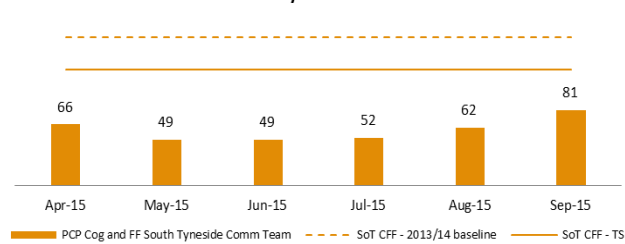
Avg. wait from Referral to 1st Appointment
South Tyneside CFF



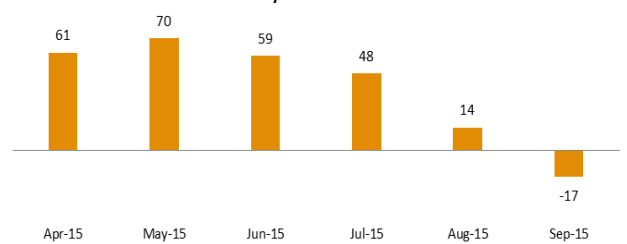
Monthly discharges and running totals
South Tyneside CFF Teams



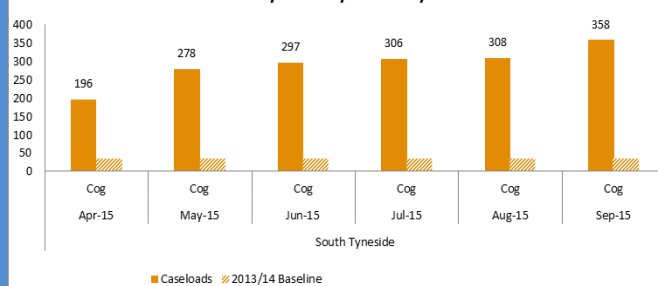
Avg. wait from Referral to Treatment
South Tyneside CFF



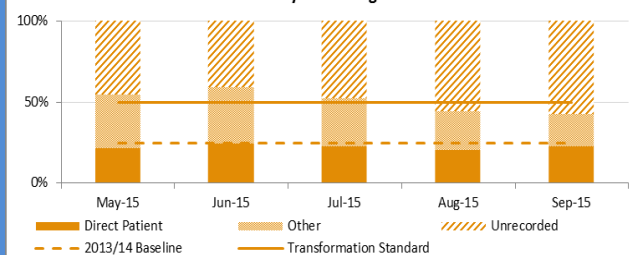
Cumulative Flow rate
South Tyneside CFF Teams



Caseloads by Pathway - South Tyneside CFF



Staff Time %
South Tyneside Cognitive



Nb the colour schemes used within these reports will be amended in future months. The current colour schemes are no reflection on current performance.