NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 24 February 2016

Title and Author of Paper:
Performance Report (Month 10)
Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework – the Governance risk rating remains Green (lowest risk) and the Financial Sustainability Risk Rating remains 4 as at January 2016. (page 4-5)

- A risk to delivery of the EIP 2 week access standard in 2016-17 quarter one has been notified to Monitor via the 16-17 Draft Operational Plan submission, with the 50% standard anticipated to be achieved from July 2016 onwards. Note that the final national guidance remains unavailable and other identified issues include ongoing recruitment, access to Comprehensive Assessment of At-Risk Mental States (CAARMS) training, increased referrals and implementation of changes to the pathway and recording processes.

- Quality Dashboard – at M10 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety. Three CQUIN schemes plus four quality priorities are currently rated amber and two CQUIN schemes (physical health and CYPS) plus four quality priorities have been RAG rated as amber for forecast year-end achievement (page 7).

- Waiting Times – Performance against the waiting times standards is included (pages 8-14).

- Workforce Dashboard – appraisal rates have increased from 84.2% to 84.8% in the month. Sickness absence again increased in January in line with expected seasonal variation (6.24% in the month) however the rolling 12 month average continues to decrease and is now 5.45%. Fire training has decreased in the month to just below the 90% standard (now 89.9%) and clinical risk training has significantly decreased further below the agreed 90% standard due to the profile of expiry dates from 3 years ago (now 73.8%). Additional update sessions are being put into place via the training department and suicide prevention training completed locally will also count towards clinical risk training. (page 15)

- Finance Dashboard - At Month 10, the Trust had a risk rating of 4 and a surplus of £5.0m which was £1.9m ahead of plan. The Trust currently expects to deliver £2.2m more than its original 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 10 was £29.1m which was £9.1m 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 £2.1m above plan. (page 16)

- A new agency dashboard has been included within the report this month, highlighting that eight agency medics remain above approved pay rates as at the end of January 2016 and that the Trust is currently using an off framework provider for 75% of nursing agency. Monitor have approved the temporary use of this supplier. The Trust overall is compliant with the qualified nursing agency expenditure cap of 3%. (page 17).

- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 10. Note that the Sunderland CCG IAPT data for month 10 is provisional due to a data quality issue - this is being addressed with the national IAPT clinical record system supplier. (pages 18-23)

- Principal Community Pathways Benefits Realisation dashboards include information on waiting times, referrals, discharges, caseloads, staff time and patient flows. Waiting times to first contact have deteriorated in January 2016 across all teams except South Tyneside Psychosis/Non Psychosis however waiting times to treatment have not seen the same trend. Older people team caseloads in both localities have been falling since September 2015 (pages 24-27)

- Note that from June 2016 this report will be updated to reflect recommendations from the recent Governance Review of the Well-Led Framework, specifically:
  - Increased focus on exceptions;
  - Defined thresholds for RAG statuses;
  - Increased use of explanatory narrative for areas of underperformance or negative trend;
  - Increased oversight of Group performance and financial risk via the finance dashboard.
  - Data quality kite marks introduced

Outcome required: for information only

Integrated Performance And Assurance Report

Shining a light on the future

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1. Monitor Risk Assessment Framework Requirements

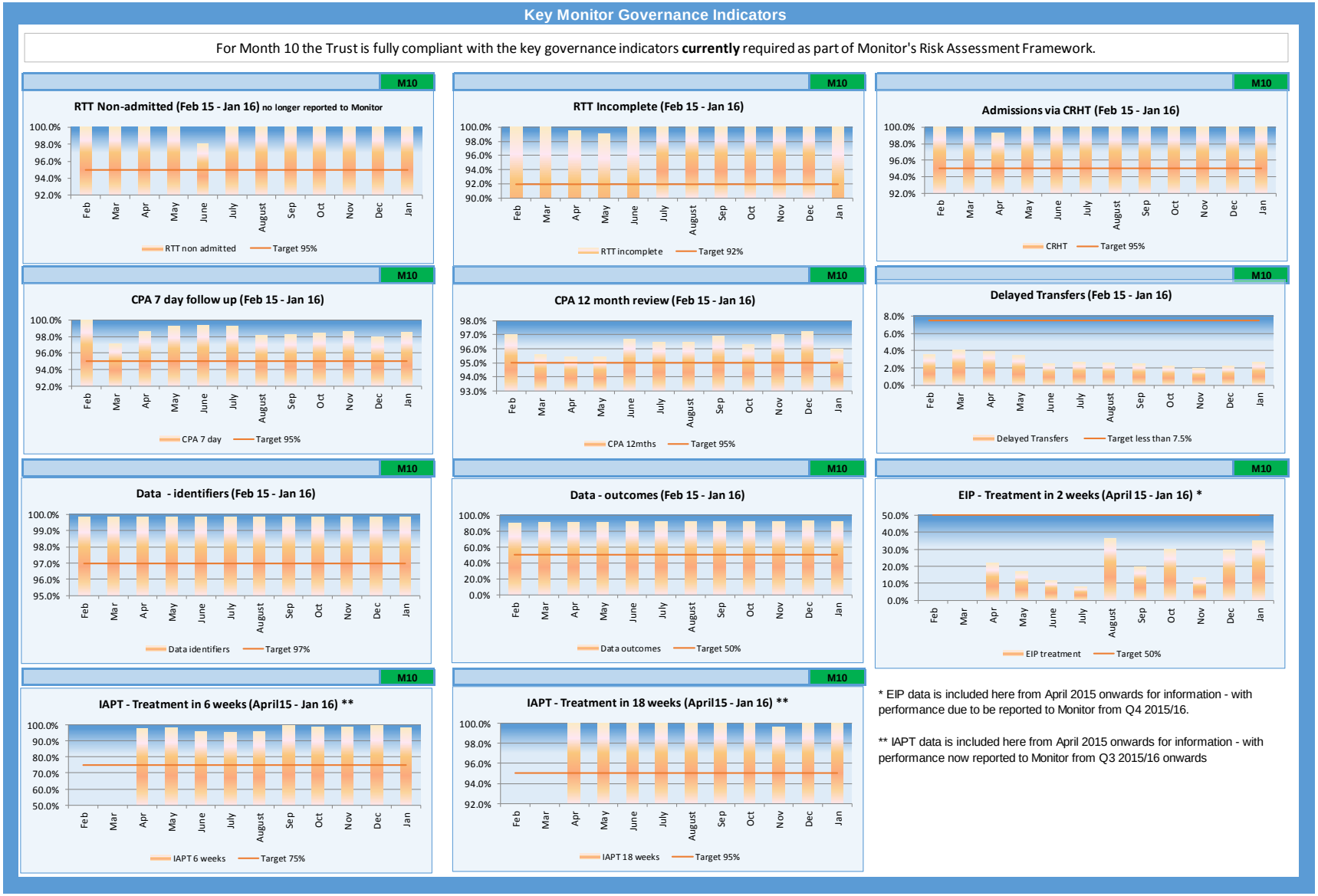
Monitor Compliance Dashboard

Risk Assessment Framework	Target	Quarter 3 position	Current position (m10)		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%	98.7%	98.5%	●	▲	98.7%
CPA review within 12 months	95%	97.2%	96.0%	●	▼	97.2%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.0%	2.7%	●	▼	2.0%
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%	35.3%	●	▲	30.0%
IAPT treatment within 6 weeks of referral	75%	99.1%	98.4%	●	▼	99.1%
IAPT treatment within 18 weeks of referral	95%	99.9%	100.0%	●	–	99.9%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	–	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	93.0%	92.4%	●	▼	93.0%
Self certification against LD access requirements	Green	Green	Green	●	–	Green
Clostridium Difficile - meeting the C Diff objective	0	1	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 10 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
Note that the current month position of 35.3% is based on a proxy methodlogy to calculate the wait to treatment using first contact after cluster. This is to be superceded in the next month to move closer towards the anticipated national methodology however until the national guidance is published this will be subject to further change.

●	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)*

NHS OUTCOMES FRAMEWORK- Quarter 3 2015/2016

Domain 5

PATIENT SAFETY - NTW		
Figures for Oct 14 - March 15	NTW	All MH
Patient Safety incidents - No Harm	39.0%	60.9%
Patient Safety incidents - Low	53.9%	31.0%
Patient Safety incidents - other	7.1%	8.1%

Domain 1

Domain 3

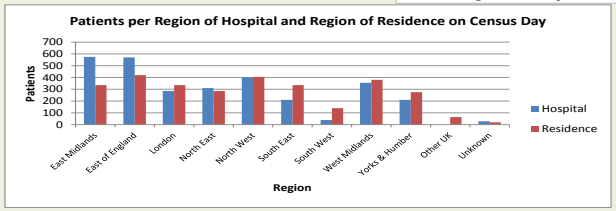
CLINICAL EFFECTIVENESS - NTW		
Q2 - 2015/16	NTW	England
% of clients in employment	6.0%	6.6%
% of clients in settled accommodation	77.4%	58.8%
IAPT Recovery rates - S/land	53.3%	45.8%
Diagnosis recorded (as per MHMDS)	9.2%	19.3%
Followed up within 7 days of discharge	100.0%	96.8%

Domain 2

Domain 4

EXPERIENCE - NTW		
Friends and Family Test October 2015	NTW	TEWV
Percentage recommending the service	78.00%	86.00%
Number of responses	134	1,667
Percentage of Responses (total Eligible)	0.54%	2.98%

Learning Disability Census - September 2015 - Patients & Residence



86% of patients from the North East received their care within the North East - This is the highest regional percentage

