

## NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

## BOARD OF DIRECTORS' MEETING

**Meeting Date:** 23 March 2016

**Title and Author of Paper:**

Performance Report (Month 11)

Lisa Quinn, Executive Director of Commissioning & Quality Assurance

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

- Monitor Risk Assessment Framework - Governance risk rating remains Green (lowest risk) and Financial Sustainability Risk Rating remains 4 as at February 2016. (page 5-6)
- 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. National guidance was issued late February 2016 which is significantly different to the guidance issued in 2015 regarding how to calculate the waits. RiO is currently being configured to enable recording of this during March, the figures for January and February have been calculated manually.
- Quality Dashboard – at M11 the Trust continues to have full compliance with all of the CQC fundamental standards. Two CQUIN schemes (physical health and CYPS) plus four quality priorities have been RAG rated as amber for forecast year-end achievement (page 8).
- Waiting Times – Performance against the waiting times standards is included (pages 9-14).
- Workforce Dashboard – appraisal rates have decreased from 84.8% to 82.3% in the month. Sickness absence has decreased in February in line with expected seasonal variation (5.69% in the month) and the rolling 12 month average is now 5.41%. Fire training has decreased in the month to just below the 90% standard (now 89.6%) while clinical risk training has improved from 73.8% to 79.5%. (page 15)
- Finance Dashboard - At Month 11, the Trust had a risk rating of 4 and a surplus before exceptional items of £6.2m which was £2.3m ahead of plan. The Trust currently expects to deliver £3.2m more than its original planned surplus for the year. However, the Trust still faces some key financial risks which need to be managed. 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 11 was £30.1m which was £10.0m 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 £3.4m above plan. (page 16)
- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 11. (pages 18-23)
- Principal Community Pathways Benefits Realisation dashboards include information on waiting times, referrals, discharges, caseloads, staff time and patient flows. A revised reporting format is currently in development. (pages 24-27)

**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

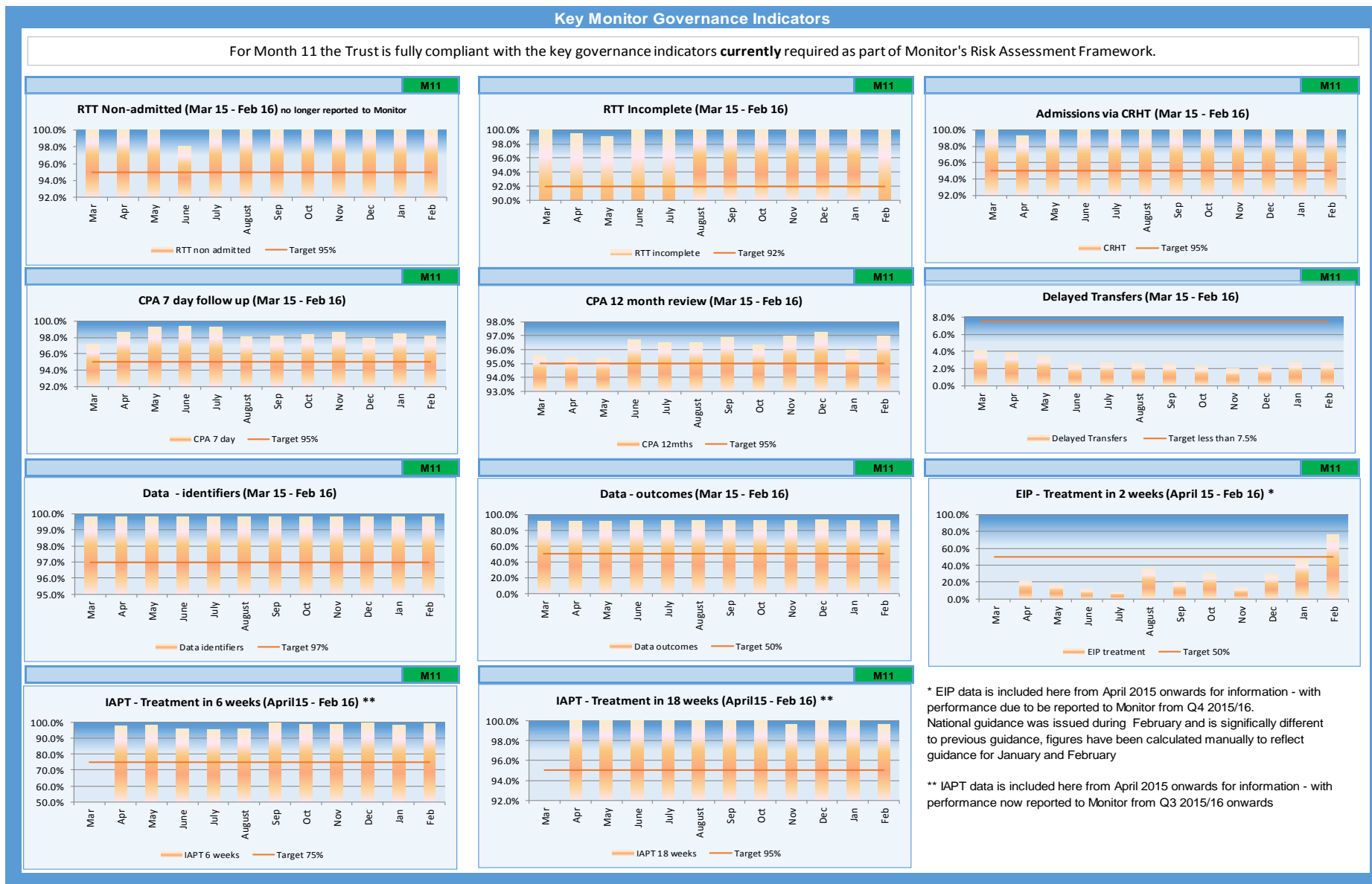
Risk Assessment Framework	Target	Quarter 3 position	Current position (m11)	Trend	Forecast position	
Overall Governance Risk Rating	Green	Green	Green	●	—	
Overall Financial Sustainability Risk Rating		4	4	—	4	
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	—	100.0%
CPA 7 day follow up	95%	98.7%	98.2%	●	▼	98.4%
CPA review within 12 months	95%	97.2%	97.0%	●	▲	97.2%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.0%	2.7%	●	—	2.7%
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%	76.1%	●	▲	50.0%
IAPT treatment within 6 weeks of referral	75%	99.1%	99.1%	●	▲	99.1%
IAPT treatment within 18 weeks of referral	95%	99.9%	99.6%	●	▼	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%	92.8%	●	▲	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 11 all **current** Monitor Risk Assessment Framework governance requirements have been met.

