

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 22 July 2015

Title and Author of Paper: Performance Report (Month 3).
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. **(pages 3 & 4)**
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at 2015/2016 quarter 1 **(page 5)**
- Quality Dashboard – at M3 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety **(page 6)**.
- Serious Incidents – there were 12 Serious Incidents reported in Month 3 **(page 6)**
- Complaints – there were 31 complaints received in Month 3 **(page 6)**
- Waiting Times – waiting times by cluster by CCG have been included for the first time this month – calculated as complete waits from referral to the first attended contact after clustering. there are some data quality issues arising from this data which are to be explored further. Adult ADHD data has also been included for June 2015 only. Please note that the reported EIP waiting times do not yet include patients over the age of 35 accessing non EIP services in a first episode of psychosis, also the methodology to calculate the EIP waiting time is subject to ongoing debate nationally. **(page 7-19)**
- Workforce Dashboard – JDR/PDP rates have increased to 84.0% (83.8% last month) however this remains below the expected minimum of 90%. Sickness absence has decreased to 4.88% in June 2015 from 5.04% the previous month **(page 20)**
- Finance Dashboard - At Month 3, the Trust had a risk rating of 4 and a surplus of £3.3m which was £1.6m ahead of plan. The Trust currently expects to deliver slightly more than its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 3 was £21.0m which was £4.4m above plan. The year-end cash balance is currently forecast to be slightly above plan. **(page 21)**
- Contract performance – dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 3. Performance at CCG level has improved with all the action plans agreed in month 1 achieved. **(pages 22-27)**
- A summary of further performance related items considered by the Trust wide Quality and Performance committee is provided **(page 28)**

Outcome required: To note information



Integrated Performance And Assurance Report

Shining a light on the future



Contents

Sections

Page Number

1. Monitor Risk Assessment Framework Requirements.....	3
2. Monitor Indicator Trends.....	4
3. NHS Outcomes Framework	5
4. Quality Dashboard.....	6
5. Waiting Times Dashboard.....	7
6. Workforce Dashboard.....	20
7. Finance Dashboard.....	21
8. Contract Summary Dashboards.....	22
19. Additional items received by Trust wide Quality and Performance Committee.....	28

1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 1 position	Current position (m3)	Trend	Forecast position	
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Finance Risk Rating		4	4		—	4
Referral to treatment waiting times - non-admitted	95%	99.4%	98.1%	●	▼	99.4%
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	▲	100.0%
CPA 7 day follow up	95%	99.1%	99.4%	●	▲	99.1%
CPA review within 12 months	95%	96.7%	96.7%	●	▲	96.7%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.8%	2.5%	●	▲	2.8%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%	●	—	100.0%
EIP treatment within 2 weeks of referral*	50%	18.8%	12.0%	●	▼	18.0%
IAPT treatment within 6 weeks of referral**	75%	97.2%	95.6%	●	▼	97.0%
IAPT treatment within 18 weeks of referral**	95%	100.0%	100.0%	●	—	100.0%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	—	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	92.4%	92.4%	●	▲	92.4%
Self certification against LD access requirements	Green	Green	Green	●	—	Green
Clostridium Difficile - meeting the C Diff objective	0	0	0	●	—	0
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	●	—	●
CQC compliance action outstanding	No	No	No	●	—	●
CQC enforcement action within the last 12 months	No	No	No	●	—	●
CQC enforcement action currently in effect	No	No	No	●	—	●
Moderate CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	—	●
Major CQC concerns or impacts regarding the safety of healthcare provision	No	No	No	●	—	●
Trust unable to declare ongoing compliance with minimum standards of CQC registration	No	No	No	●	—	●

