NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST BOARD OF DIRECTORS' MEETING

Meeting Date: 24 June 2015

Title and Author of Paper: Performance Report (Month 2). Lisa Quinn, Executive Director of

Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework Governance risk rating Green (lowest risk) and Continuity of Services Risk Rating of 4. The dashboard has been amended to include in shadow form the IAPT and EIP waiting times metrics due to be reported to Monitor later this financial year (nb the EIP 2 weeks to treatment standard is not currently achieved) (pages 3 & 4)
- NHS Outcomes Framework the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at 2014/2015 quarter 4 (page 5)
- Quality Dashboard at M2 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety (page 6). All CQUIN indicators have been RAG rated green for M2.
- Serious Incidents there were 20 Serious Incidents reported in Month 2 which is an increase from 12 the previous month (page 6)
- Complaints there were 30 complaints received in Month 2 which is an increase from 24 the previous month (page 6)
- Waiting Times an enhanced waiting times dashboard by CCG has included within the report for the first time – comments are invited on the format (page 7-19)
- Workforce Dashboard JDR/PDP rates have increased to 83.8% (82.5% last month) however this remains below the expected minimum of 90%. Sickness absence has increased to 5.14% in May 2015 from 4.86% the previous month (page 20)
- Finance Dashboard At Month 2, the Trust had a risk rating of 4 and a surplus of £2.8m which was £1.2m ahead of plan. The Trust currently expects to deliver its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs and income under-recovery in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 2 was £20.2m which was £1.8m above plan. The year-end cash balance is forecast to be in line with plan. (page 21)
- Contract performance dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 2 (pages 22-27)
- Group Dashboards summaries of Group performance in key areas for Month 2 are provided. These have been enhanced to include performance at CCG contract level. (pages 28-33)
- A summary of contract quality and performance requirements against which NTW is currently under-performing is provided. All CQUIN indicators are currently RAG rated green as at month 2. (pages 33-35)

Outcome required: for information only



Integrated Performance And Assurance Report



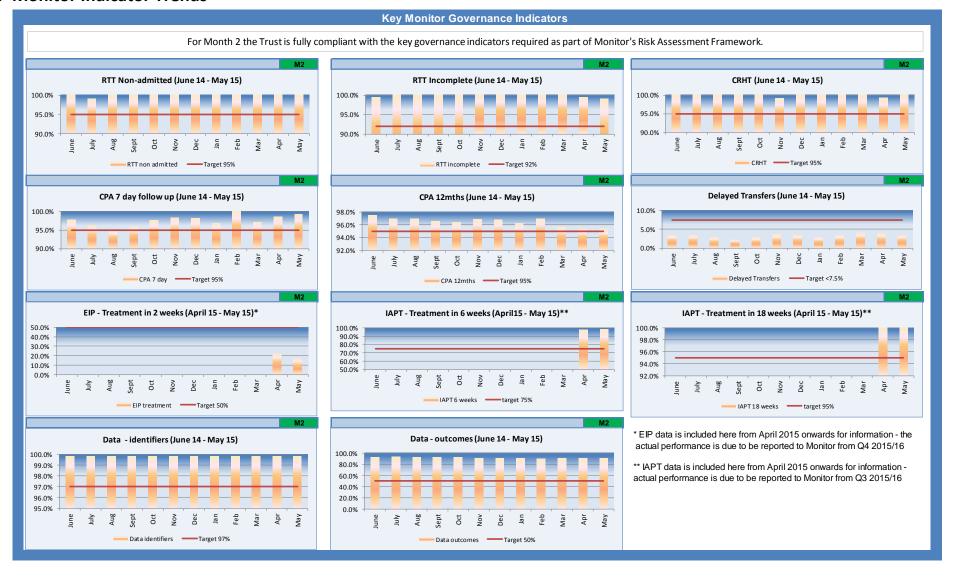
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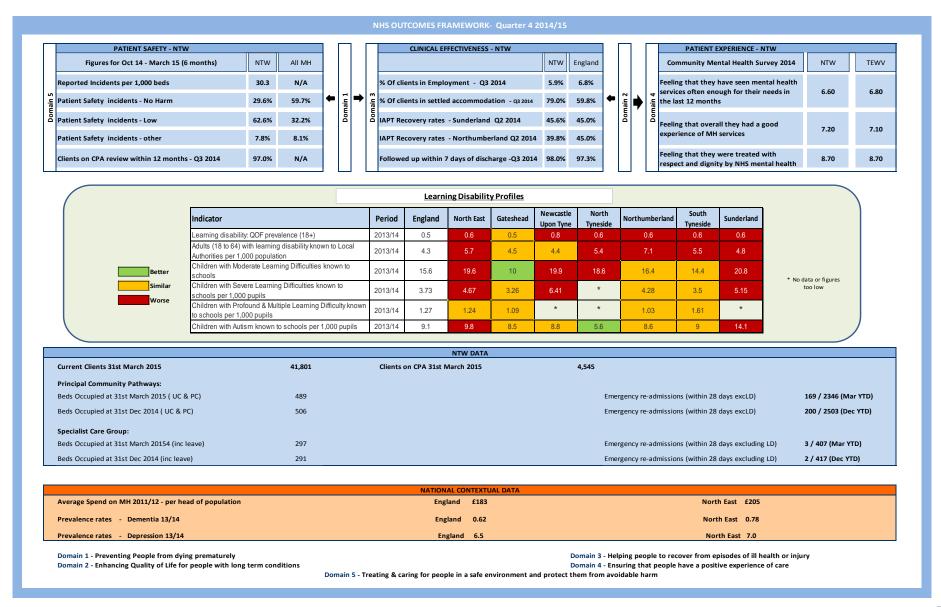
1. Monitor Risk Assessment Framework Requirements