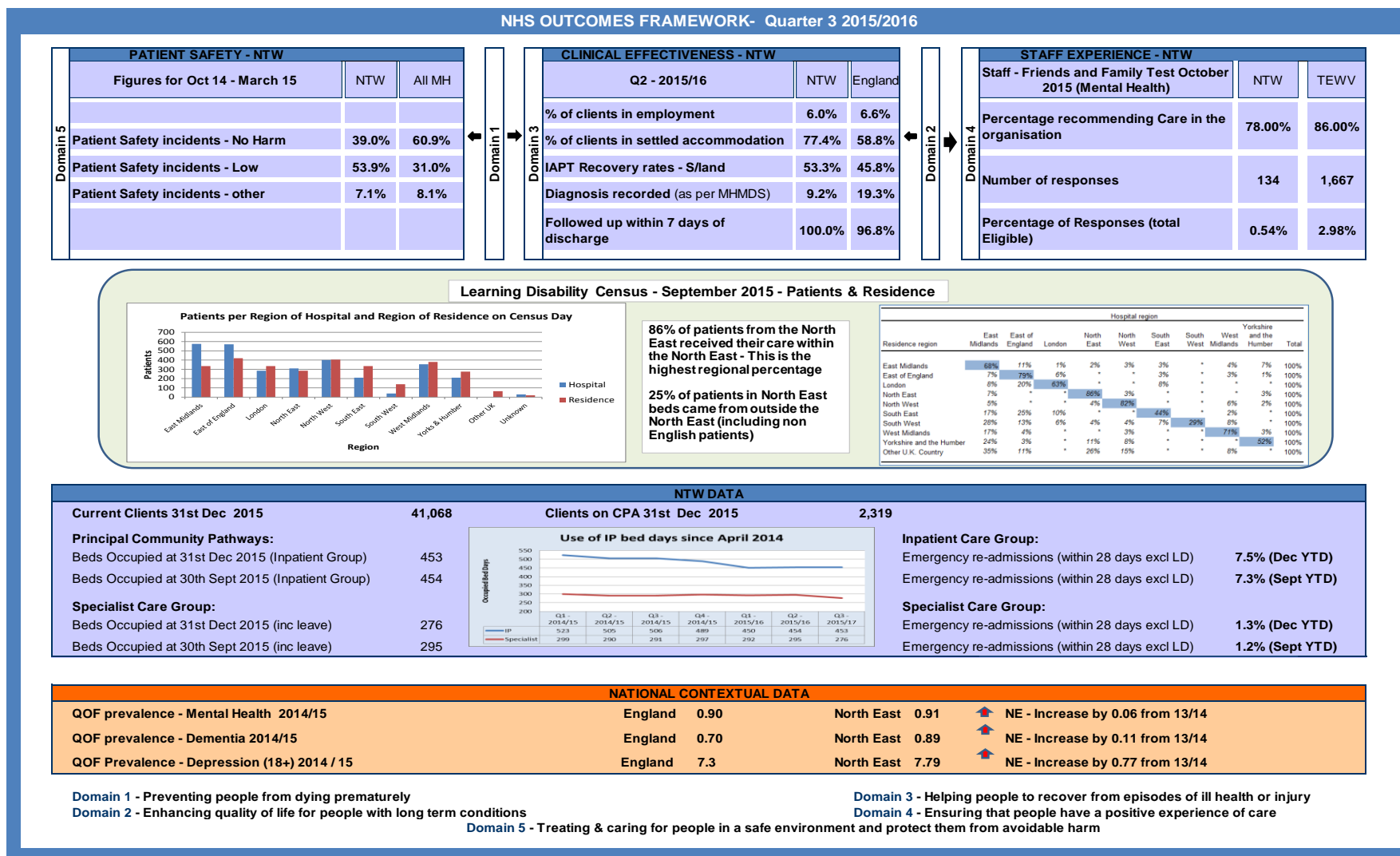
EIP 2 week standard is being measured (from Jan) by assessing when first episode psychosis was suspected until the point where an assessment has been carried out. There will be further requirements of this in March following the new national guidance

●	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	M11 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	M11 position	Trend	Forecast position
<b>Goal 1 - Reduce Incidents of Harm to Patients</b>				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	-	●
<b>Goal 2 - Improve the way we relate to patients and carers</b>				
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)	●	●	-	●
<b>Goal 3: Right services are in the right place at the right time for the right person</b>				
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	M11 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)	●	●	-	●
<b>NHS ENGLAND only:</b>				
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	●	●	-	●

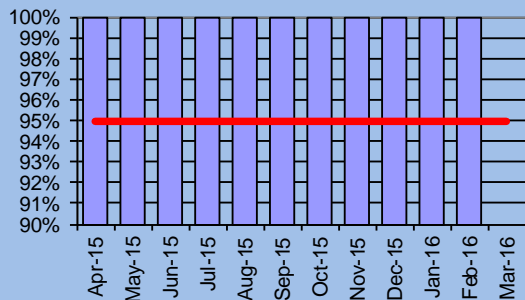
●	Performance on track and/or improved from previous month
●	Some improvements needed to achieve target
●	Not achieving target/performance deteriorating
▲	Trend improved from previous month
-	Trend the same as previous month
▼	Trend worse than previous month



## 5. Waiting Times Dashboard

### Waiting Times Dashboard - NHS England Commissioned Specialised Services

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

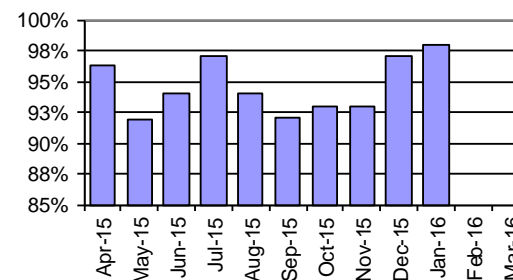


**Month 11 narrative:**

The RTT incomplete waiting times standard was again achieved at 100% in February. 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 408 patients (29.02.16)

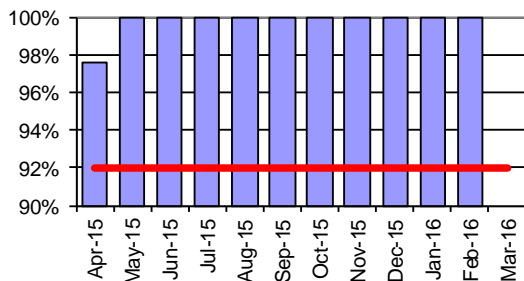
**Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)**



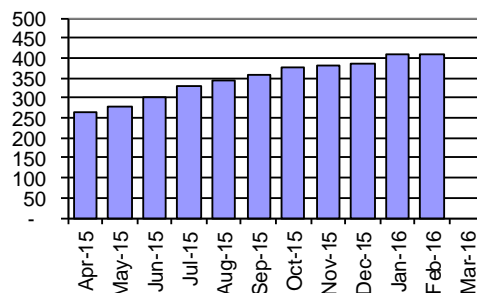
RTT services = neurological rehabilitation and neuropsychiatry

^^ MDT wait data excludes gender dysphoria

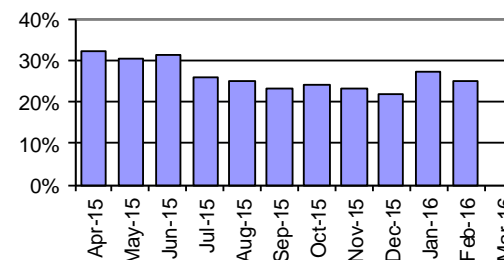
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



**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**



**Northumberland CCG**

**Month 11 narrative:**

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

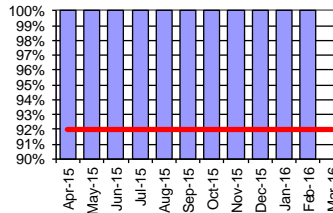
EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In February 2016 there were nine patients entering treatment using this definition - seven of which were within 2 weeks of referral.

Waiting time by cluster for patients entering treatment in the quarter is included below - Initial investigation into long waits have identified data quality issues. Further work is underway with teams to improve recording and identify the cause of actual long waiters.

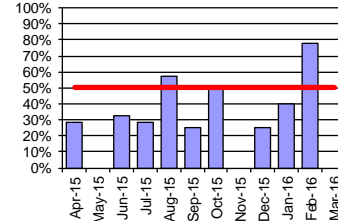
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks, although the figures have increased this month

CYPs waiting times in the month have continued to deteriorate.