25% of patients in North East beds came from outside the North East (including non English patients)

Hospital region

Residence region	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire and the Humber	Total
East Midlands	68%	11%	1%	2%	3%	3%	*	4%	7%	100%
East of England	7%	79%	6%	*	*	3%	*	3%	1%	100%
London	6%	20%	63%	*	*	8%	*	*	*	100%
North East	7%	*	*	86%	3%	*	*	*	3%	100%
North West	5%	*	*	4%	82%	*	*	6%	2%	100%
South East	17%	25%	10%	*	*	44%	*	2%	*	100%
South West	26%	13%	6%	4%	4%	7%	29%	8%	*	100%
West Midlands	17%	4%	*	*	3%	*	*	71%	3%	100%
Yorkshire and the Humber	24%	3%	*	11%	8%	*	*	*	52%	100%
Other U.K. Country	35%	11%	*	26%	15%	*	*	8%	*	100%

NTW DATA

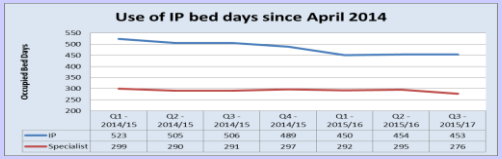
Current Clients 31st Dec 2015	**41,068**	**Clients on CPA 31st Dec 2015**	**2,319**

Principal Community Pathways:

Beds Occupied at 31st Dec 2015 (Inpatient Group)	453
Beds Occupied at 30th Sept 2015 (Inpatient Group)	454

Specialist Care Group:

Beds Occupied at 31st Dect 2015 (inc leave)	276
Beds Occupied at 30th Sept 2015 (inc leave)	295



Inpatient Care Group:

Emergency re-admissions (within 28 days excl LD)	**7.5% (Dec YTD)**
Emergency re-admissions (within 28 days excl LD)	**7.3% (Sept YTD)**

Specialist Care Group:

Emergency re-admissions (within 28 days excl LD)	**1.3% (Dec YTD)**
Emergency re-admissions (within 28 days excl LD)	**1.2% (Sept YTD)**

NATIONAL CONTEXTUAL DATA

QOF prevalence - Mental Health 2014/15	**England**	**0.90**	**North East**	**0.91**	**NE - Increase by 0.06 from 13/14**
QOF prevalence - Dementia 2014/15	**England**	**0.70**	**North East**	**0.89**	**NE - Increase by 0.11 from 13/14**
QOF Prevalence - Depression (18+) 2014 / 15	**England**	**7.3**	**North East**	**7.79**	**NE - Increase by 0.77 from 13/14**

Domain 1 - Preventing people from dying prematurely
Domain 2 - Enhancing quality of life for people with long term conditions
Domain 3 - Helping people to recover from episodes of ill health or injury
Domain 4 - Ensuring that people have a positive experience of care
Domain 5 - Treating & caring for people in a safe environment and protect them from avoidable harm

4. Quality Dashboard

Quality Dashboard

CQC Fundamental Standards	Target	M10 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)	●	●	●	●

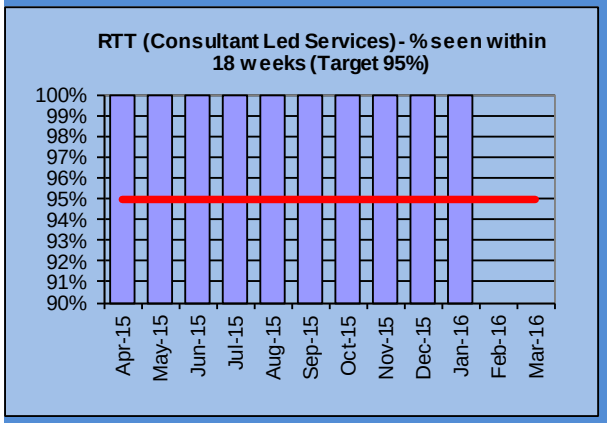
Quality Priorities 2015/16 (Internal)	Target	M10 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	▲	●
Goal 2 - Improve the way we relate to patients 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	M10 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

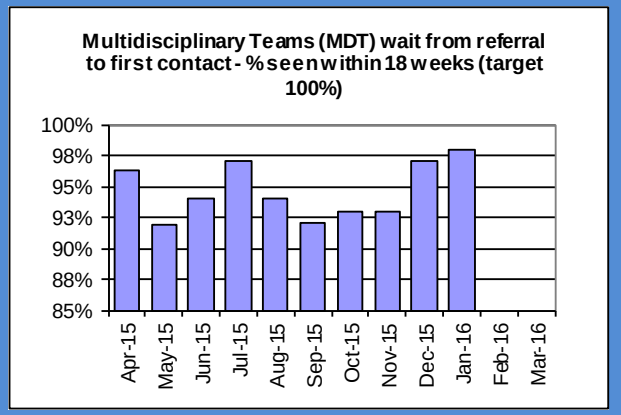
Waiting Times Dashboard - NHS England Commissioned Specialised Services



Month 10 narrative:

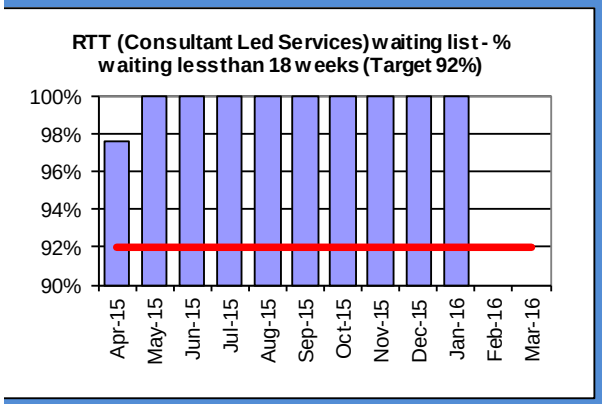
The RTT incomplete waiting times standard was again achieved at 100% in January. The MDT teams waiting times improved in the month (continuing underperformance relates to neuro psychology activity which is not classed as RTT).

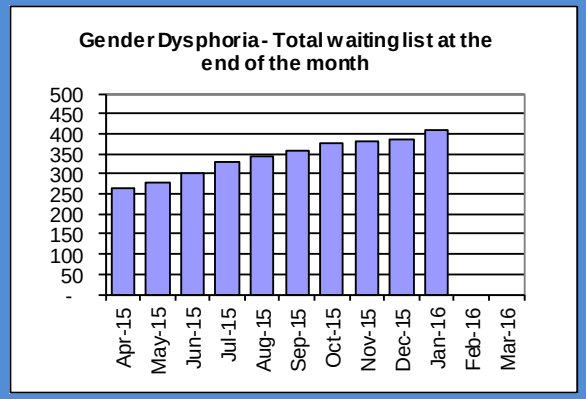
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list growth has slowed in recent months as the plan is operationalised and currently stands at 407 patients (31.01.16) In January there were more people waiting less than 18 weeks

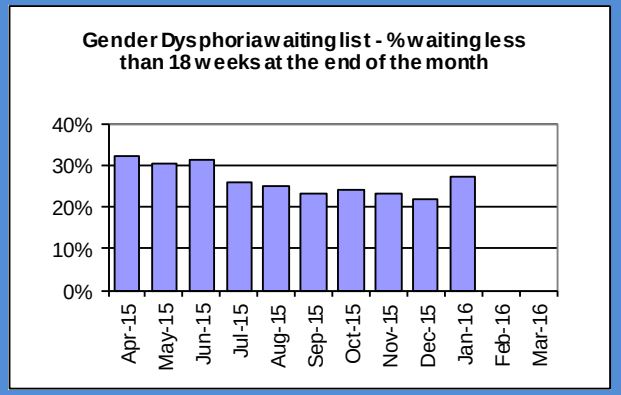


RTT services = neurological rehabilitation and neuropsychiatry

^^ MDT wait data excludes gender dysphoria







Northumberland CCG

Month 10 narrative:

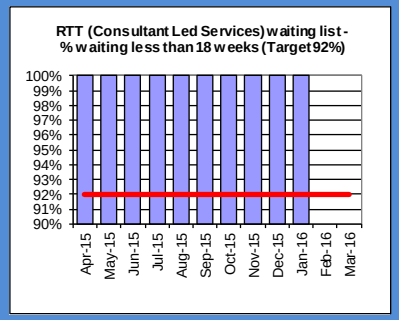
The RTT standard was achieved in the month at 100%.

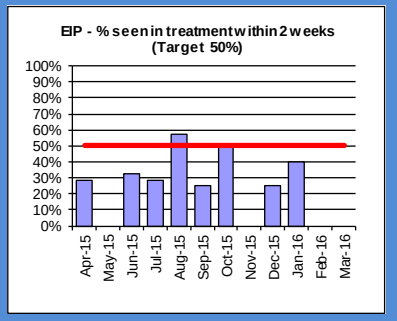
The EIP 2 week standard is currently being measured using first contact after cluster - In January 2016 there were five patients entering treatment using this definition two of which were within 2 weeks of referral.

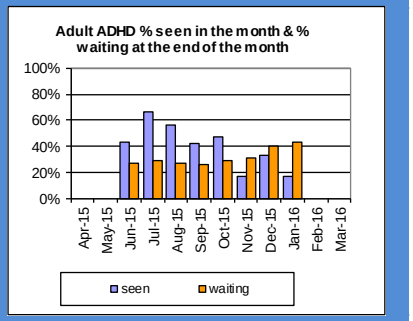
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

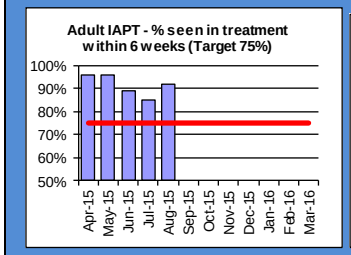
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks, although the figures have decreased this month.