Risk Assessment Framework	Target	Quarter 4 position	Current po (M2)		Trend	Forecast position	
Overall Governance Risk Rating	Green	Green	Green		_		
Overall Finance Risk Rating		3	4			4	
Referral to treatment waiting times - non-admitted	95%	100.0%	100.0%			100.0%	
Referral to treatment waiting times - incomplete	92%	100.0%	99.0%		~	99.0%	
CPA 7 day follow up	95%	98.0%	99.3%		_	99.0%	
CPA review within 12 months	95%	95.6%	95.4%			95.4%	
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.1%	3.4%		_	3.6%	
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%		_	99.5%	
EIP treatment within 2 weeks of referral*	50%	n/a	17.0%		~	20.0%	
IAPT treatment within 6 weeks of referral**	75%	n/a	98.4%		_	98.1%	
IAPT treatment within 18 weeks of referral**	95%	n/a	100.0%			100.0%	
Data Completeness: 6 indicators	97%	99.8%	99.8%			99.8%	
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	91.7%	91.4%		~	91.4%	
Self certification against LD access requirements	Green	Green	Green			Green	
Clostridium Difficile - meeting the C Diff objective	0	0	0			0	
MRSA - meeting the MRSA objective	0	0	0			0	
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No				
CQC compliance action outstanding	No	No	No				
CQC enforcement action within the last 12 months	No	No	No	Ŏ			
CQC enforcement action currently in effect	No	No	No			Ŏ	
Moderate CQC concerns or impacts regarding the safety of healthcare provision	No	No	No			Ŏ	
Major CQC concerns or impacts regarding the safety of healthcare provision	No	No	No			ŏ	
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	No	No				
At Month 2 all Monitor Risk Assessment Framework governance requirements have		Meeting Ma	onitor target			1	
been met.			g Monitor target				
Soon mod			oved from pr		month	1	
* EIP data for information only - to be reported to Monitor from Q4 2015/16							
** IAPT data for information only - to be reported to Monitor from Q3 2015/16	~	Trend the same as previous month				1	

2. Monitor Indicator Trends



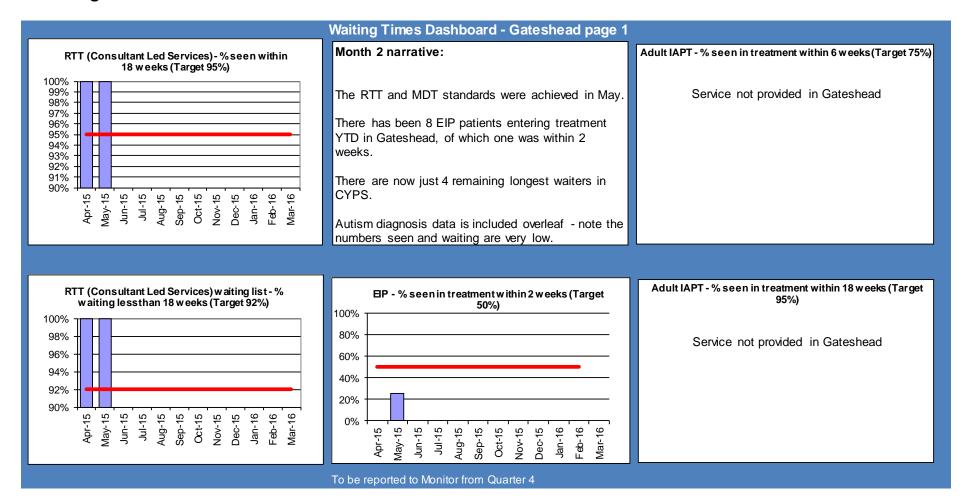
3. NHS Outcomes Framework

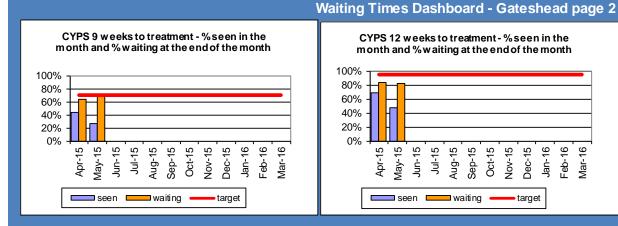


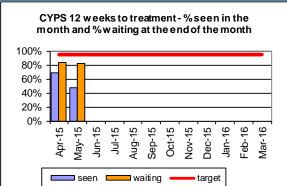
3. Quality Dashboard

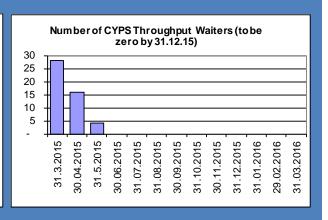
Quality Dashboard									
CQC Fundamental Standards	Target	M2 position	Trend	Forecast position	CQUIN 2015/16	Target	M2 position	Trend	Forecast position
Care and treatment must be appropriate and reflect service users needs and preferences	•	•	•	•	Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	•	•	I	•
Service users must be treated with dignity and respect	•	•	0	•	Physical Healthcare (Sunderland)	•	•		•
Care and treatment must only be provided with consent	•	•	0	•	CYPS waiting times - Northumberland	•	•	-	•
Care and treatment must be provided in a safe way	•	•	0	•	CYPS waiting times - Newcastle & Gateshead	•	•	-	•
Service users must be protected from abuse and improper treatment	•	•	•	•	CYPS waiting times - South Tyneside	•	•	-	•
All premises and equipment used must be clean, secure, suitable and used properly	•	•	•	•	CYPS waiting times - Sunderland	•	•	-	•
Complaints must be appropriately investigated and appropriate action taken in response	•	•	•	•	Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	•	•	I	•
Systems and processes must be in place to ensure compliance with the fundamental standards	•	•	•	•	Carers (Sunderland)	•	•	-	•
Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed	•	•	•	•	Liaison (North Tyneside only)	•	•	_	•
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)	•	•	•	•	NHS ENGLAND only:				
Registered persons must be open and transparent with service users about their care and treatment (Duty of Candour)	•	•	•	•	Physical healthcare (NHS England)	•	•	I	•
MH1 Secure services active engagement programme						•	•	I	•
Quality Priorities 2015/16 (Internal)	Target	M2 position	Trend	Forecast position	MH3 Deaf recovery package			I	•
Goal 1 - Reduce Incidents of Harm to Patients					MH6 Perinatal specific involvements and support for partners/significant others	•	•	•	•
To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	•	•	_	•	QIPP - Transforming Secure Adult Inpatient Services	•	•	_	•
Goal 2 - Improve the way we relate to patients and carers									
1. Improve inpatients meals	•	•	_	•	Patient Safety Indicators	M2 position			
2. To improve waiting times for MDT's	•	•	_	•	Number of Serious Incidents	20			
To improve communication to, and information of carers and families	•	•	_	•	Number of Complaints 30				
Goal 3: Right services are in the right place at the right time for the	right per	son	,						
1. To continue to embed the Recovery Model	•	•	_	•	Performance on track and/or improved from previous month				
2. To increase the recording of diagnosis in community teams	•	•	_	•	O Some improvements needed to achieve target				
3. To improve suppression rates of PROMs (SWEMWEBS)	•	•	_	•	Not achieving target/performance deteriorating				
					▲ Trend improved from previous month				
					Trend the same as previous month Trend worse than previous month				
					Trend worse than previous month				