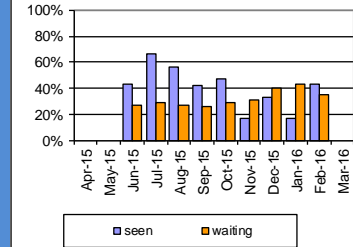
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



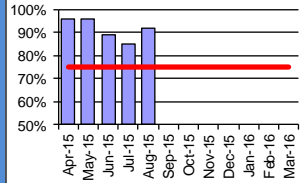
**EIP - % seen in treatment within 2 weeks (Target 50%)**



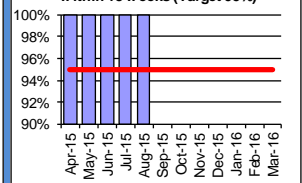
**Adult ADHD % seen in the month & % waiting at the end of the month**



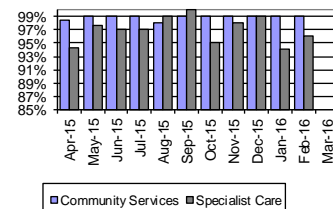
**Adult IAPT - % seen in treatment within 6 weeks (Target 75%)**



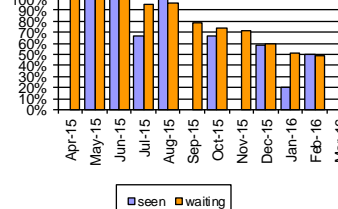
**Adult IAPT - % seen in treatment within 18 weeks (Target 95%)**



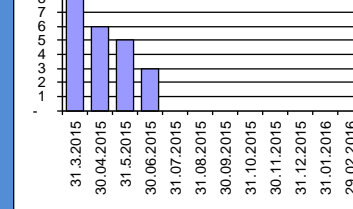
**Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)**



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

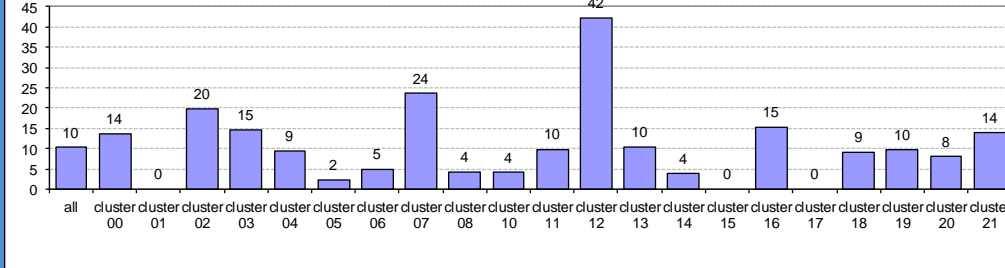


**Number of CYPs Throughput Waiters (to be zero by 30.9.15) \*\*ACHIEVED\*\* July 15**

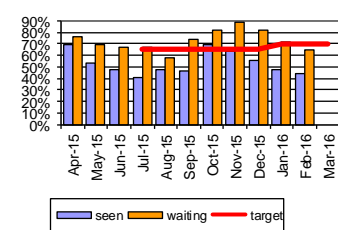


NB NTW ceased providing the IAPT service in Northumberland from Sept onwards

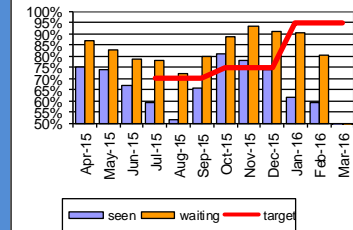
**Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date**



**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 11 narrative:**

The RTT standard was achieved in the month.

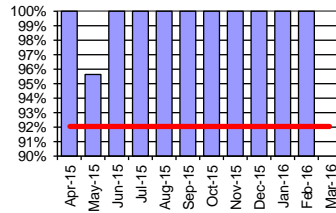
EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In February 2016 there were seven patients entering treatment using this definition - seven of which were within 2 weeks of referral.

Waiting time by cluster for patients entering treatment in the quarter is included below -Initial investigation into long waits have identified data quality issues. Further work is underway with teams to improve recording and identify the cause of actual long waiters.

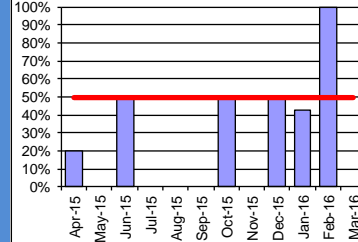
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. This month the figures have improved.

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).

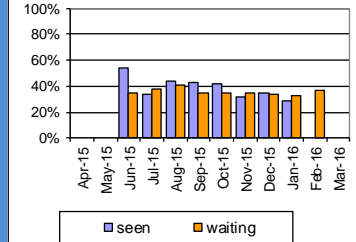
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



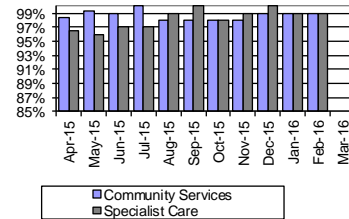
**EIP - % seen in treatment within 2 weeks (Target 50%)**



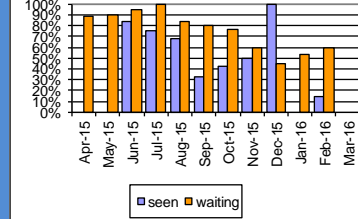
**Adult ADHD % seen in the month & % waiting at the end of the month**



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



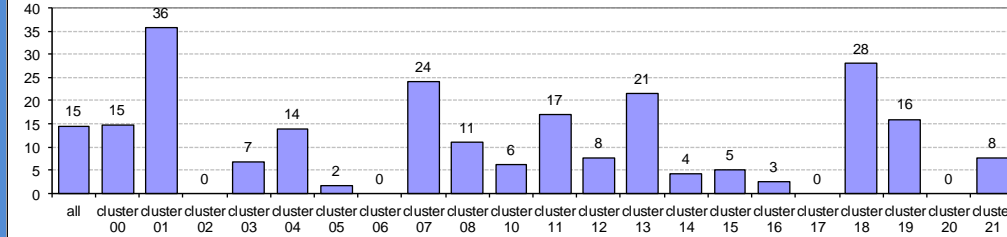
**Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month**



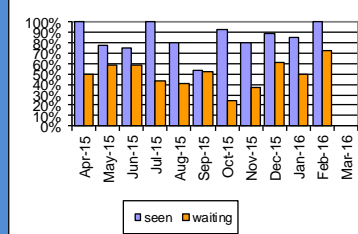
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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

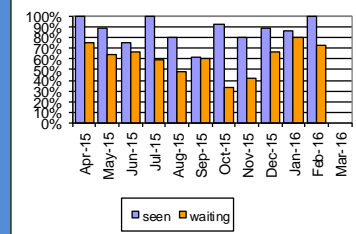
**Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date**



**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 11 narrative:**

The RTT standard was achieved in the month.

EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In February 2016 there were eighteen patients entering treatment using this definition - sixteen of which were within 2 weeks of referral.