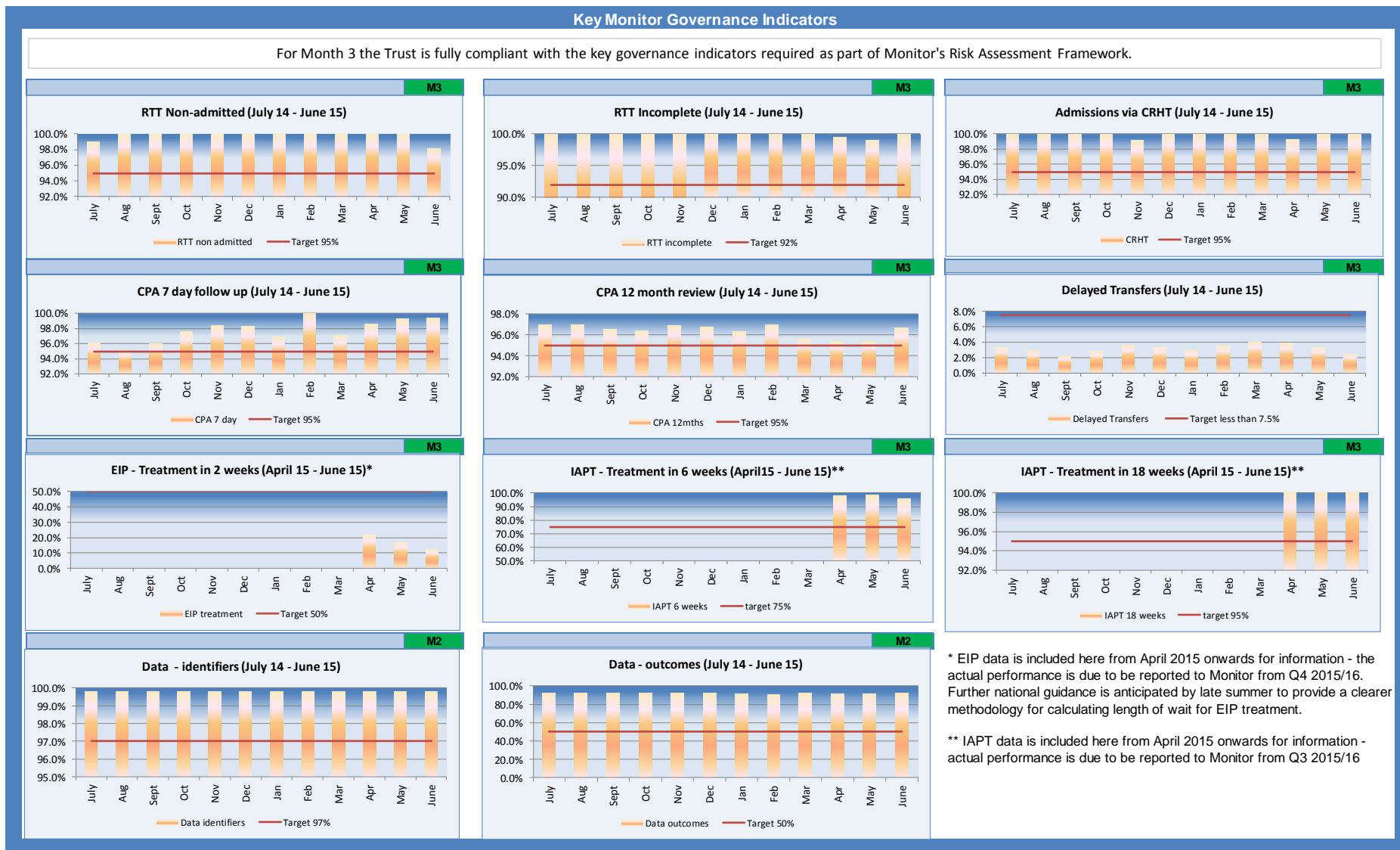
At Month 3 all Monitor Risk Assessment Framework governance requirements have been met.