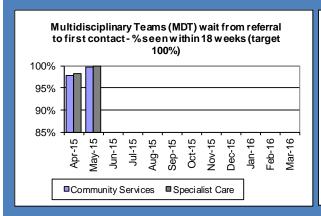
5. Waiting Times Dashboard





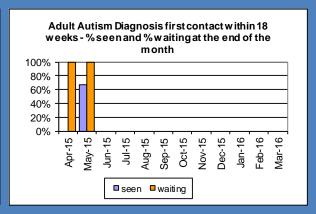






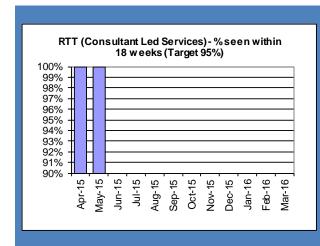
Adult ADHD % seen in the month & % waiting at the end of the month

Data in development



excludes adult ADHD, Autism Diagnosis and CYPS

none of the patients seen in April were seen within 18 weeks



Waiting Times Dashboard - Newcastle page 1

Month 2 narrative:

The RTT standards are achieved in May.

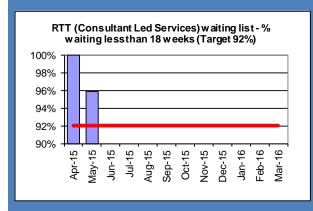
There has been 15 EIP patients entering treatment YTD in Newcastle, of which 3 were treated within 2 weeks.

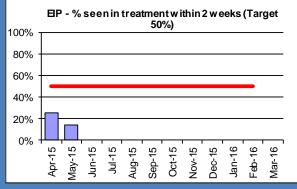
There are now 9 remaining longest CYPS waiters.

Autism diagnosis data is included overleaf - note the numbers seen and waiting are very low.

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

Newcastle Talking Therapies data to be included at a future date

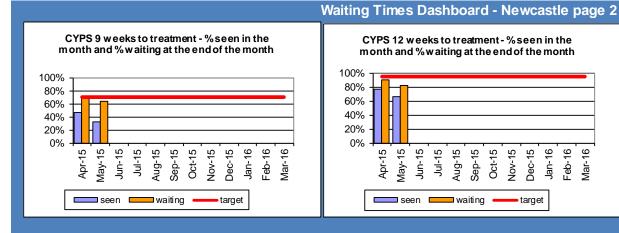


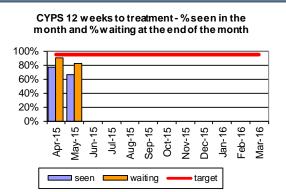


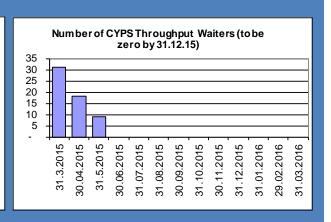
Adult IAPT - % seen in treatment within 18 weeks (Target 95%)

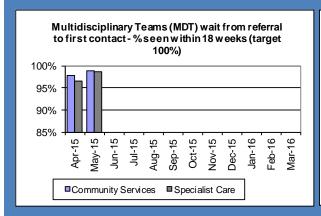
Newcastle Talking Therapies data to be included at a future date

To be reported to Monitor from Quarter 4



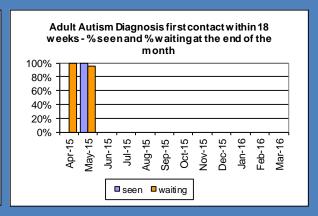






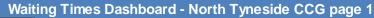
Adult ADHD % seen in the month & % waiting at the end of the month

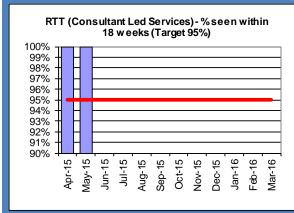
Data in development



excludes adult ADHD, Autism Diagnosis and CYPS

There were no new patients seen in April.





Month 2 narrative:

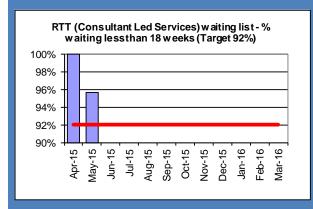
RTT - in May 2015 there was one case seen by the LD consultant team outside of the 18 weeks standard.

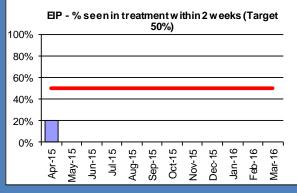
There has been 5 new EIP cases seen in treatment YTD in North Tyneside, one within 2 weeks.

Autism diagnosis data is included overleaf - note the numbers seen and waiting are very low.

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

Service not provided in North Tyneside



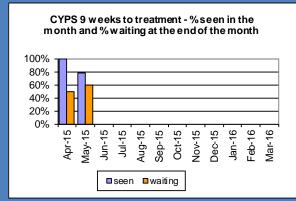


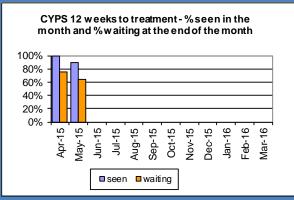
Adult IAPT - % seen in treatment within 18 weeks (Target 95%)

Service not provided in North Tyneside

To be reported to Monitor from Quarter 4

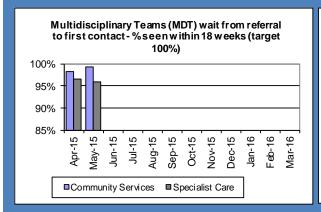
Waiting Times Dashboard - North Tyneside CCG page 2





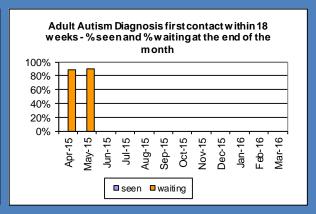
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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



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

Data in development



excludes adult ADHD, Autism Diagnosis and CYPS

There were no new cases seen in April and one seen in May, which was not within 18 weeks hence both months are showing as zero %

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

Jan-16

Waiting Times Dashboard - Northumberland CCG page 1

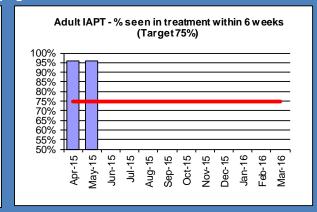
Month 2 narrative:

The RTT and IAPT standards are achieved in May 2015.