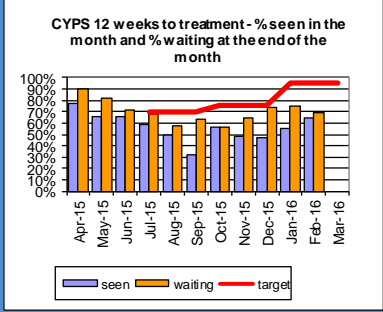
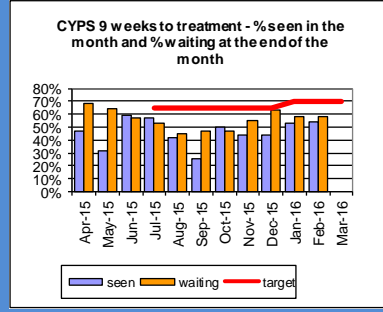
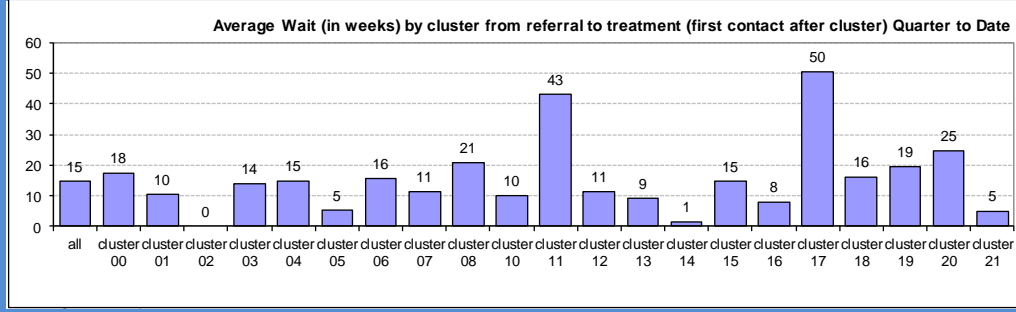
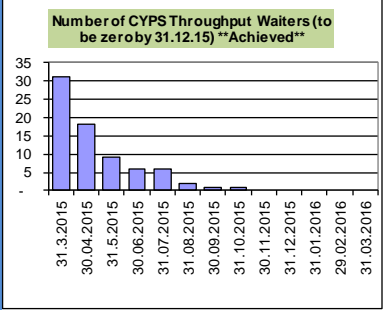
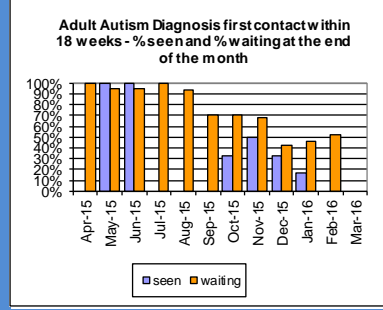
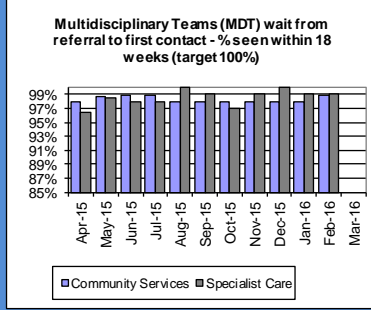
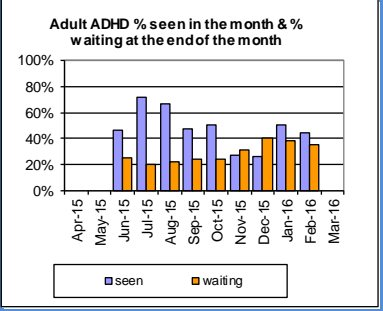
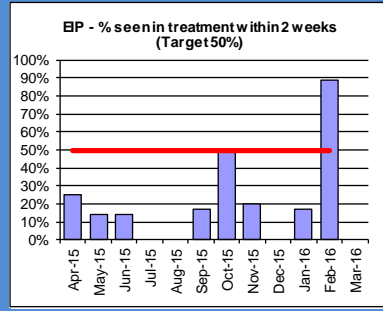
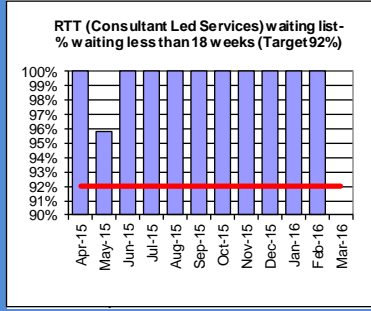
Waiting time by cluster for patients entering treatment in the quarter is included below - Initial investigation into long waits have identified data quality issues. Further work is underway with teams to improve recording and identify the cause of actual long waiters.

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 improve.

CYPS 9 & 12 weeks incomplete waiting times deteriorated in the month.

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



**Month 11 narrative:**

The RTT standard was achieved in the month.

EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In February 2016 there were eleven patients entering treatment using this definition - four of which were within 2 weeks of referral.

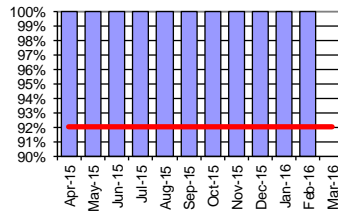
Waiting time by cluster for patients entering treatment in the quarter is included below - Initial investigation into long waits have identified data quality issues. Further work is underway with teams to improve recording and identify the cause of actual long waiters.

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

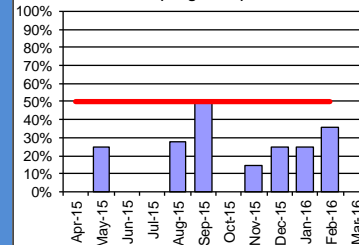
CYPS complete waiting times have improved in February.

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

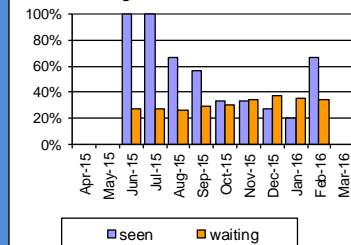
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



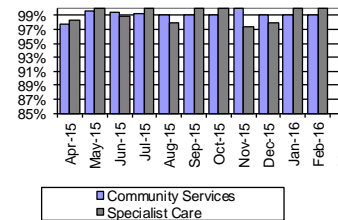
**EIP - % seen in treatment within 2 weeks (Target 50%)**



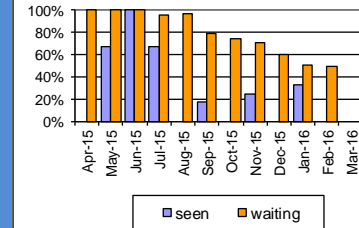
**Adult ADHD % seen in the month & % waiting at the end of the month**



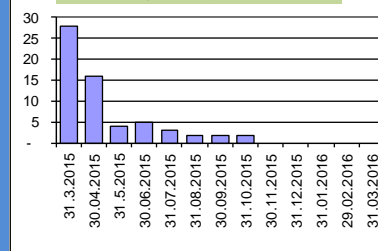
**Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)**



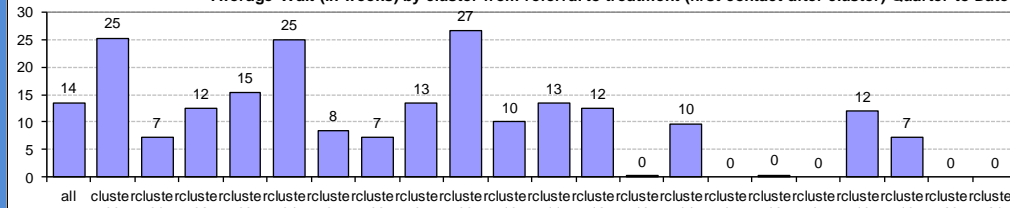
**Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month**



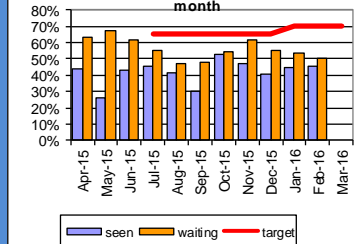
**Number of CYPS Throughput Waiters (to be zero by 31.12.15) \*\*ACHIEVED\*\***