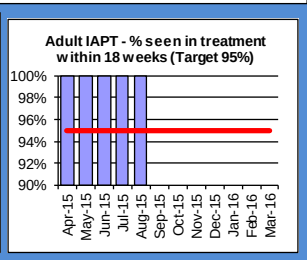
CYPs waiting times in the month have slightly deteriorated.

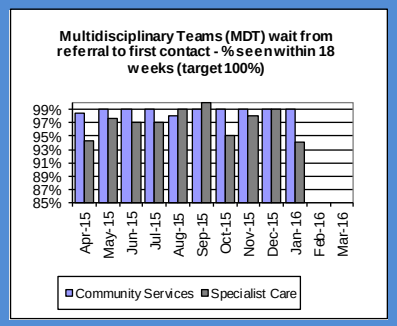


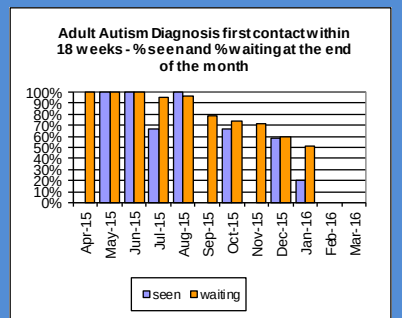


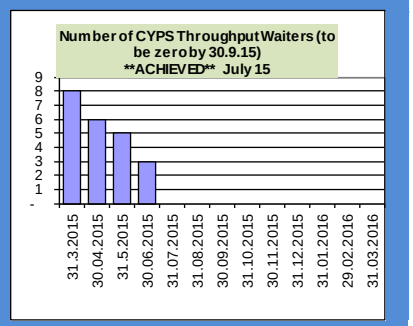


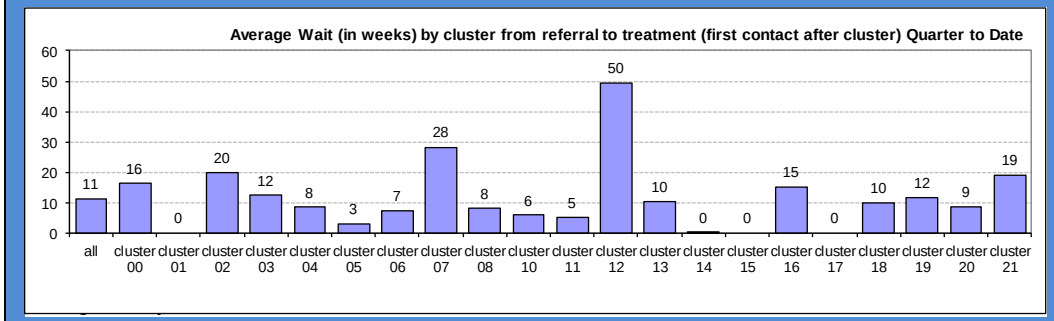


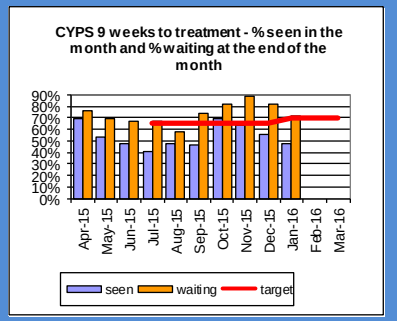


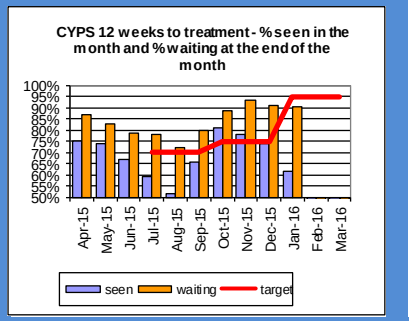












North Tyneside CCG

Month 10 narrative:

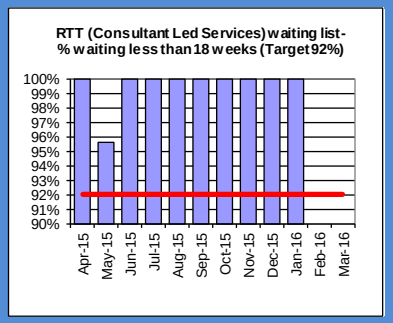
The RTT standard was achieved in the month.

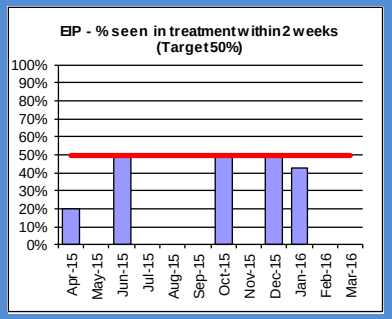
The EIP 2 week standard is currently measured using first contact after cluster and in January 2016 there were seven patients entering treatment using this definition - three of which were within 2 weeks of referral hitting the 50% target.

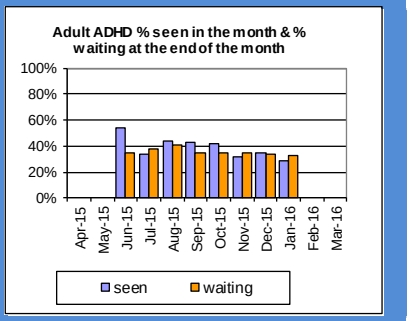
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

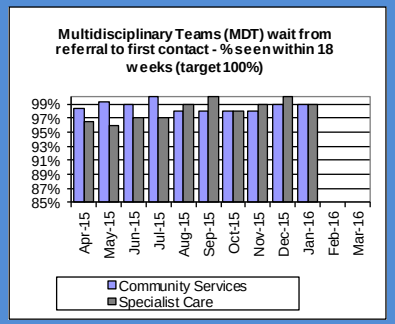
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

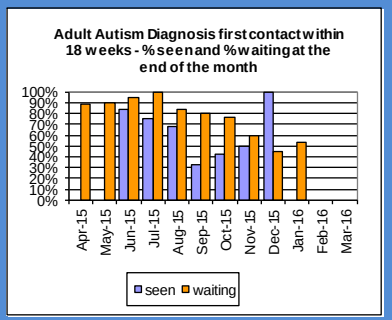
The CYPS waiting times are reported for information only as there is no CQUIN target relating to CYPS services provided in North Tyneside (Intensive Eating Disorders and Intensive Community Treatment services only).





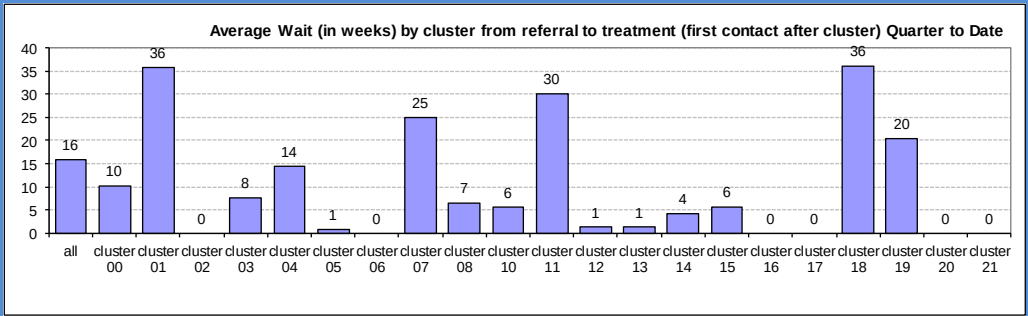


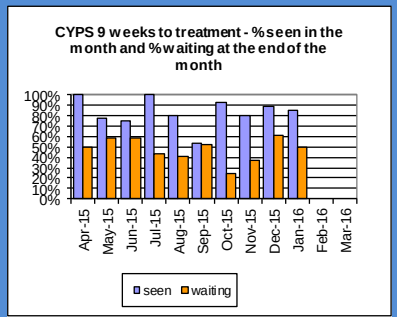


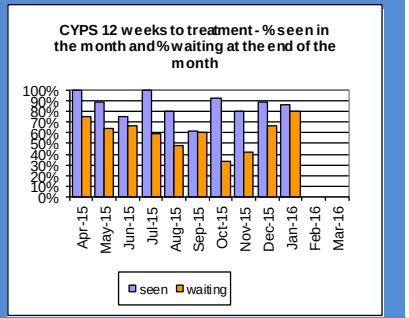


Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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







Newcastle

Month 10 narrative:

The RTT standard was achieved in the month.

The EIP 2 week standard is currently measured using first contact after cluster - In January 2016 there were six patients entering treatment using this definition - one of which were within 2 weeks of referral.