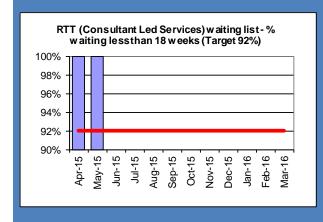
There has been 11 new EIP cases entering treatment YTD in Northumberland, of which 2 were within 2 weeks.

There are now just 5 of the longest waiters remaining in CYPS.

Autism diagnosis data is included overleaf - note the numbers seen and waiting are very low.



To be reported to Monitor from Quarter 3



Jul-15 Aug-15

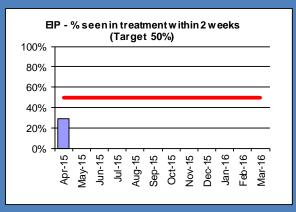
Sep-15 Oct-15 Nov-15

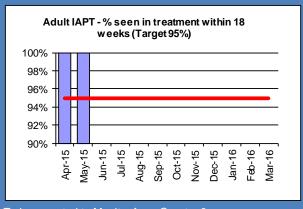
100% 99% 98%

97%

96% 95%

94% 93% 92% 91%

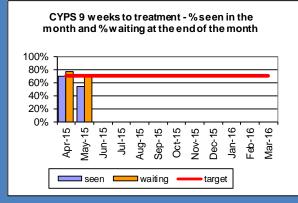


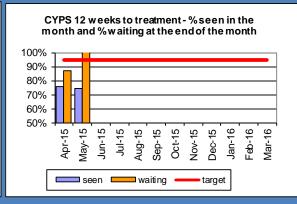


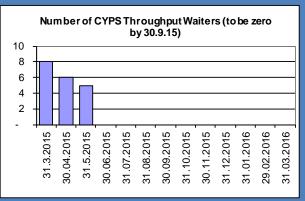
To be reported to Monitor from Quarter 4

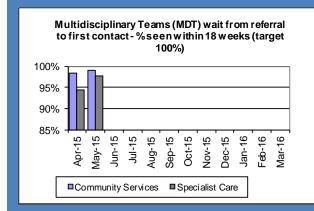
To be reported to Monitor from Quarter 3

Waiting Times Dashboard - Northumberland CCG page 2



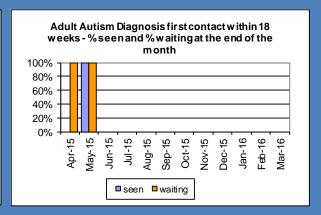






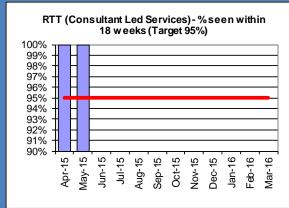
Adult ADHD % seen in the month & % waiting at the end of the month

Data in development



excludes adult ADHD, Autism Diagnosis and CYPS





Month 2 narrative:

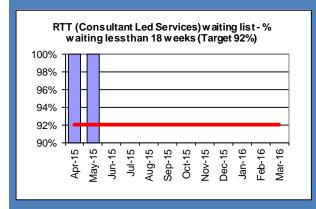
The RTT and MDT standards are achieved in May 2015.

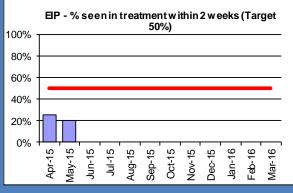
There were 9 EIP cases entering treatment YTD in South Tyneside of which 2 were within 2 weeks.

Autism diagnosis data is included overleaf - note the numbers seen and waiting are very low.

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

Service not provided in South Tyneside



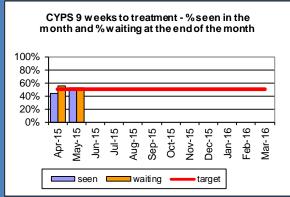


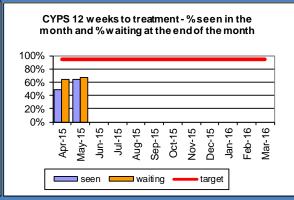
Adult IAPT - % seen in treatment within 18 weeks (Target 95%)

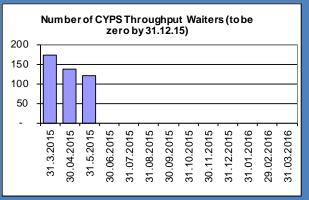
Service not provided in South Tyneside

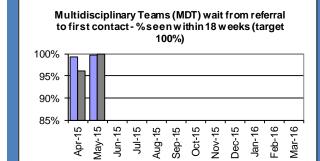
To be reported to Monitor from Quarter 4

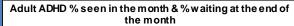




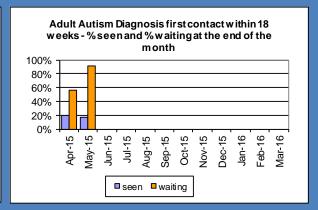








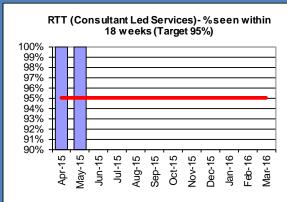
Data in development



excludes adult ADHD, Autism Diagnosis and CYPS

□Community Services □ Specialist Care

Waiting Times Dashboard - Sunderland CCG page 1



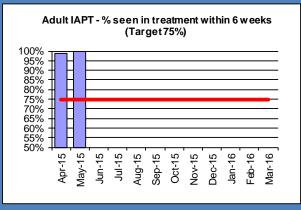
Month 2 narrative:

The RTT, IAPT & MDT standards are achieved in May 2015.

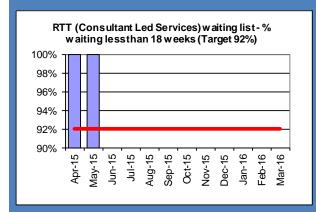
There were 12 cases entering EIP treatment YTD, in Sunderland, of which 2 were seen within 2 weeks.