* EIP data for information only - to be reported to Monitor from Q4 2015/16
nb the EIP data does not yet include patients over the age of 35

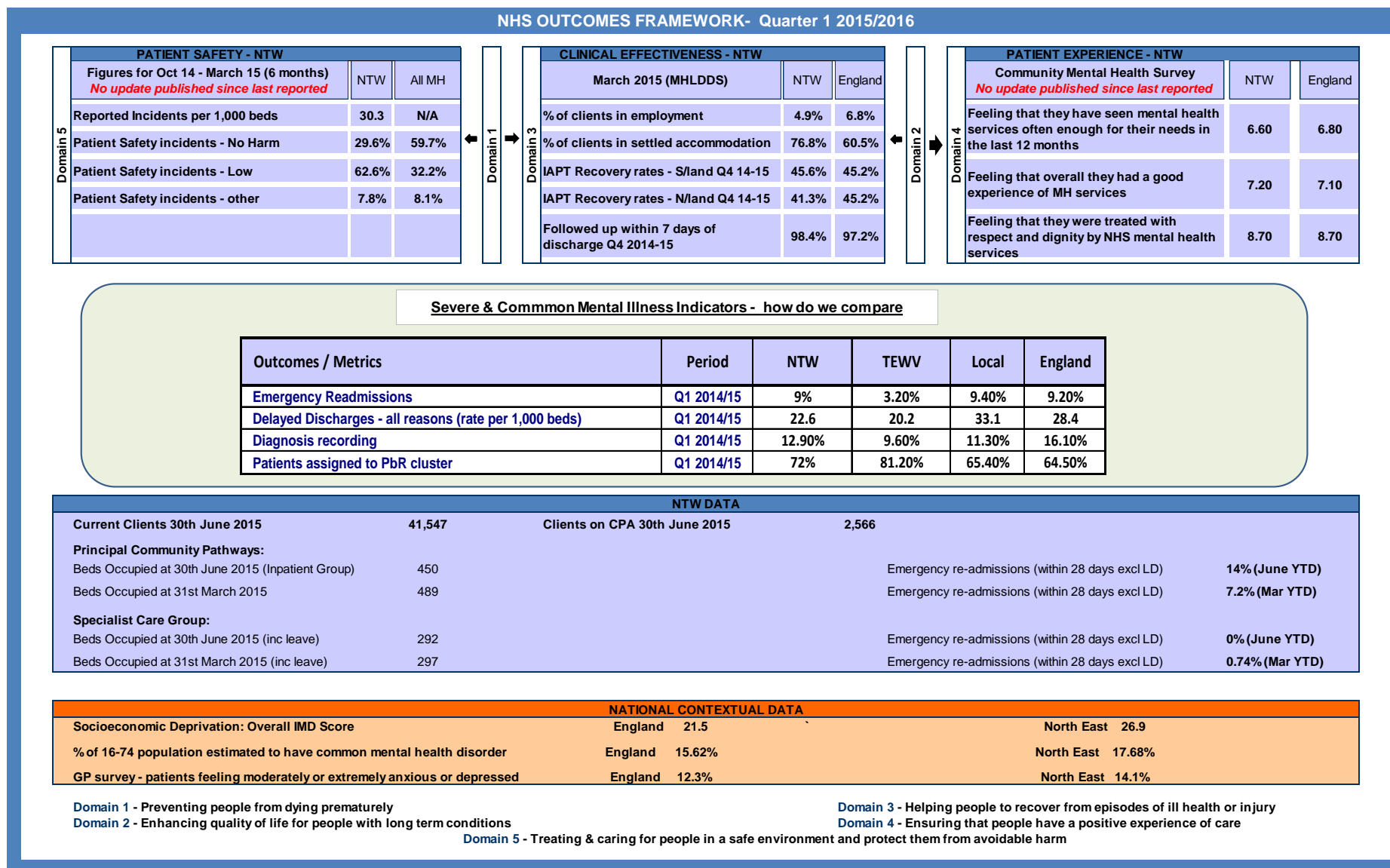
** IAPT data for information only - to be reported to Monitor from Q3 2015/16