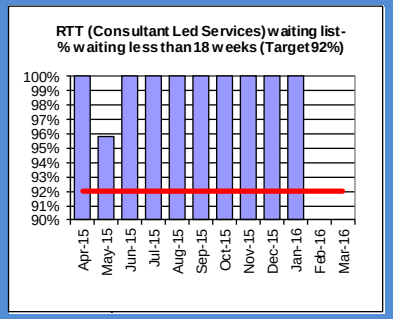
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

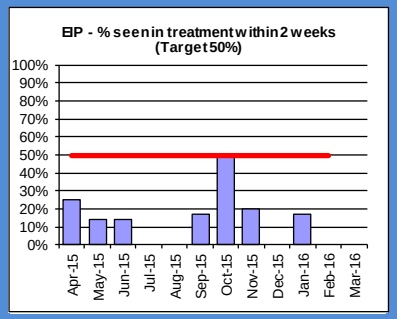
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

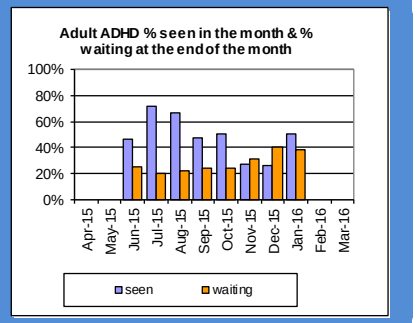
The adult autism diagnosis team incomplete waits continue to deteriorate.

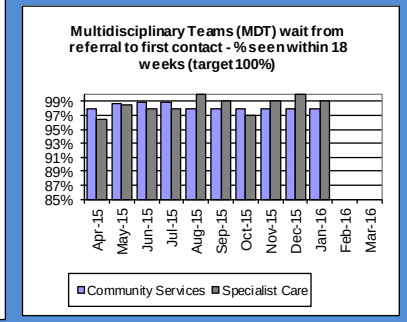
CYPS 12 week incomplete waiting times improved in the month.

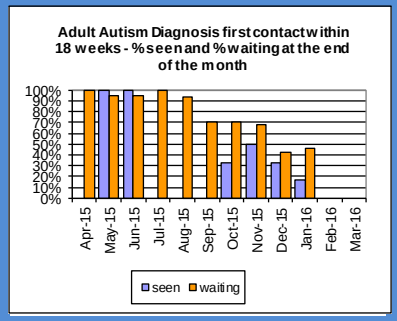
There are no longer any throughput waiters therefore this element of the CQUIN has been achieved.

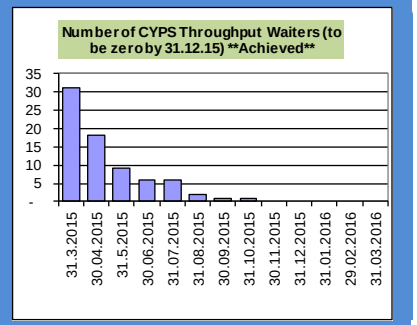


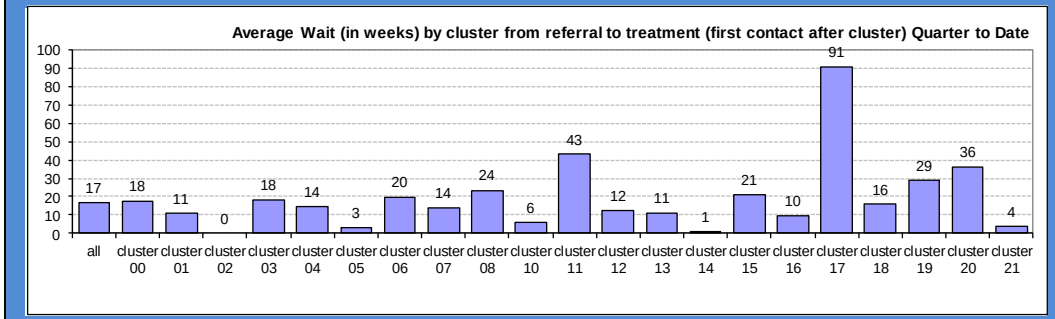


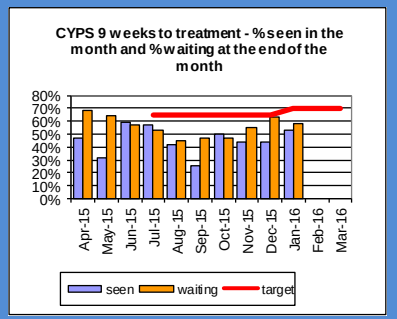


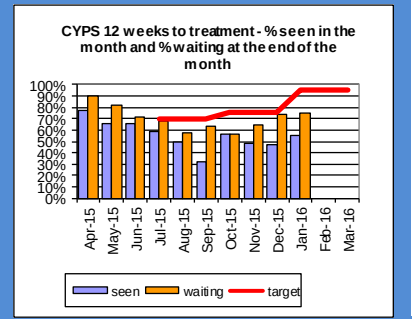












Gateshead

Month 10 narrative:

The RTT standard was achieved in the month.

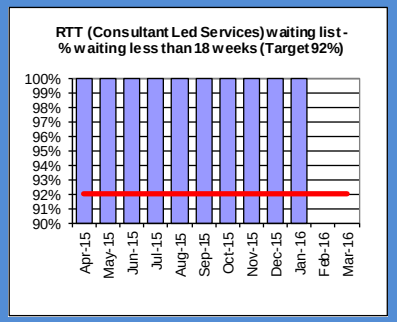
The EIP 2 week standard is currently measured using first contact after cluster - In December there were four patients entering treatment using this definition - one of which was within 2 weeks of referral

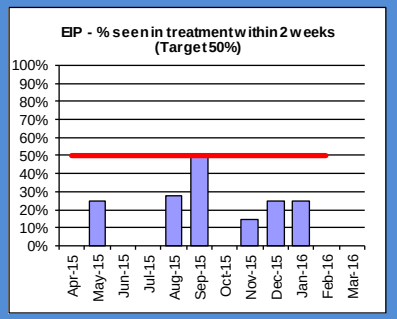
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

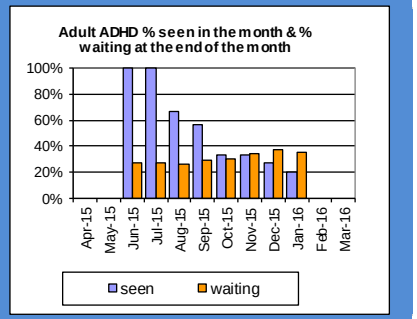
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18

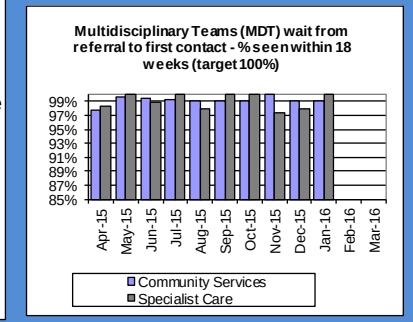
CYPS complete waiting times have improved in January.

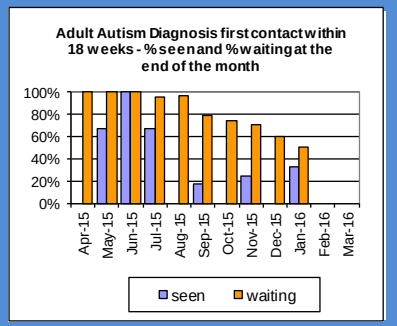
There are no longer any throughput waiters therefore this element of the CQUIN has now been achieved.

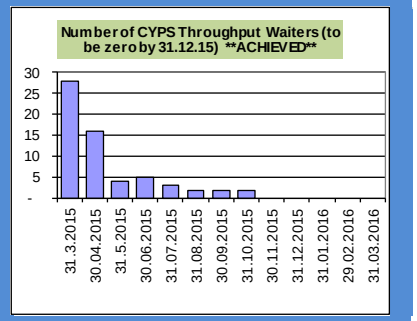


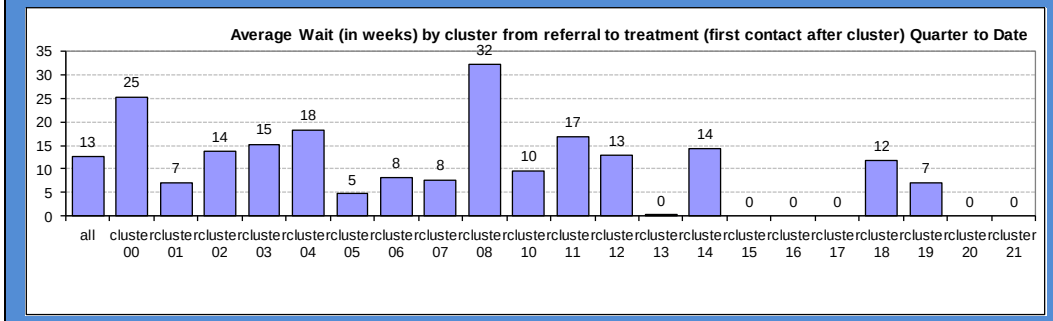


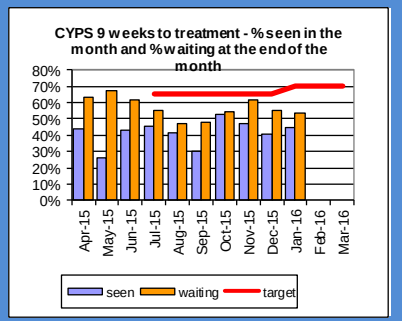


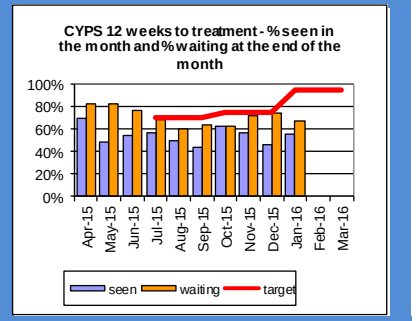












South Tyneside CCG

Month 10 narrative:

The RTT standard was achieved in the month at 100%.