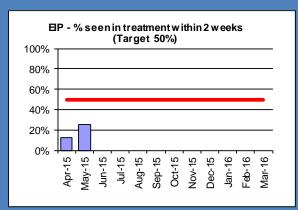
The 50% 9 weeks CYPS standard has been achieved however the 12 week standard has not.

Autism diagnosis data is included overleaf - note the numbers seen and waiting are very low.

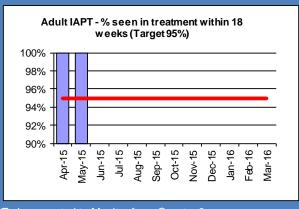


To be reported to Monitor from Quarter 3



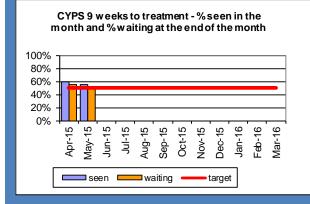


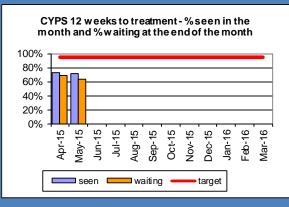


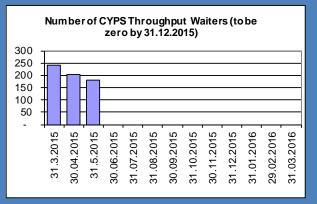


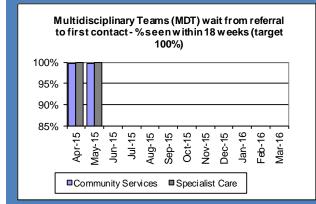
To be reported to Monitor from Quarter 3

Waiting Times Dashboard - Sunderland CCG page 2



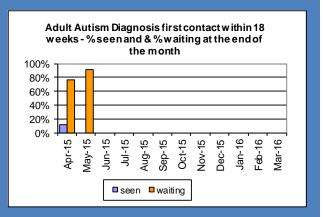






Adult ADHD % seen in the month & % waiting at the end of the month

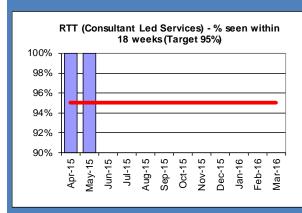
Data in development



excludes adult ADHD, Autism Diagnosis and CYPS

none of the patients seen in May were seen within 18 weeks

Waiting Times Dashboard - NHS England Commissioned Specialised Services

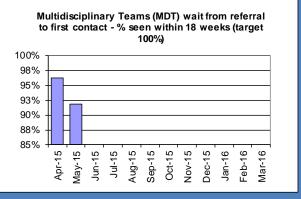


Month 2 narrative:

The RTT targets are achieved YTD.

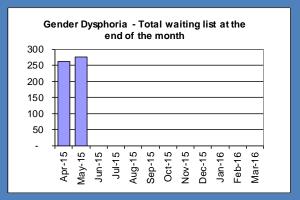
Performance decreased in month 2 MDT waits in the neuropsychology services (not classed as consultant led).

The pressures on the Gender Dysphoria Service have been discussed with commissioners and a recruitment plan is being developed. The number of waiters will continue to increase until additional staff are in place (currently 276 waiters).

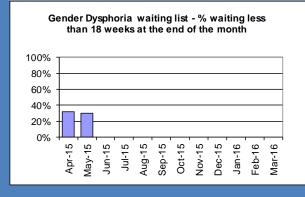


RTT services = neurological rehabilitation and neuropsychiatry





MDT wait data excludes gender dysphoria



6. Workforce Dashboard

recast		Towast	M2 posi	tion		Forecast
sition	Behaviours and Attitudes	Target	M2 posi	uon	Trend	position
91%	Appraisals	90%	83.8%		_	82%
93%	Disciplinaries (new cases since 1/4/15)		21			

N/A

<5%

N/A

N/A

N/A

1.68%

4.23%

5.91%

Grievances (new cases since 1/4/15)

Short Term sickness (rolling)

Long Term sickness (rolling)

Average sickness (rolling)

Fire Training 90% 90.5% • 91% Health and Safety Training 90% 93.1% • 93% Applications of the control of t	Statutory and Mandatory Training	Target	M2 po:	sition	Trend	position
, ,	Fire Training	90%	90.5%		_	91%
Marine and Handline Trainine	Health and Safety Training	90%	93.1%		_	93%
Moving and Handling Training 90% 95.1% 95%	Moving and Handling Training	90%	95.1%		_	95%

Job Related Essential Training					Recruit	ment, Retention & Reward					
Clinical Risk Training	90%	91.4%	_	92%	Corpor	rate Induction	100%	100.0%			100%
Clinical Supervision Training	90%	83.6%	$\overline{}$	85%	Local Ir	nduction	100%	93.0%		_	90%
Safeguarding Children Training	90%	95.6%	~	95%	Staff Tu	urnover	<10%	8.1%		$\overline{}$	<10%
Safeguarding Adults Training	90%	94.3%	~	95%	Curren	t Headcount		6085	N/A	N/A	N/A
Equality and Diversity Introduction	90%	91.0%	$\overline{}$	91%							
Hand Hygiene Training	90%	91.4%	_	92%	Manag	ing Attendance					
Medicines Management Training	90%	85.1%	_	85%	In Mon	nth sickness	<5%	5.14%		$\overline{}$	

CRB Checks

Workforce Dashboard

Cirrical Hisk Halling	0070	01.170)		ì
Clinical Supervision Training	90%	83.6%		~	85%
Safeguarding Children Training	90%	95.6%		$\overline{}$	95%
Safeguarding Adults Training	90%	94.3%		$\overline{}$	95%
Equality and Diversity Introduction	90%	91.0%		~	91%
Hand Hygiene Training	90%	91.4%		_	92%
Medicines Management Training	90%	85.1%		_	85%
Rapid Tranquilisation Training	90%	84.1%		_	84%
MHCT Clustering Training	90%	90.7%		~	90%
Mental Capacity Act Training	90%	81.2%		$\overline{}$	81%
Mental Health Act Training	90%	81.2%		$\overline{}$	81%
Deprivation of Liberty Training	90%	81.6%			82%
Seclusion Training	90%	95.7%			96%
Dual Diagnosis Training (80% target)	80%	87.0%		$\overline{}$	86%
PMVA Basic Training	90%	81.3%			81%
PMVA Breakaway Training	90%	66.9%			67%
Information Governance Training	90%	88.8%		~	90%
Records and Record Keeping Training	90%	97.7%		_	98%