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

2. Monitor Indicator Trends



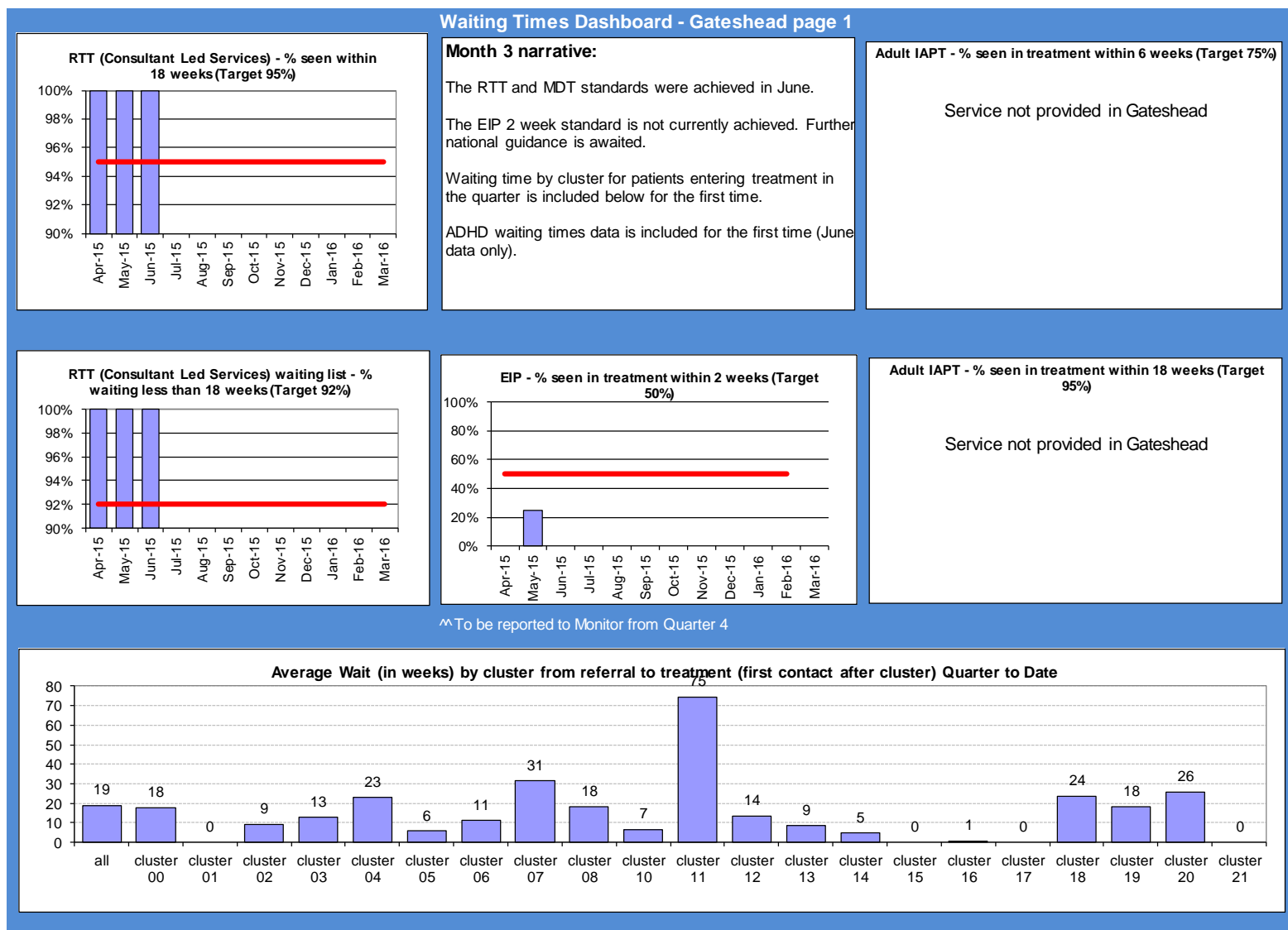
3. NHS Outcomes Framework



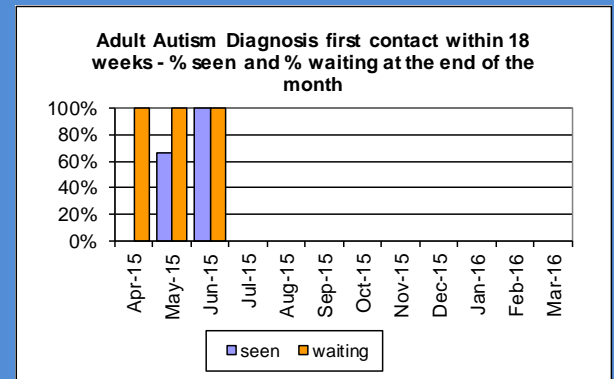