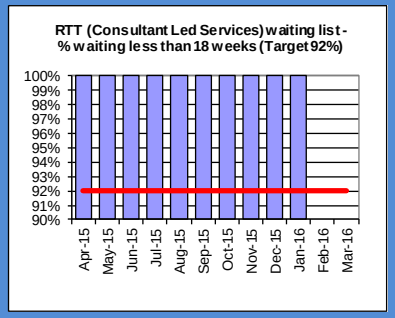
The EIP 2 week standard is currently measured using first contact after cluster and in January 2016 there were three patients entering treatment using this definition - two of which were within 2 weeks of referral.

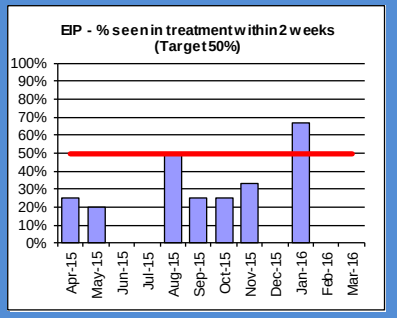
Waiting time by cluster for patients entering treatment in the quarter is included below - nb any very long waits are potentially data quality issues and are to be exlored further.

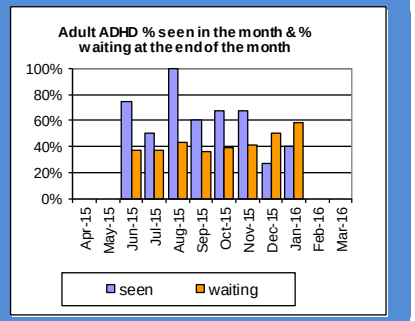
Adult ADHD waiting times data is included from June onwards.

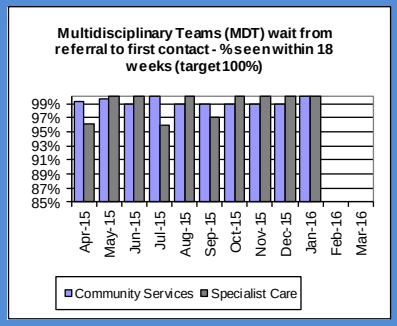
CYPS 9 and 12 week incomplete waiting times have deteriorated in the month.

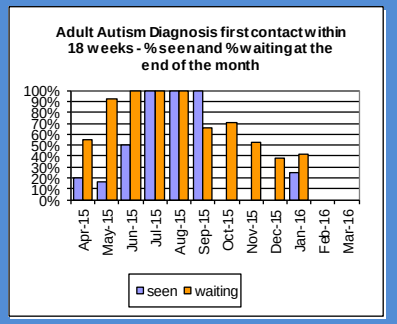
There are no longer any throughput therefore this element of the CQUIN has now been achieved.

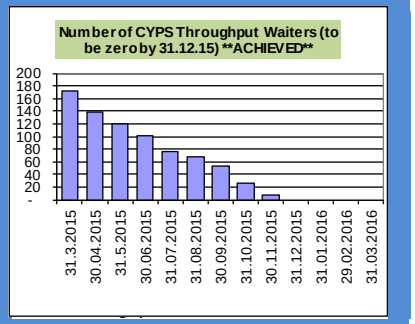


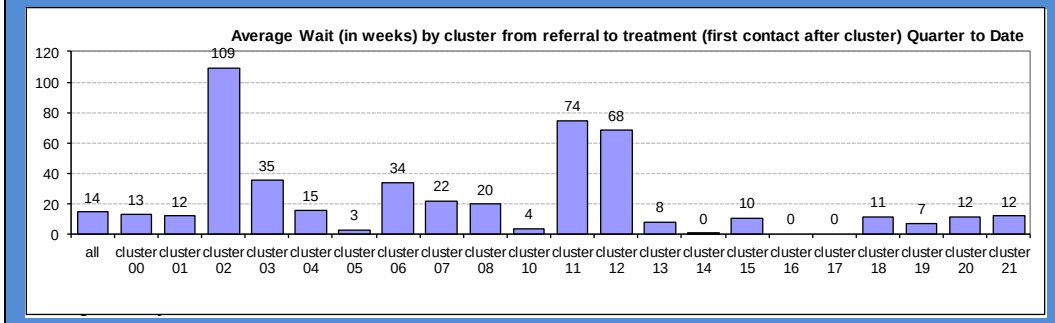


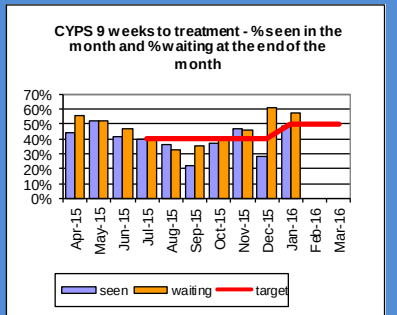


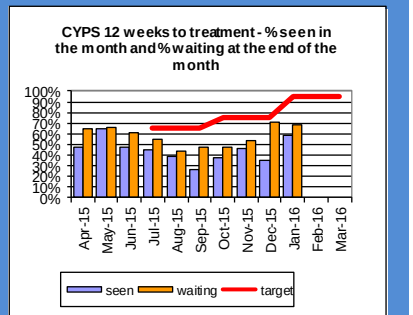








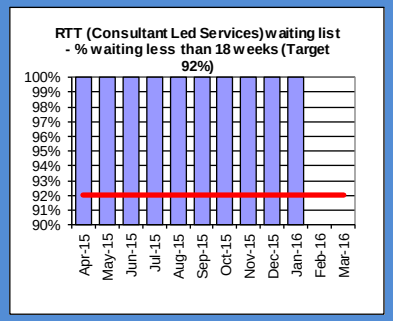


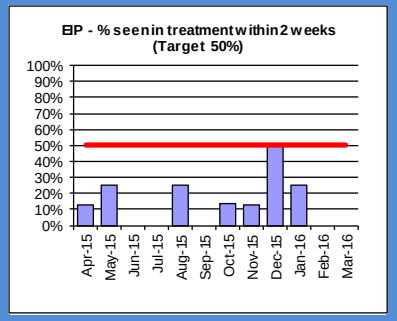


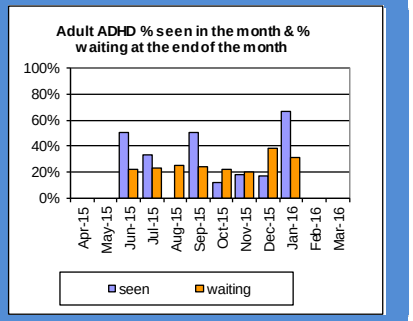
Sunderland CCG

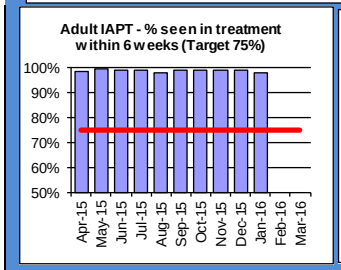
Month 10 narrative:

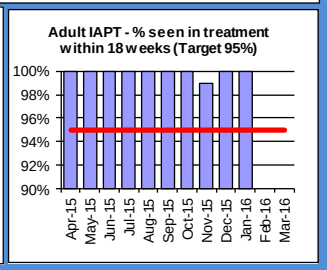
The RTT and IAPT standards were achieved in the month. The EIP 2 week standard is currently measured using first contact after cluster and in January 16 there were eight patients entering treatment using this definition - two of which were within 2 weeks of referral.
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. The waiting times have improved in January 16 of adult ADHD patients first seen within 18 weeks of referral. CYPS 9 and 12 week incomplete waiting times improved in the month. There are no longer any throughput waiters therefore this element of the CQUIN has been achieved.
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.