Best Use of Resources			
Agency Spend	£973,000	\triangleright	
Admin & Clerical Agency (included in above)	£132,000	~	
Overtime Spend	£214,000	_	
Bank Spend	£859,000	\blacksquare	

 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
\forall	Trend worse than previous month

7. Finance Dashboard

Financial Performance Dashboard

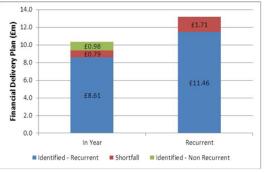
High Level Financial Targets	Current £000	Forecast £'000
I&E - Position before exceptional items	(2,790)	(2,000)
EBITDA	(4,791)	(14,678)
Capital Spend/CRL	1,504	22,956
Efficiency Plan	461	9,585

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	3.66x	4
Liquidity Ratio	12.9 days	4
Overall Rating		4

Key Issues
Risk rating is a 4 at Mth2
Overall Trust I&E position is ahead of plan
at Mth2. Forecast in line with plan.
There are risks to delivery around staff
costs & income under-recovery in Specialist
Care and from achieving FDP savings.
Cash position is ahead of plan at Mth 2 and
the forecast is in line with plan.

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	(94)	341
Community Services	(262)	(413)
Specialist Care	306	2,422
Indirect/Support Services Costs	(1,128)	(2,281)
Other/Reserves	66	(69)
Cost of Capital	(112)	0

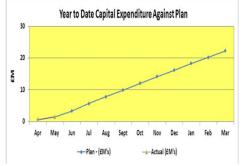




Balance Sheet

Key Indicators	Current	Forecast
Cash	£20.2m	Green
Loans Drawn	£0.0m	Green
Loans Forecast	£15.8m	Green
Current Ratio	1.4	Green
BPPC	95.0%	Green





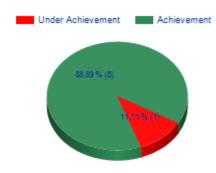
8. Contract Summary Dashboards

NTW Quality and Performance Group: Newcastle Gateshead

Period: 2015/16 May

Northumberland, Tyne and Wear NHS Foundation Trust

Target Achievement in this period



Comments:

At a contract level all performance metrics have been achieved except for the completion of Crisis and Contingency plans.

Work is currently underway with clinical teams to improve the recording of this, with weekly reporting systems and support in place to assist in the achievement of this.

Areas for improvement

Metric ID	Ref	Metric Name	Overall
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	93.7% 🗶

Report Date: 08/06/2015 11:20:10

Group: North

Period: 2015/16 May





Comments:

Work is currently underway with clinical teams to improve the recording of crisis and contingency plans and CPA reviews with weekly reporting systems and support in place to assist in the achievement of this.

"Moving to recovery" performance is expected to improve in line with the phasing out of the Primary Care element.

In addition the IAPT team is currently carrying out some analysis to look at the reasons for the current recovery levels.

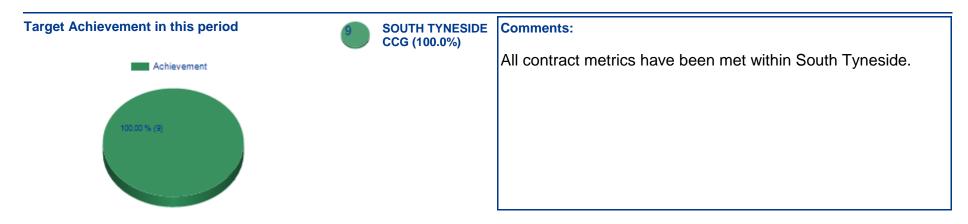
Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE	Overall
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	92.8%	98.0% 🗸	94.7% 🗶
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	94.4%	97.1%	95.6%
701078		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Northumberland	42.0%		42.0% 🗶

Report Date: 08/06/2015 10:40:22

Group: South Tyneside Period: 2015/16 May





Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 09/06/2015 11:06:14

Group: Sunderland Period: 2015/16 May







Comments:

In May all targets are met at a CCG level with the exception numbers entering treatment in IAPT.

The numbers entering treatment are 501 which is below the target of 534 clients.

The remaining IAPT recovery metrics have been met in May

Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	501 💥	501 🗶

Report Date: 08/06/2015 10:46:29

Group: Durham and Tees

Period: 2015/16 May



Target Achievement in this period







NORTH DURHAM CCG (100.0%)



SOUTH TEES CCG (100.0%)

Comments:

All metrics have now been met at a contract level. Work is still ongoing on the areas of underperformance.

The delayed transfers of care relates to one patient who is awaiting a suitable Care Home placement.

Areas for improvement

Metric ID	Ref		DARLINGTON CCG	DURHAM DALES, EASINGTON	NORTH DURHAM	HARTLEPOOL AND STOCKTON-	SOUTH TEES CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	89.3% 🗶	88.9% 🗶	94.7%	100.0%	90.9%	92.4%
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0%	86.7% 🗶	100.0%	100.0%	100.0%	96.7%
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0%	90.9% 🗶	100.0%	100.0%	100.0%	97.8%
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	0.0%	27.4% 🗶	0.0%	0.0%	0.0%	6.9%
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0%	87.5% 🗶	100.0%	100.0%	100.0%	97.3% 🗸

Report Date: 08/06/2015 10:30:22

Group: Cumbria Period: 2015/16 May

Target Achievement in this period



Northumberland, Tyne and Wear NHS Foundation Trust

Comments:

In generally recording for Cumbria is low for some metrics as the care coordination function is carried out locally and this information is not always recorded on NTW systems. In addition the low numbers of Cumbrian patients seen within NTW means that under performance for a couple of clients can take percentages below the required levels.