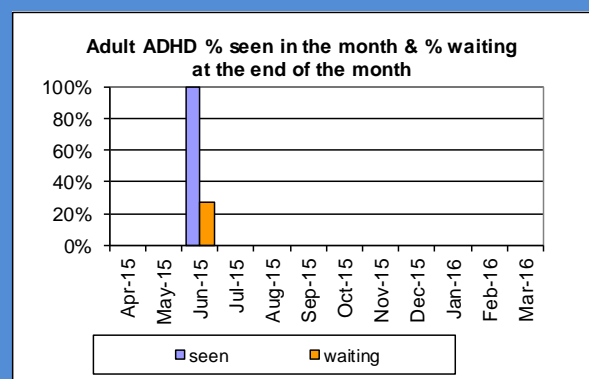
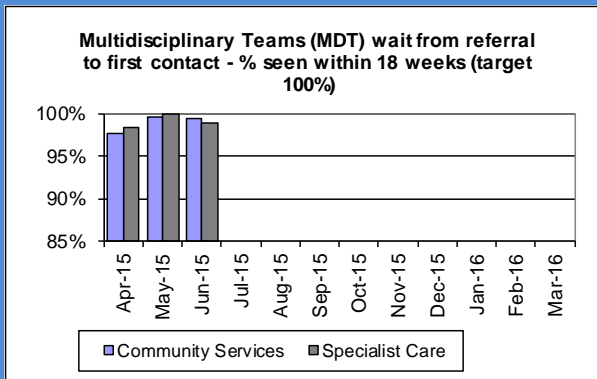
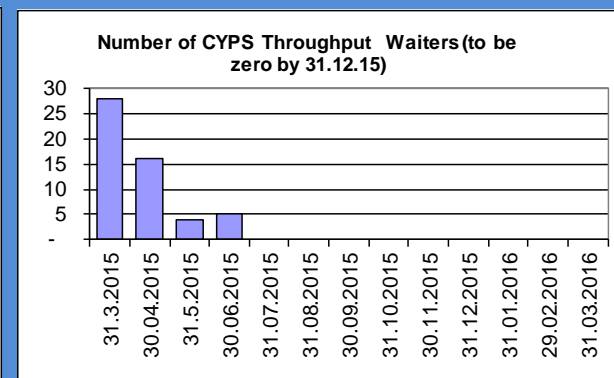
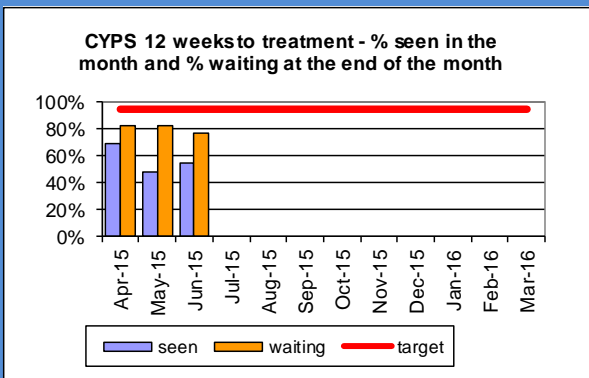
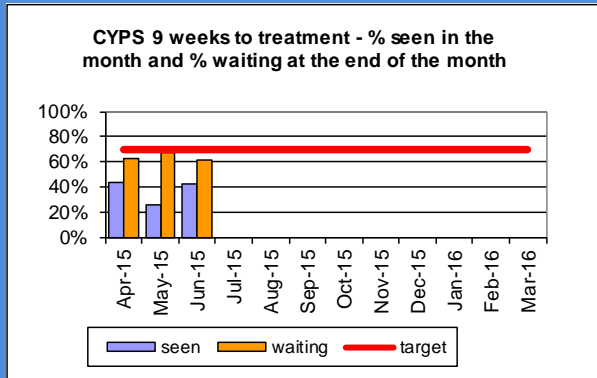
4. Quality Dashboard