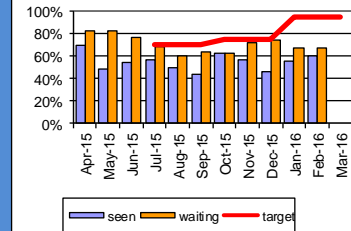
**Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date**



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



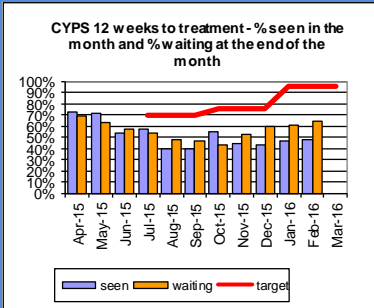
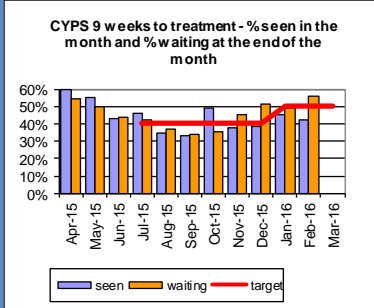
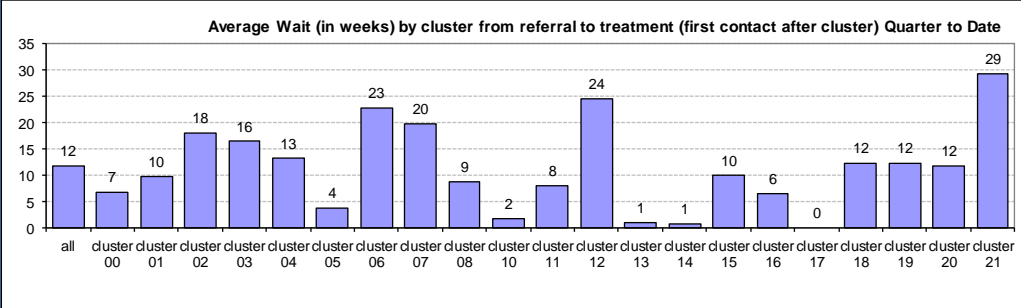
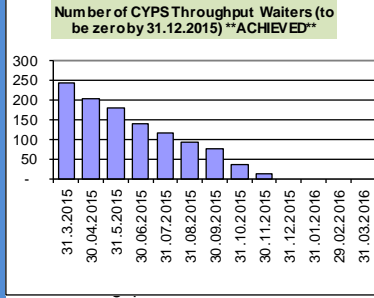
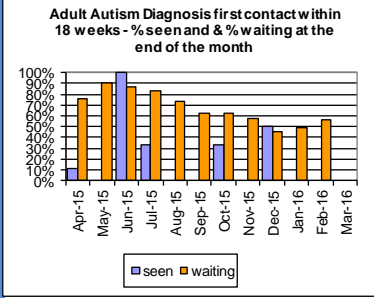
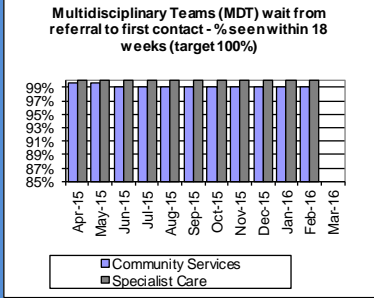
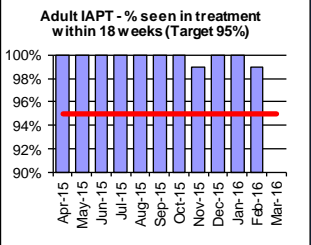
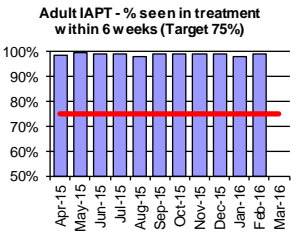
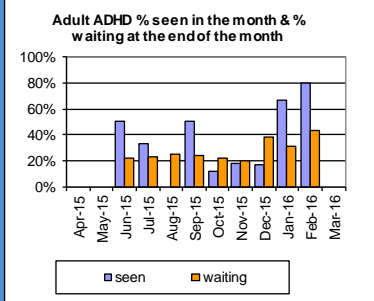
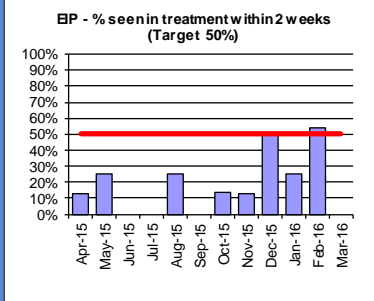
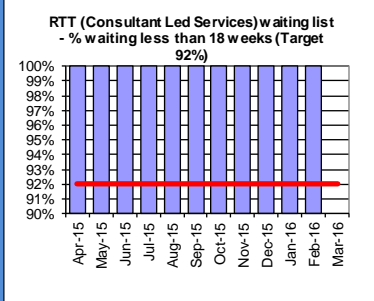
**CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month**



Sunderland CCG

**Month 11 narrative:**

The RTT and IAPT standards were achieved in the month. EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In February 2016 there were thirteen patients entering treatment using this definition - seven 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 February 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 - Initial investigation into long waits have identified data quality issues. Further work is underway with teams to improve recording and identify the cause of actual long waiters.



## 6. Workforce Dashboard

### Workforce Dashboard

Training	Target	M11 position	Trend	Forecast position	
Fire Training	90%	89.6%	●	▼	90%
Health and Safety Training	90%	95.1%	●	▲	95%
Moving and Handling Training	90%	95.4%	●	▼	95%
Clinical Risk Training	90%	79.5%	●	▲	90%
Clinical Supervision Training	90%	80.6%	●	▼	83%
Safeguarding Children Training	90%	94.1%	●	▼	94%
Safeguarding Adults Training	90%	92.9%	●	▬	93%
Equality and Diversity Introduction	90%	93.7%	●	▲	93%
Hand Hygiene Training	90%	92.3%	●	▲	92%
Medicines Management Training	90%	88.3%	●	▲	88%
Rapid Tranquilisation Training	90%	87.3%	●	▲	86%
MHCT Clustering Training	90%	86.5%	●	▼	88%
Mental Capacity Act Training	90%	87.1%	●	▲	86%
Mental Health Act Training	90%	83.9%	●	▲	84%
Deprivation of Liberty Training	90%	85.1%	●	▲	85%
Seclusion Training (Priority Areas)	90%	95.0%	●	▲	92%
Dual Diagnosis Training (80% target)	80%	85.2%	●	▼	85%
PMVA Basic Training	90%	77.3%	●	▼	78%
PMVA Breakaway Training	90%	76.5%	●	▲	75%
Information Governance Training	90%	88.1%	●	▼	90%
Records and Record Keeping Training	90%	97.6%	●	▼	98%