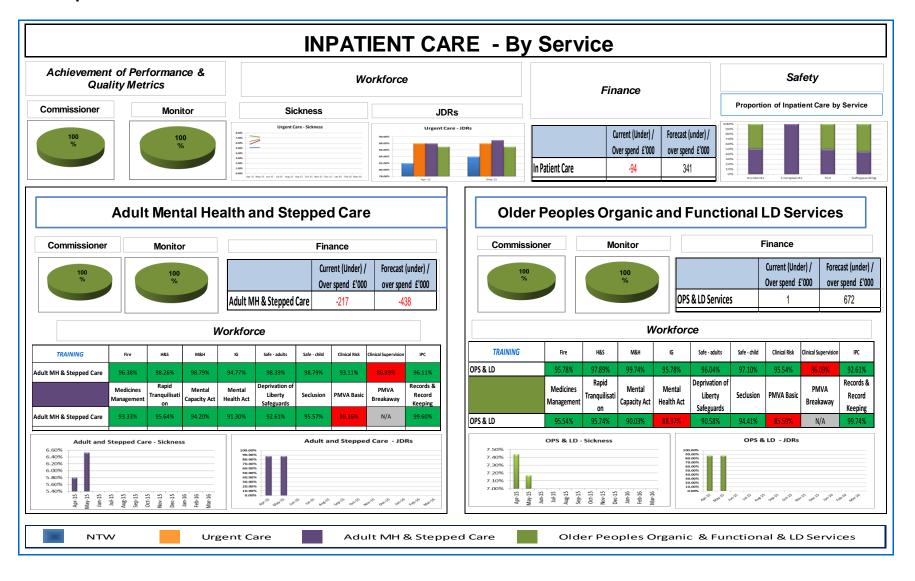
The delayed discharge in Cumbria relates to one person who is currently awaiting a placement in supported accommodation.

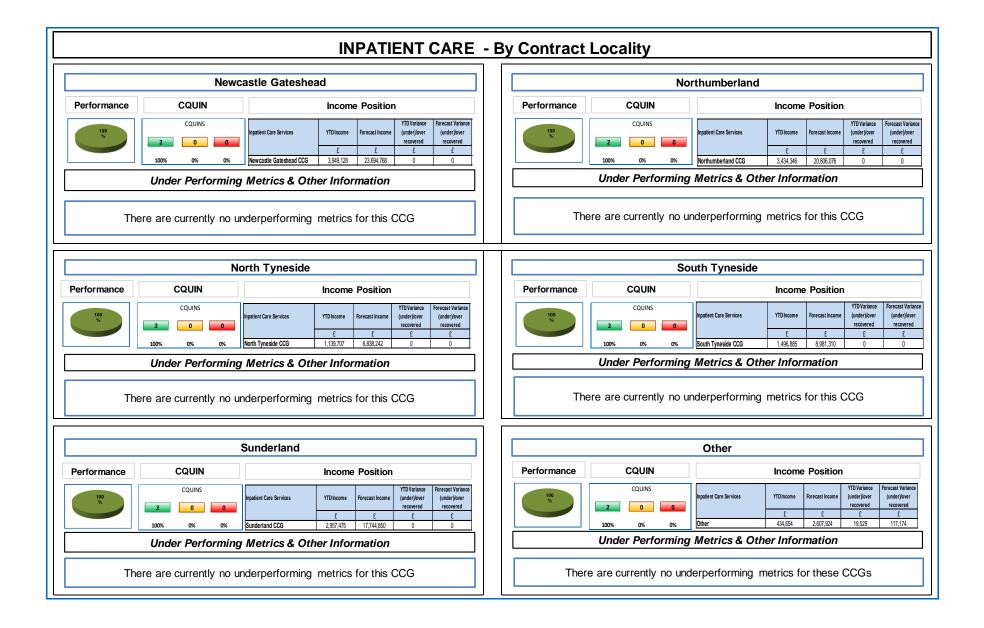
Areas for improvement

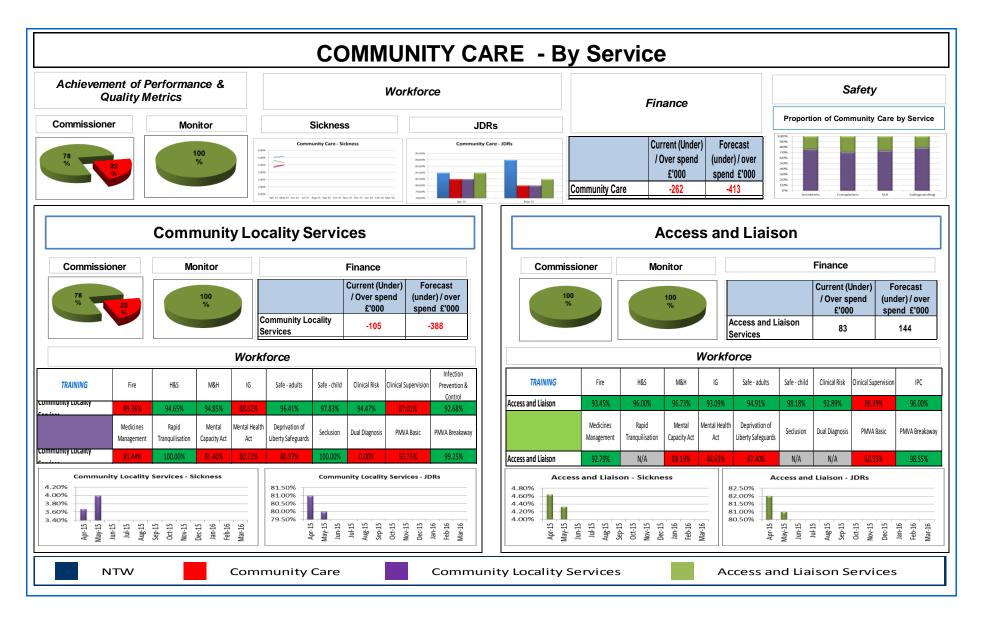
Metric ID	Ref	letric Name C		
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	89.5%	×
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	92.3%	×
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	16.8%	×
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	81.8%	×

Report Date: 08/06/2015 10:02:01

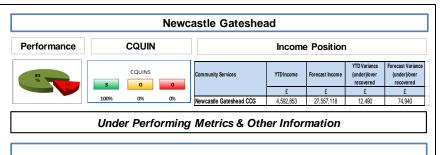
9. Group Dashboards



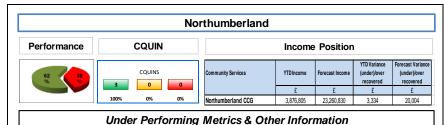




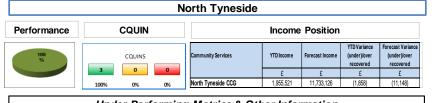




Currently under performing on completion of Crisis & Contingency plans at 93.7%

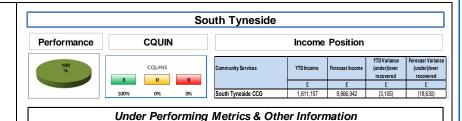


Currently under performing on completion of Crisis & Contingency plans at 92.9%, Cpa reviews within 12 months at 94.5% and IAPT moving to recovery at 42.5%