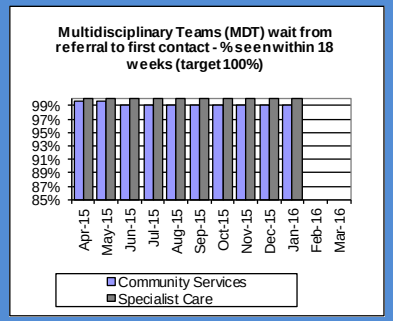


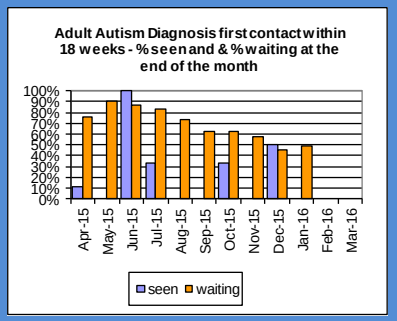


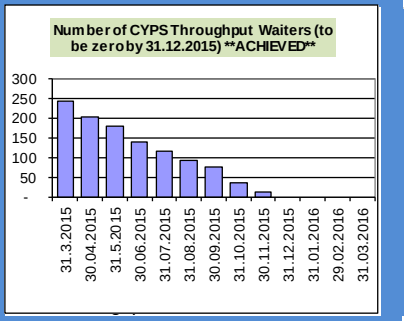


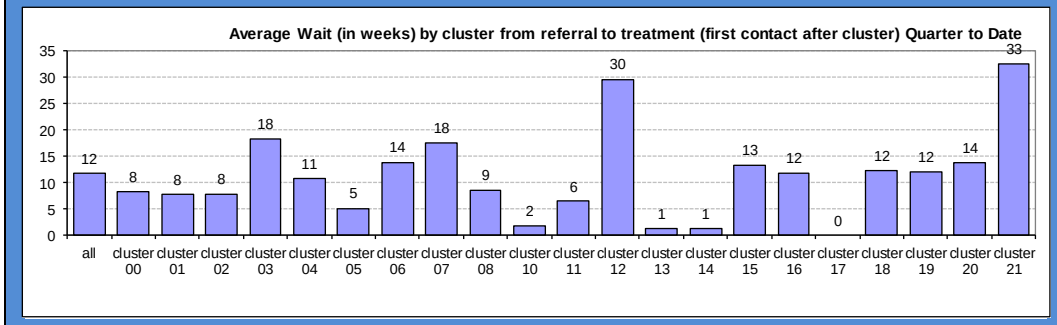


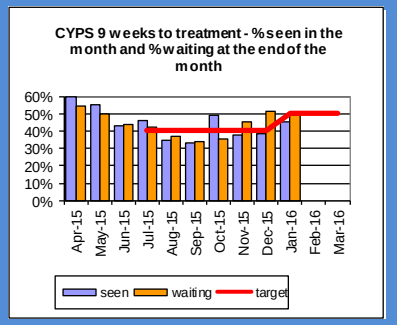


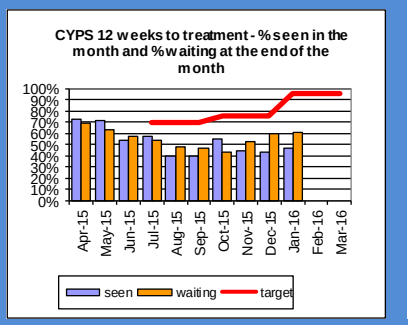












6. Workforce Dashboard

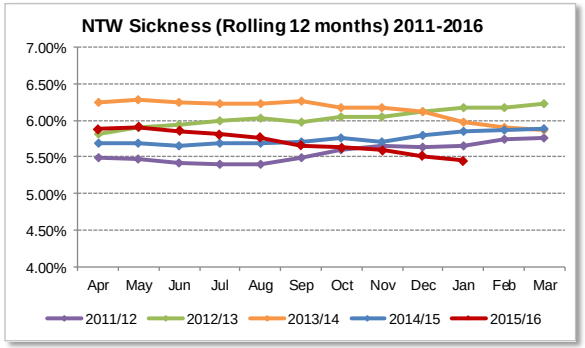
Workforce Dashboard

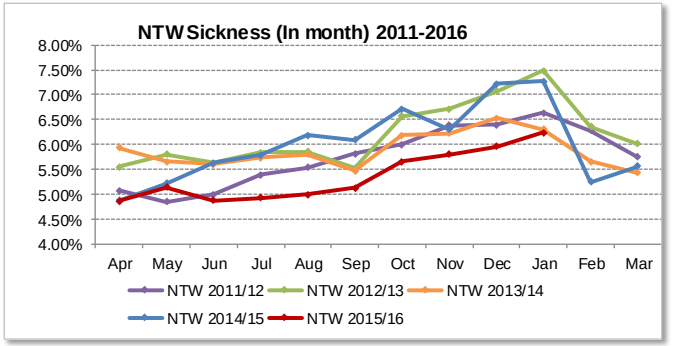
Training	Target	M10 position	Trend	Forecast position
Fire Training	90%	89.9%	▼	90%
Health and Safety Training	90%	94.8%	▼	95%
Moving and Handling Training	90%	95.5%	–	95%
Clinical Risk Training	90%	73.8%	▼	72%
Clinical Supervision Training	90%	81.2%	▼	83%
Safeguarding Children Training	90%	94.2%	▲	94%
Safeguarding Adults Training	90%	92.9%	▲	93%
Equality and Diversity Introduction	90%	93.4%	▲	93%
Hand Hygiene Training	90%	91.9%	▲	92%
Medicines Management Training	90%	87.7%	▲	88%
Rapid Tranquilisation Training	90%	86.0%	▲	86%
MHCT Clustering Training	90%	87.1%	▼	88%
Mental Capacity Act Training	90%	86.1%	▲	86%
Mental Health Act Training	90%	82.9%	▲	84%
Deprivation of Liberty Training	90%	84.2%	▲	85%
Seclusion Training (Priority Areas)	90%	92.5%	▲	92%
Dual Diagnosis Training (80% target)	80%	88.9%	▲	85%
PMVA Basic Training	90%	78.2%	▲	78%
PMVA Breakaway Training	90%	75.2%	▲	75%
Information Governance Training	90%	88.2%	▼	90%
Records and Record Keeping Training	90%	97.7%	▲	98%

Behaviours and Attitudes	Target	M10 position	Trend	Forecast position
Appraisals	90%	84.8%	▲	90%
Disciplinaries (new cases since 1/4/15)		183		
Grievances (new cases since 1/4/15)		37		
Recruitment, Retention & Reward				
Corporate Induction	100%	100.0%	–	100%
Local Induction	100%	99.3%	▲	97%
Staff Turnover	<10%	8.2%	–	<10%
Current Headcount		6140	N/A	N/A
Best Use of Resources				
Agency Spend		£1,387,000	▼	
Admin & Clerical Agency (included in above)		£116,000	▲	
Overtime Spend		£189,000	▲	
Bank Spend		£586,000	▲	
Managing Attendance				
In Month sickness	<5%	6.24%	▼	
Short Term sickness (rolling)		1.36%		
Long Term sickness (rolling)		4.10%		
Average sickness (rolling)	<5%	5.45%	▲	

●	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





7a. Finance Dashboard

High Level Financial Targets	Current £000	Forecast £'000
I&E – Position before exceptional items	(4,237)	(3,500)
EBITDA	(13,256)	(15,602)
Capital Spend/CRL	8,896	15,979
Efficiency Plan	6,525	10,234

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	634	1,234
Community Services	(130)	(349)
Specialist Care	2,438	3,373
Indirect/Support Services Costs	(3,918)	(3,627)
Other/Reserves	(493)	(1,990)
Cost of Capital	(164)	(140)

Balance Sheet

Key Indicators	Current	Forecast
Cash	£23.5m	Green
Loans Drawn	£7.7m	Green
Loans Forecast	£10.4m	Green
Current Ratio	1.5	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.49x	2
Liquidity Ratio	16.1 days	4
I&E Margin	1.85%	4
I&E Margin Variance	1.30%	4
Overall Rating		4

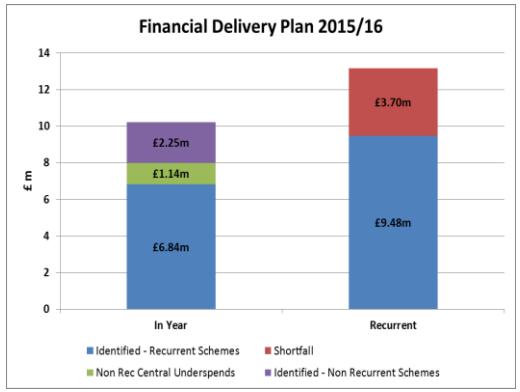
Key Issues

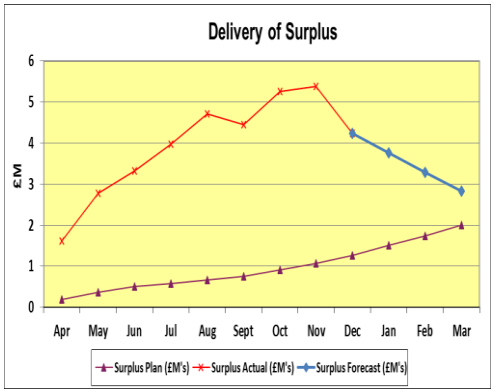
•Risk rating is a 4 & I&E position is above plan at Month 9

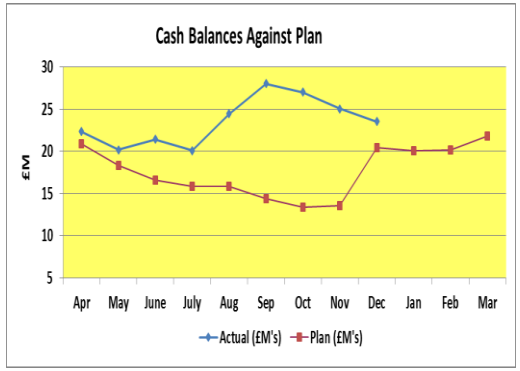
•Year-end forecast rating is a 4 & forecast surplus is £1.5m above plan.

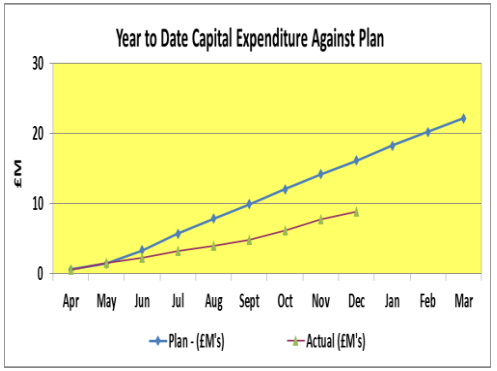
•The main pressures/risks to delivery are staff overspends in Specialist Care and achieving FDP savings.

•Cash position is above plan at Month 8 and the forecast is also above plan.