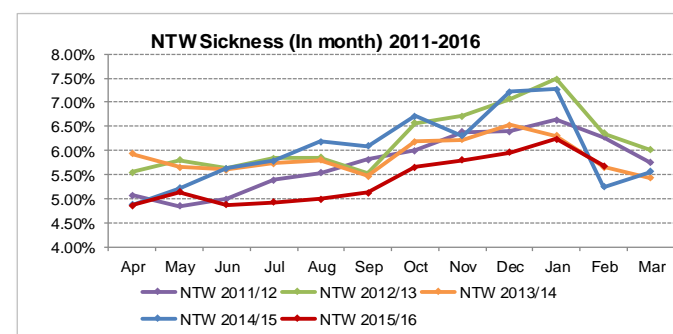
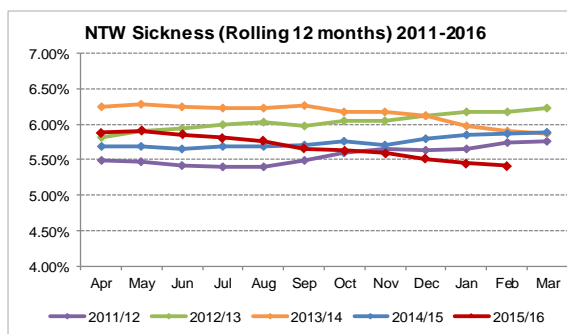
●	Performance at or above target
●	Performance within 5% of target
●	Under-performance greater than 5%
▲	Trend improving on previous month
▬	Trend the same as previous month
▼	Trend worse than previous month

Behaviours and Attitudes	Target	M11 position	Trend	Forecast position	
Appraisals	90%	82.3%	●	▼	90%
Disciplinarys (new cases since 1/4/15)		193			
Grievances (new cases since 1/4/15)		38			

Recruitment, Retention & Reward	Target	M11 position	Trend	Forecast position	
Corporate Induction	100%	100.0%	●	▬	100%
Local Induction	100%	99.6%	●	▲	97%
Staff Turnover	<10%	8.2%	●	▬	<10%
Current Headcount		6127	N/A	N/A	N/A

Best Use of Resources	Target	M11 position	Trend	Forecast position	
Agency Spend		£1,205,000	●	▲	
Admin & Clerical Agency (included in above)		£182,500	●	▼	
Overtime Spend		£240,000	●	▼	
Bank Spend		£617,000	●	▼	

Managing Attendance	Target	M11 position	Trend	Forecast position	
In Month sickness	<5%	5.69%	●	▲	
Short Term sickness (rolling)		1.30%			
Long Term sickness (rolling)		4.11%			
Average sickness (rolling)	<5%	5.41%	●	▲	



## 7a. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(6,207)	(5,200)
EBITDA	(17,112)	(17,152)
Capital Spend/CRL	12,280	15,695
Efficiency Plan	8,877	10,234

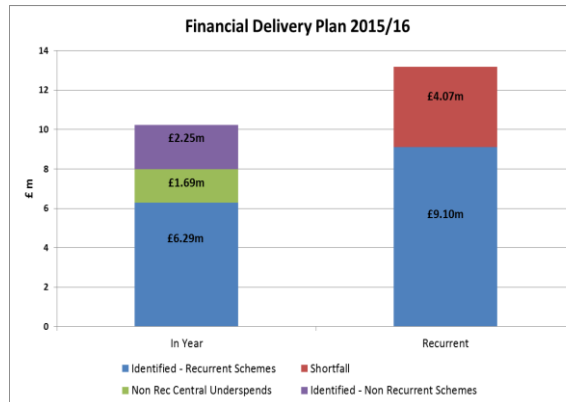
### I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	990	1,241
Community Services	(328)	(315)
Specialist Care	3,106	3,721
Indirect/Support Services Costs	(5,240)	(4,689)
Other/Reserves	(669)	(3,017)
Cost of Capital	(179)	(133)

### Balance Sheet

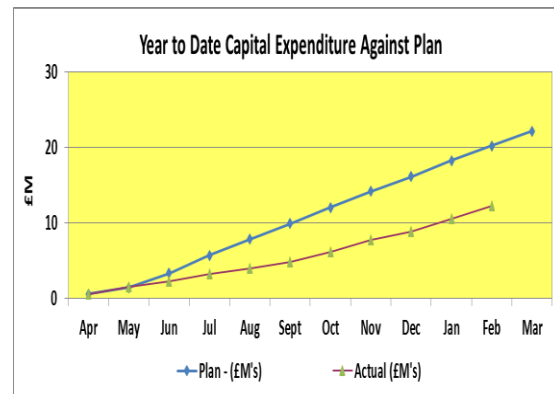
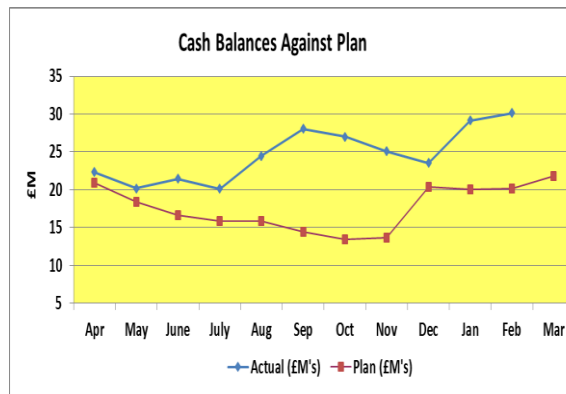
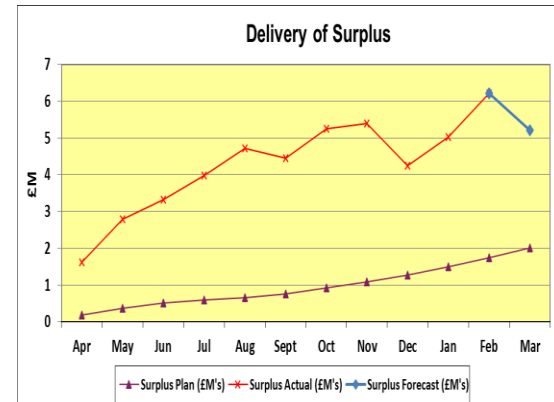
Key Indicators	Current	Forecast
Cash	£30.1m	Green
Loans Drawn	£9.9m	Green
Loans Forecast	£10.4m	Green
Current Ratio	1.5	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.58x	2
Liquidity Ratio	17.2 days	4
I&E Margin	1.79%	4
I&E Margin Variance	1.25%	4
<b>Overall Rating</b>		<b>4</b>



### Key Issues

- Risk rating is a 4 & I&E position is £2.3m above plan at Month 11.
- Year-end forecast rating is a 4 & forecast surplus is £3.2m above initial plan.
- The main pressures/risks to delivery are staff overspends in Specialist Care and achieving FDP savings.
- Cash position is £10.0m above plan at Month 11 and the forecast is £3.4m 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 2.1%
- During January, the Trust breached the cap for a small number of shifts each week. None of these related to medical agency.
- Cap rates reduced on 1<sup>st</sup> February increasing the number of breaches. However, agency medic breaches have reduced during February with the Trust down to 4 doctors above new rates at end of February.
- Revised below cap rates have also now been agreed for Psychologists from beginning of March
- 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 Monitor approved framework suppliers for all staff groups. List of approved frameworks is due to be published week commencing 14 March.