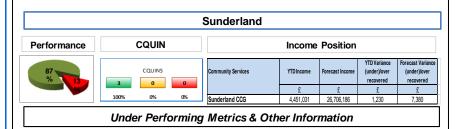


Under Performing Metrics & Other Information

There are currently no underperforming metrics for this CCG



There are currently no underperforming metrics for this CCG

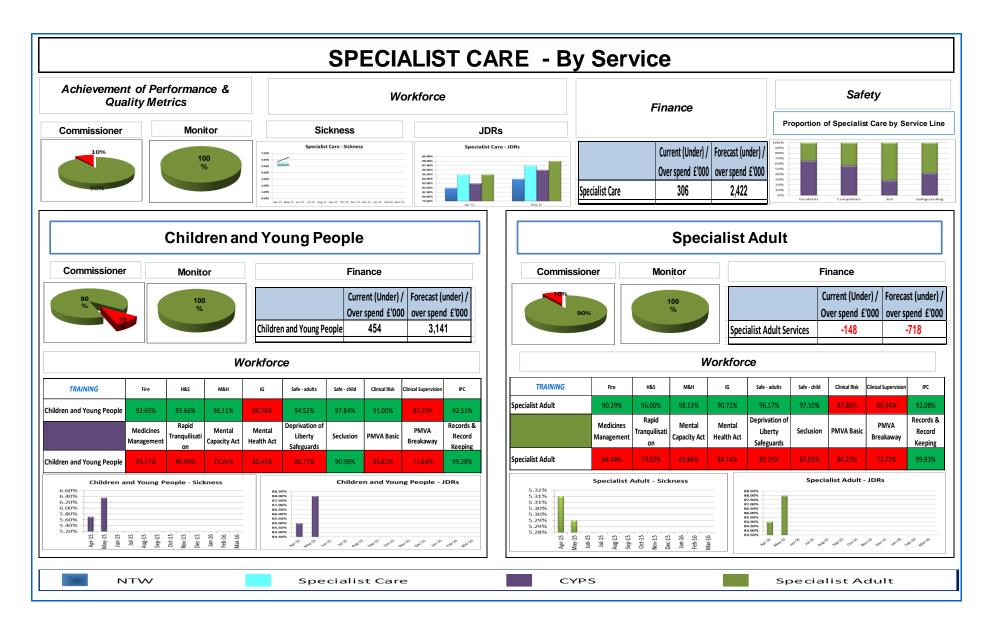


Currently under performing on IAPT moving to recovery at 48.5%

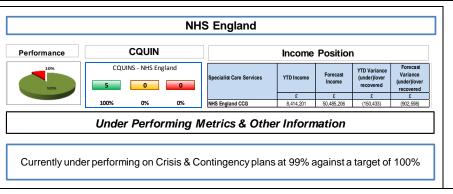


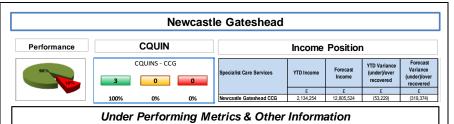
Under Performing Metrics & Other Information

There are a number of areas of under performance due to the care co-ordination function generally being carried out by local CPNs and therefore not recorded on RIO.

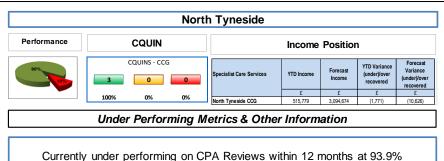








Currently under performing on completion of Crisis & Contingency plans at 92.1%





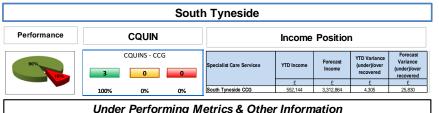
Under Performing Metrics & Other Information

Currently under performing on completion of Crisis & Contingency plans at 94.3%



Under Performing Metrics & Other Information

Currently under performing on completion of Crisis & Contingency plans at 92.4%



Under Performing Metrics & Other Information

Currently under performing on completion of Crisis & Contingency plans at 93.3%

10. Contract quality and performance requirements against which NTW is currently under performing (Month 2)

Contract performance (see dashboards pages 22-27) – please note that the Trust is performance managed on a quarterly basis for all of these metrics. We currently provide commissioners with detailed information on any underperforming areas as outlined in our contractual terms. Any financial consequence of failure would be applied at the end of the quarter – areas of current underperformance are subject to action plans at CCG level which have been put in place to achieve required standards by the end of June 2015.

Newcastle Gateshead CCG Contract

The contract overall achieved target in all metrics for M2 except for one continuing area:

CPA services users with identified risks with a crisis and contingency plan – 93.7%
 (a decrease from 94.3% last month) against a 95% target.

North Contract (Northumberland and North Tyneside CCG's)

The North contract achieved target in all metrics for M2 except for two metrics:

- CPA services users with identified risks with a crisis and contingency plan 94.7% against 95% target.
- Number of people who have completed IAPT treatment and are moving to recovery
 42% against a 50% target (Northumberland CCG only)

A specific group continues with Northumberland commissioners and NTW to identify how to improve IAPT performance moving forward.

South Tyneside CCG

The South Tyneside contract achieved target in all metrics for M2.

Sunderland CCG

The South Tyneside contract achieved target in all metrics for M2 with the exception of one:

• The number of people who have entered IAPT treatment (actual is 501 which is below the target of 534 clients).

<u>Durham and Tees Contract (Darlington CCG, Durham Dales, Easington & Sedgefield CCG, North Durham CCG, Hartlepool & Stockton-on-Tees CCG and South Tees CCG)</u>

The Durham and Tees contract achieved target in all metrics for M2.

NHS England Contract

The NHS England contract underperformed in one area in M2:

Crisis and contingency plans within 6 months – 99% against a target of 100% (one patient).

All performance metrics are discussed in detail with NHS England commissioners on a monthly basis.

CQUIN performance

All CQUIN indicators are RAG rated green against the quarter one requirements as at May 2015.