Quality Dashboard				
CQC Fundamental Standards	Target	M3 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	M3 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	M3 position	Trend	Forecast position
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	●	●	—	●
Patient Safety Indicators		M3 position		
Number of Serious Incidents		12		
Number of Complaints		31		
●	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



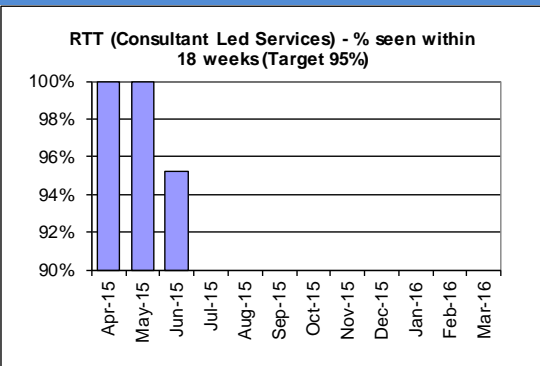
Waiting Times Dashboard - Gateshead page 2



excludes adult ADHD, Autism Diagnosis and CYPS

None of the 4 patients seen in April were seen within 18 weeks

Waiting Times Dashboard - Newcastle page 1



Month 3 narrative:

The RTT and MDT standards were achieved in June.

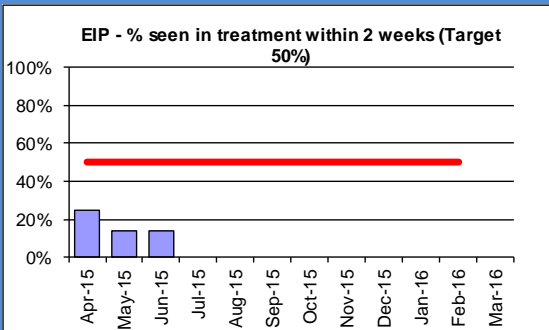
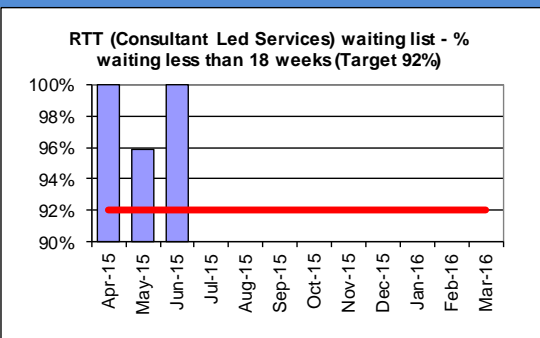
The EIP 2 week standard is not currently achieved. Further national guidance is awaited.

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

ADHD waiting times data is included for the first time (June data only).

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

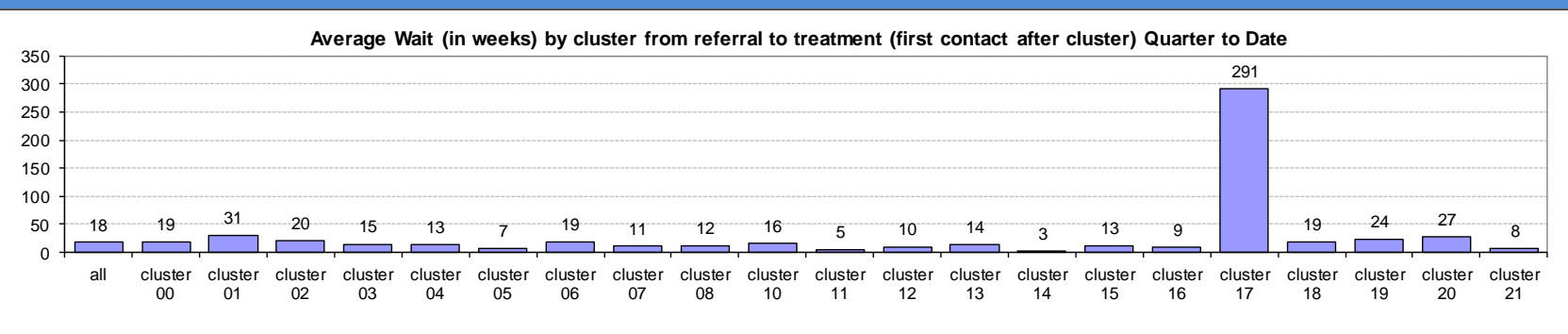
Newcastle Talking Therapies data to be included at a future date