7b. Agency Dashboard

Key issues

- Monitor introduced capped rates for Agency staff in November and a requirement to use approved suppliers for agency nursing.
- There is also a ceiling on qualified nursing agency spend of 3%. Trust spend is below this at 2.0%
- Up to end of January, Trust breaching the cap for a small number of shifts each week. None of these related to medical agency.
- Cap rates reduce at 1st February
- 5 agency medics have just reduced down to February rates which leaves 8 above new rates at end of January.
- Trust currently using an off framework provider for 75% of nursing agency. Monitor have approved the temporary use of this supplier.
- From April must use framework suppliers for all staff groups – Trust complies with this except for issue re main nursing agency supplier

Monitor Agency Cap Breaches (Number of shifts)

	Wk 1-6	Wk 7	Wk 8	Wk 9	Wk 10
Staff Group	**23/11 - 3/1**	**w/c 4/1**	**w/c 11/1**	**w/c 18/1**	**w/c 25/1**
Medical	13	-	-	-	-
Nursing	26	3	3	3	4
Psychology	37	7	8	4	5

- Nursing shifts relate to ECT sessions at Tranwell Unit.
- Psychology sessions relate to CYPS.

Nursing Agency – Monitor Ceiling

Year to date - Mth 10	£m
Spend on Qualified Agency Nursing	1.2
Spend on Qualified Nursing	56.6

Agency spend as % of total spend	2.0%
Monitor Limit	3.0%

NTW - Temporary Staffing Spend – up to Jan 2016

	YTD Mth 10
	Agency
Staff Group	**£m**
Medical	3.4
Nursing	4.0
A&C	1.5
Other	2.0
	10.8

	Year to date - Mth 10			
	Agency	Bank	Overtime	TOTAL
Group	**£m**	**£m**	**£m**	**£m**
Specialist	3.4	3.5	1.6	8.5
Community	4.0	0.7	0.2	4.9
Inpatients	1.5	3.2	0.2	4.9
Support Services	2.0	0.0	0.4	2.4
	10.8	**7.4**	**2.4**	**20.7**

8. Contract Summary Dashboards

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

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 metrics achieved in January

Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 05/02/2016 14:01:51

NTW Quality and Performance
Group: Newcastle Gateshead
Period: 2015/16 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

Comments:

All metrics achieved in January

Areas for improvement

Metric ID	Ref	Metric Name	Overall

Report Date: 05/02/2016 14:01:54

NTW Quality and Performance
Group: South Tyneside
Period: 2015/16 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

9 **SOUTH TYNESIDE CCG (100.0%)**

Comments:

All metrics achieved in January

Areas for improvement

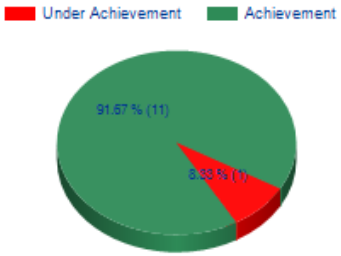
Metric ID	Ref	Metric Name

Report Date: 05/02/2016 14:00:37

NTW Quality and Performance
Group: Sunderland
Period: 2015/16 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



SUNDERLAND CCG (91.7%)

Comments:

All metrics were met in January with the exception of the figures relating to IAPT number of patients entering treatment where numbers have fallen in January.

Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	428	428

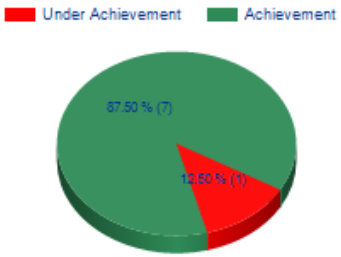
Report Date: 05/02/2016 14:01:17

****NB. The above IAPT data is currently being reviewed as at 15.2.16 due to an identified issue with the data upload****

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



6 2 **DARLINGTON CCG (75.0%)**

7 1 **DURHAM DALES, EASINGTON AND SEDGEFIELD CCG (87.5%)**

6 2 **NORTH DURHAM CCG (75.0%)**

6 2 **HARTLEPOOL AND STOCKTON-ON-TEES CCG (75.0%)**

8 **SOUTH TEES CCG (100.0%)**

Comments:

At a contract level all metrics were achieved in January with the exception of CPA reviews in the last 12 months, the under performance on this related to 4 clients.

Areas of underperformance are frequently a result of the care co-ordination function for these patients being held outside of NTW resulting in delays accessing required CPA information.

The delayed discharge related to one patient on Collingwood Court who has now been discharged.

Areas for improvement

Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES, EASINGTON	NORTH DURHAM CCG	HARTLEPOOL AND STOCKTON-	SOUTH TEES CCG	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	91.7% ✗	100.0% ✓	100.0% ✓	100.0% ✓	98.3% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0% ✓	100.0% ✓	94.4% ✗	100.0% ✓	100.0% ✓	97.9% ✓
7238		MHMDS Data Completeness, Current Service Users aged 18 and over with a valid NHS Number	100.0% ✓	99.4% ✓	100.0% ✓	95.8% ✗	100.0% ✓	99.7% ✓
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	8.1% ✗	0.0% ✓	0.0% ✓			4.1% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	91.7% ✗	100.0% ✓	92.9% ✗	0.0% ✗	100.0% ✓	89.2% ✗

Report Date: 05/02/2016 14:00:22

NTW Quality and Performance
Group: Cumbria
Period: 2015/16 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

Comments:

All metrics achieved in January

Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 05/02/2016 14:01:09

9. Principal Community Pathways Benefits Realisation Dashboards

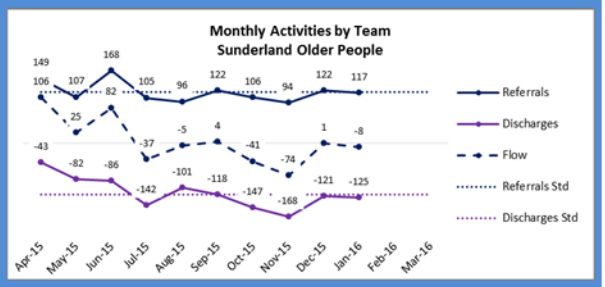
Sunderland Older People Benefits Realisation Dashboard

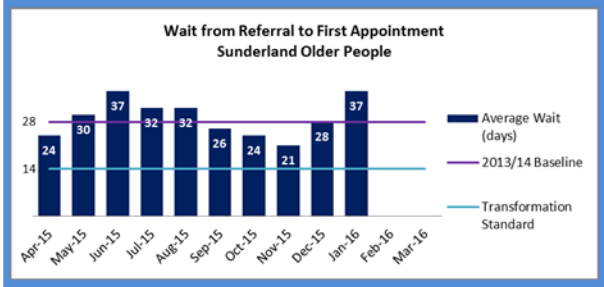
Key points to note:

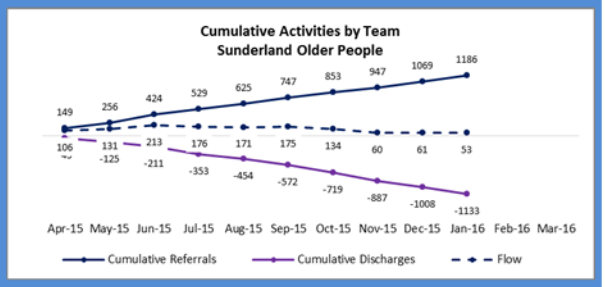
In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording and the January information represents actual data recorded.

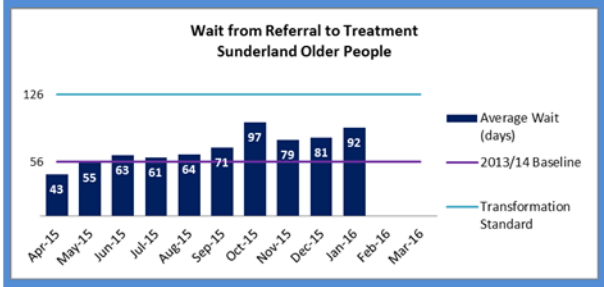
Waiting times have increased in January for first contact and wait to treatment. Wait to first contact is above the aspirational standard and the 2013/14 baseline. Wait to treatment is above the 2013/14 position but continues to be well below the aspirational standard.

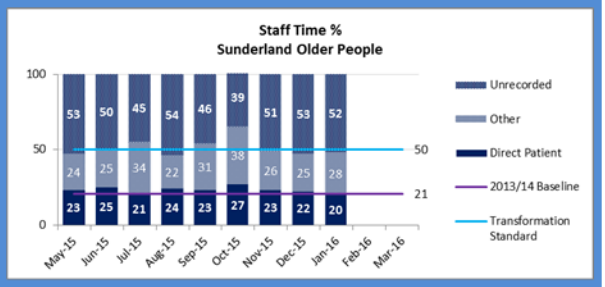
Patient contact time is similar to previous months and is well below the transformation target of 50%. Actual recording of time continues to be problematic.