### Monitor Agency Cap Breaches (Number of shifts)

	Wk 1-6	Wk 7 -10	Wk 11	Wk 12	Wk 13	Wk 14
Staff Group	23/11 - 3/1	4/1 - 31/1	w/c 1/2	w/c 8/2	w/c 15/2	w/c 22/2
Medical	13	0	30	27	25	20
Nursing	26	13	5	4	3	3
Psychology	37	24	45	47	55	48

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

### Nursing Agency – Monitor Ceiling

Year to date - Mth 11	£m
Spend on Qualified Agency Nursing	1.4
Spend on Qualified Nursing	63.6
Agency spend as % of total spend	2.1%
Monitor Limit	3.0%

	YTD Mth 11
Staff Group	Agency £m
Medical	3.8
Nursing	4.3
A&C	1.7
Other	2.3
	<b>12.0</b>

### NTW - Temporary Staffing Spend – up to Feb 2016

	Year to date - Mth 11			
Group	Agency £m	Bank £m	Overtime £m	TOTAL £m
Specialist	3.8	3.8	1.7	9.4
Community	4.7	0.8	0.2	5.7
Inpatients	2.4	3.4	0.3	6.1
Support Services	1.2	0.0	0.5	1.6
	<b>12.0</b>	<b>8.1</b>	<b>2.7</b>	<b>22.8</b>

## 8. Contract Summary Dashboards

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

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 quality requirements achieved in February

### Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 07/03/2016 15:00:31

Target Achievement in this period



Comments:

All quality Requirements achieved in February

Areas for improvement

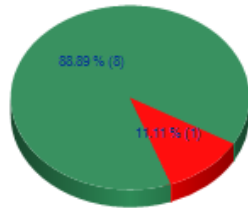
Metric ID	Ref	Metric Name	Overall
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Report Date: 07/03/2016 15:00:27

Target Achievement in this period

 SOUTH TYNESIDE CCG (88.9%)



 Under Achievement  Achievement



Comments:

Current pressures within the CMHT in terms of staff recruitment and increased activity have resulted in a deterioration in performance against CPA reviews within 12 months. Work is underway to assess team capacity and ensure compliance in March.

Areas for improvement

Metric ID	Ref	Metric Name	SOUTH TYNESIDE CCG	Overall
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	93.8% 	93.8% 

Report Date: 07/03/2016 15:00:30

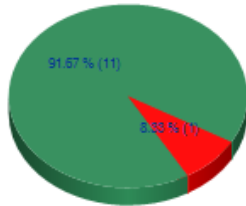
Target Achievement in this period



Comments:

Despite implementing a comprehensive marketing strategy for IAPT referrals to the service continue to vary month on month resulting in the under performance in February. From April an integrated service with Sunderland Counselling services will be in place which should ensure the access target is met.

Under Achievement Achievement

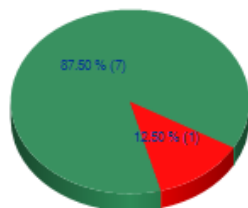


Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	453 ✘	453 ✘

Target Achievement in this period

Under Achievement Achievement



- 8 DARLINGTON CCG (100.0%)
- 7 1 DURHAM DALES, EASINGTON AND SEDGFIELD CCG (87.5%)
- 7 1 NORTH DURHAM CCG (87.5%)
- 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 February with the exception of CPA reviews in the last 12 months, the under performance on this related to 3 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.

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% ✓
7238		MHMDS Data Completeness, Current Service Users aged 18 and over with a valid NHS Number	100.0% ✓	100.0% ✓	100.0% ✓	95.8% ✗	100.0% ✓	99.8% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	100.0% ✓	93.3% ✗	0.0% ✗	100.0% ✓	92.3% ✗

Report Date: 07/03/2016 15:00:31

Target Achievement in this period



Comments:

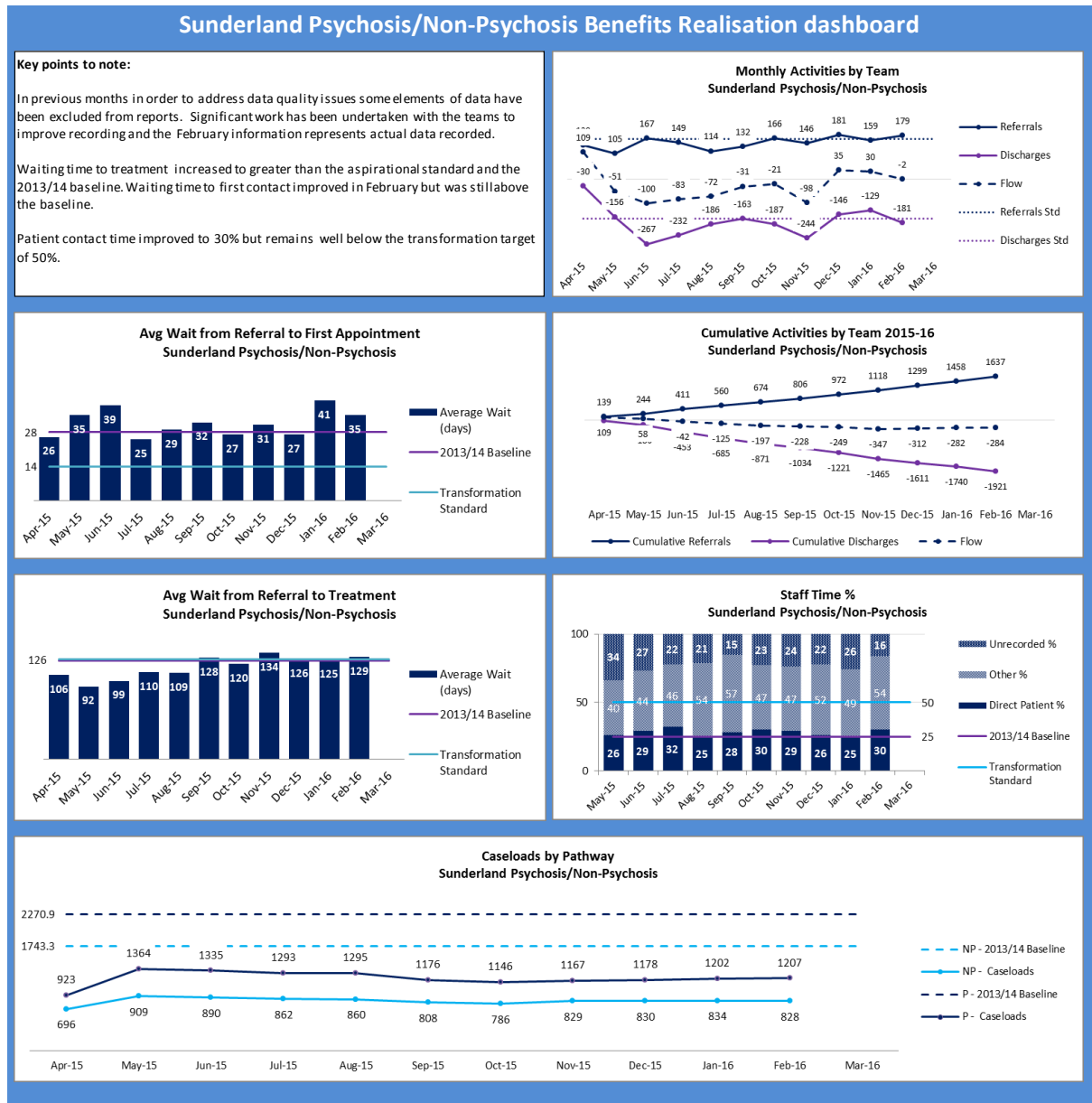
All quality Requirements achieved in February

Areas for improvement

Metric ID	Ref	Metric Name
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# 9. Principal Community Pathways Benefits Realisation Dashboards