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

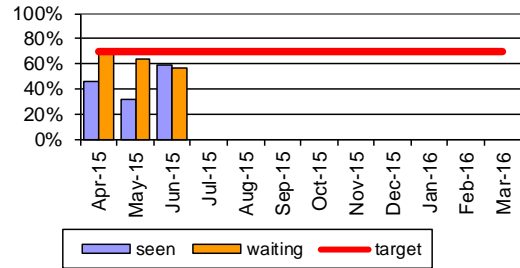
Newcastle Talking Therapies data to be included at a future date

^^ To be reported to Monitor from Quarter 4

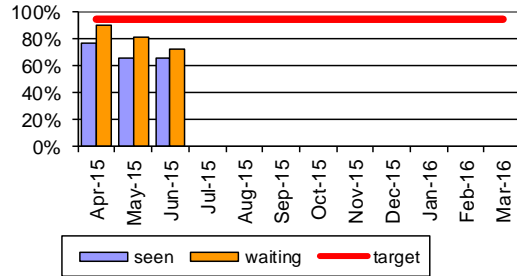


Waiting Times Dashboard - Newcastle page 2

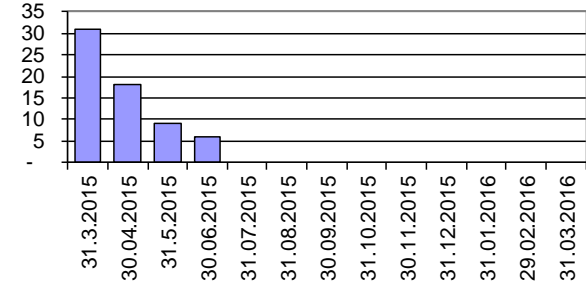
CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



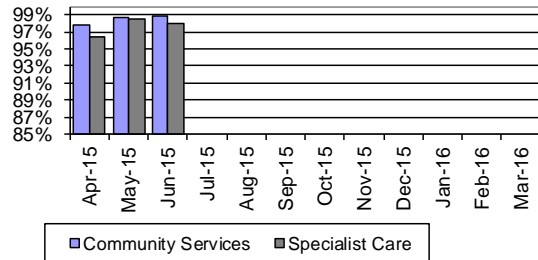
CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



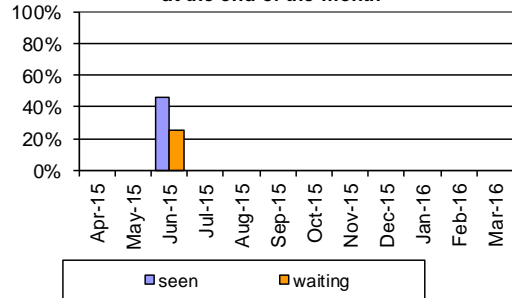
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



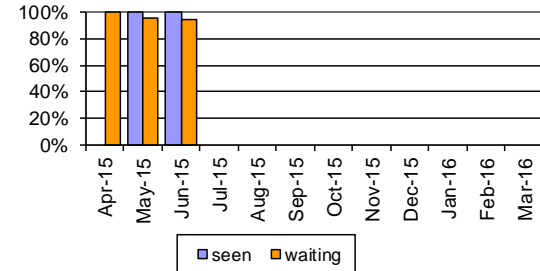
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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