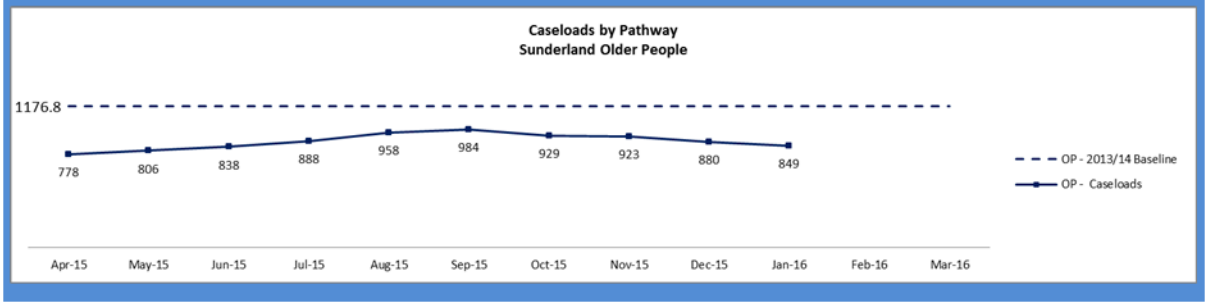












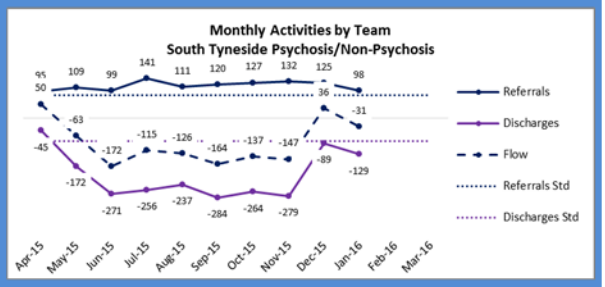
South Tyneside Psychosis/Non-Psychosis Benefits Realisation dashboard

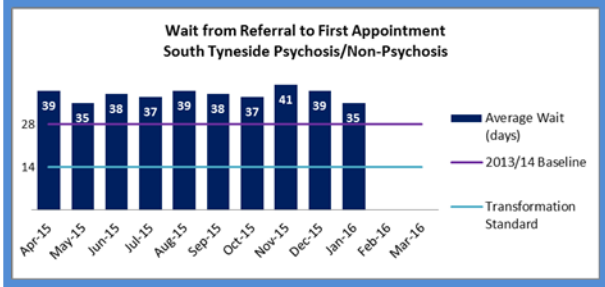
Key points to note:

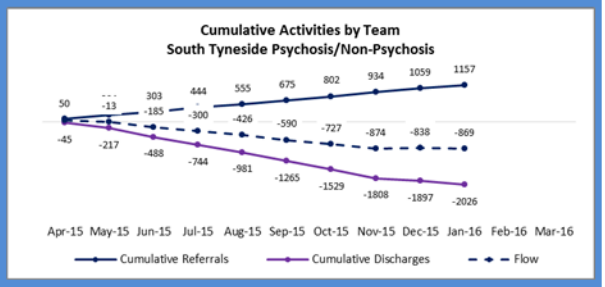
In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording the and January information represents actual data recorded.

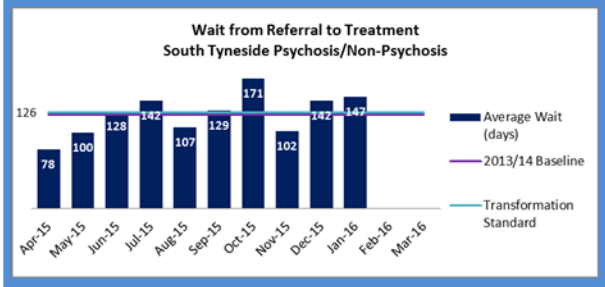
Waiting time to first contact reduced in January but still remains above the 2013/14 baseline and the aspirational standard. Waiting time to treatment has deteriorated in January and remains above the baseline and standard.

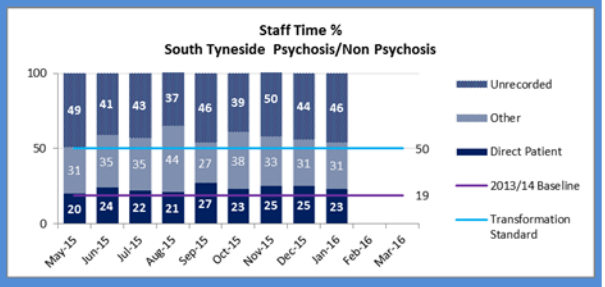
Patient contact time is in line with previous months and is well below the transformation target of 50%. Actual recording of time continues to be problematic.

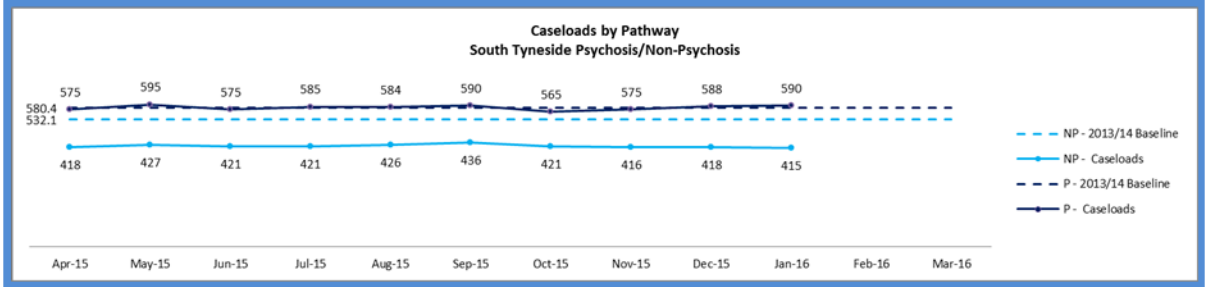








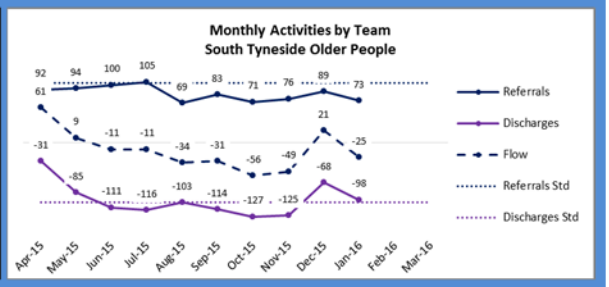
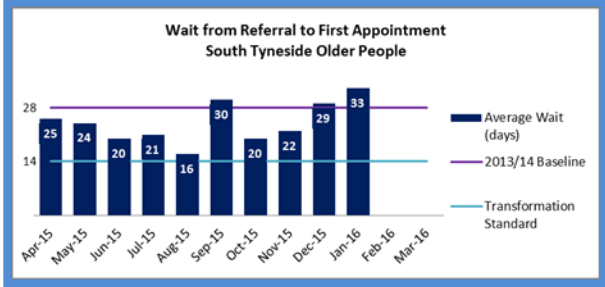
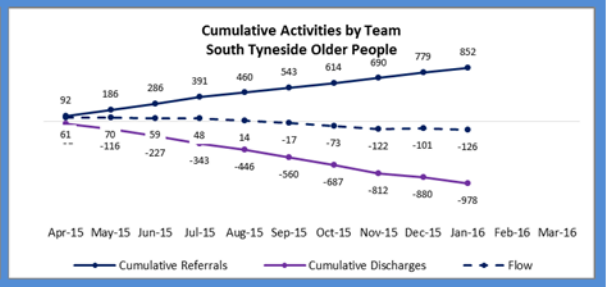
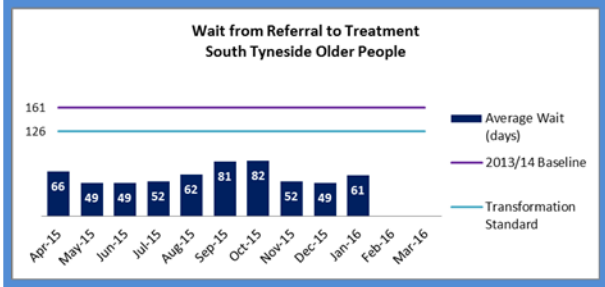
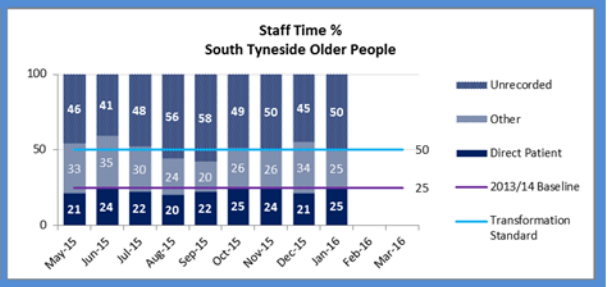
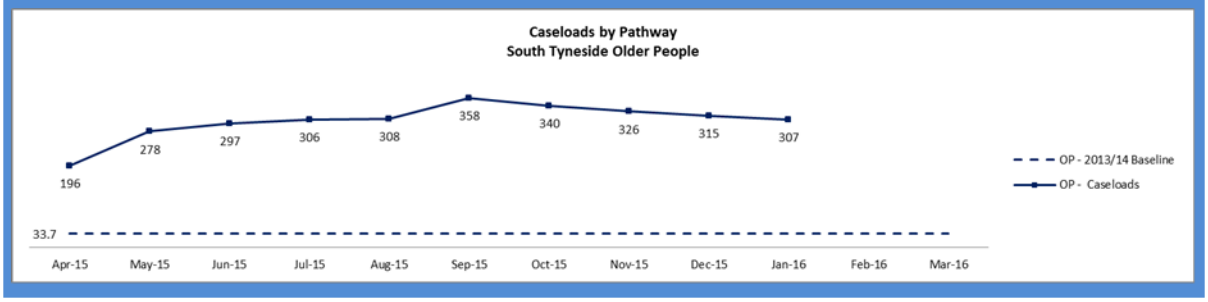




South Tyneside Older People Benefits Realisation dashboard

Key points to note:

In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording and the January information represents actual data recorded.

Waiting time to first contact has increased in January and remains above the 2013/14 baseline and the aspirational standard. Wait to treatment is in line with previous months and is showing a significant improvement on the baseline and aspirational standard.

Patient contact time increased slightly in December to match the 2013/14 baseline but remain well below the transformation target of 50%. Actual recording of time continues to be problematic.