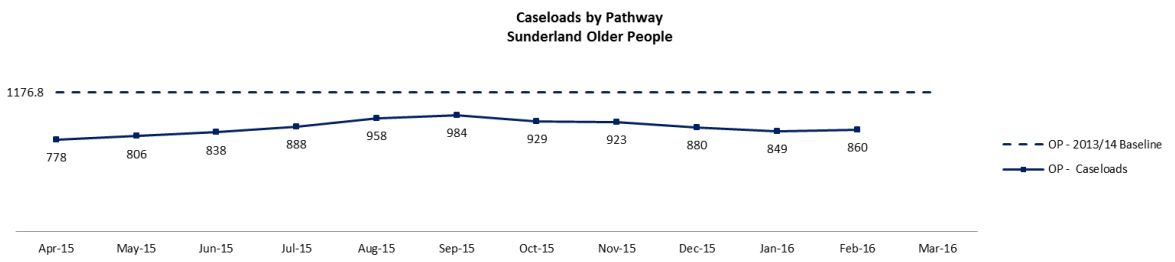
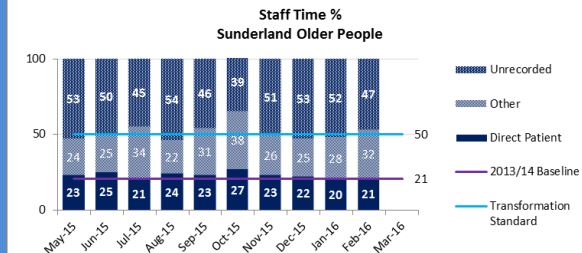
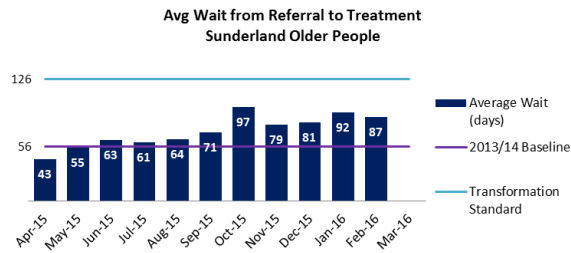
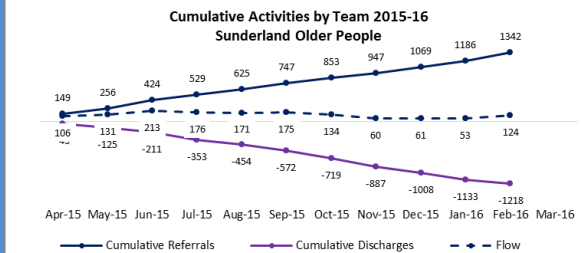
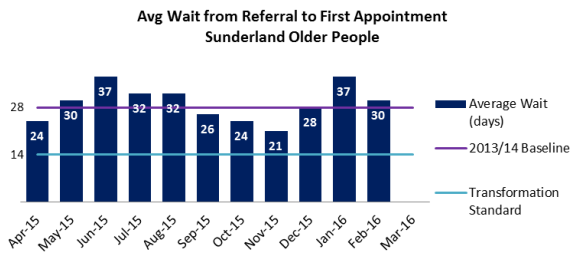
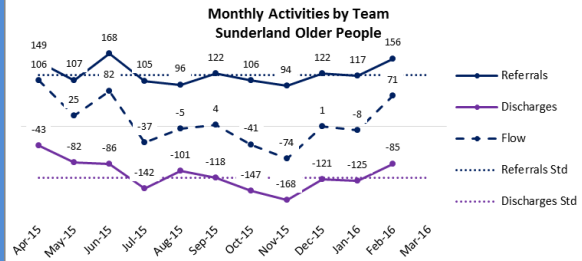
## Sunderland Older People Benefits Realisation Dashboard

### 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 February information represents actual data recorded.

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

Patient contact time is similar to previous months at 21% and is well below the transformation target of 50%. Actual recording of time continues to be problematic.



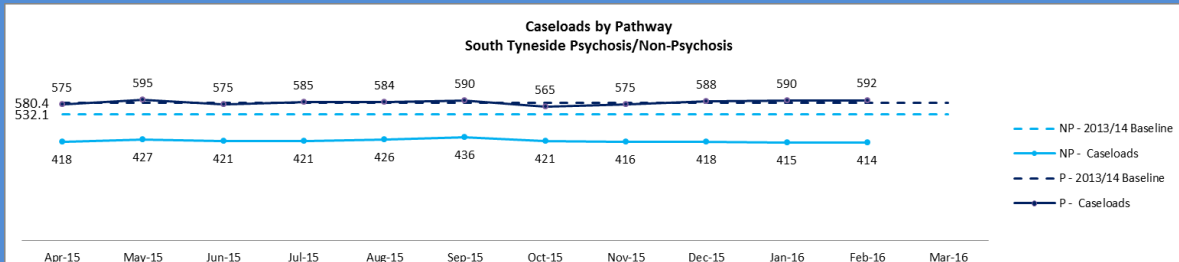
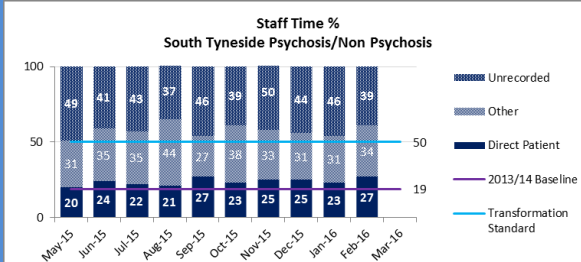
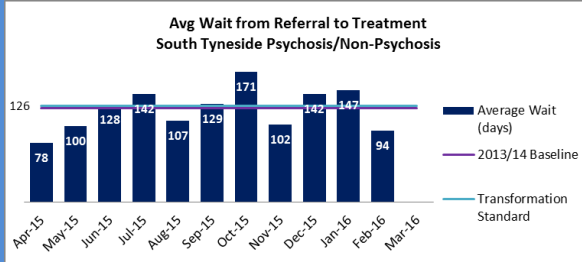
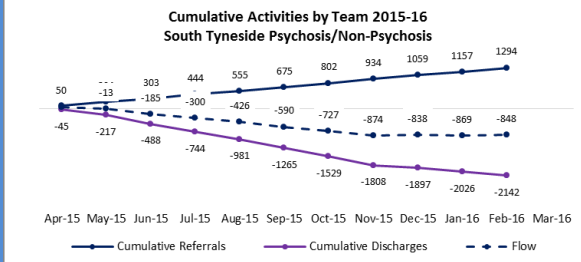
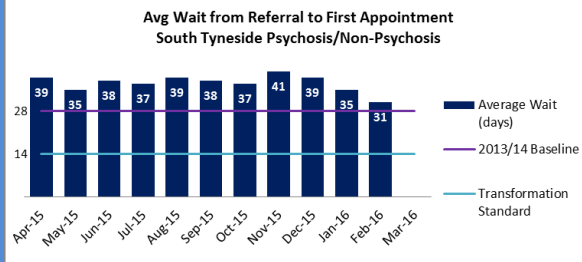
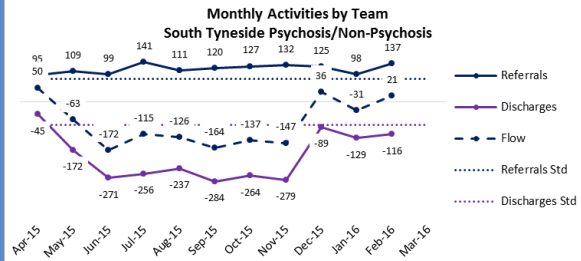
## South Tyneside Psychosis/Non-Psychosis Benefits Realisation dashboard

### 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 and the February information represents actual data recorded.

Waiting time to first contact reduced again in February but still remains above the 2013/14 baseline and the aspirational standard. Waiting time to treatment improved in February and was better than both the baseline and standard.

Patient contact time improved to 27% but remains 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 February information represents actual data recorded.

Waiting time to first contact has decreased in February and equalled the 2013/14 baseline, but remains above 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 decreased slightly to 23% in February which is below the 2013/14 baseline and well below the transformation target of 50%. Actual recording of time continues to be problematic.