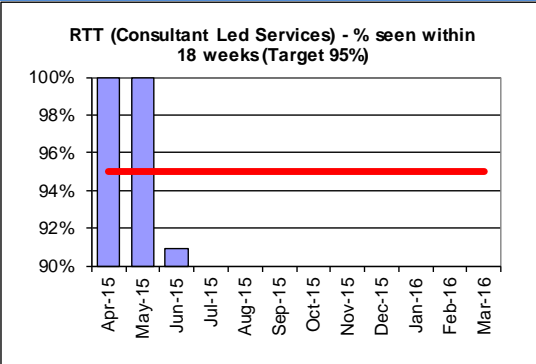
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



excludes adult ADHD, Autism Diagnosis and CYPS

There were no new patients seen in April 15.

Waiting Times Dashboard - North Tyneside CCG page 1



Month 3 narrative:

The RTT and MDT standards were achieved in June.

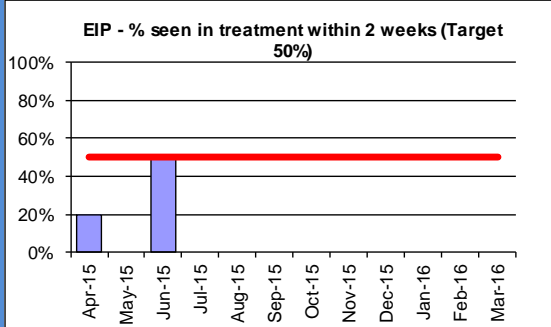
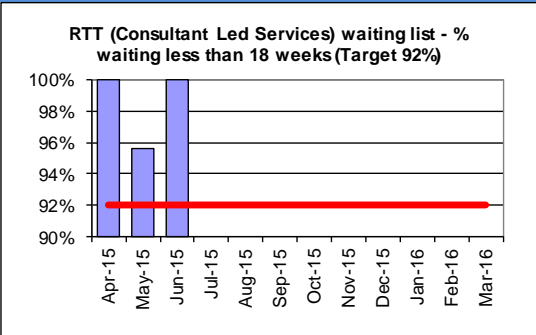
The EIP 2 week standard is not currently achieved. Further national guidance is awaited.

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

ADHD waiting times data is included for the first time (June data only).

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

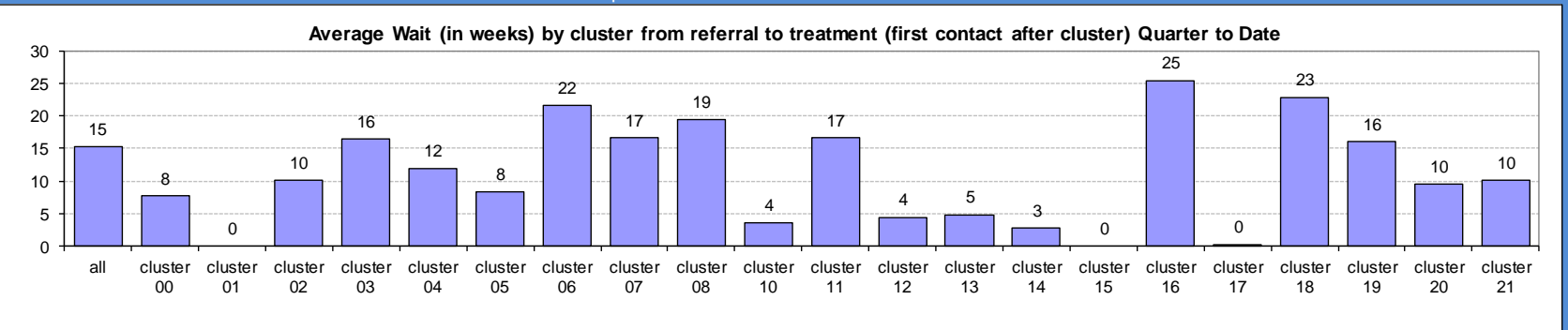
Service not provided in North Tyneside



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

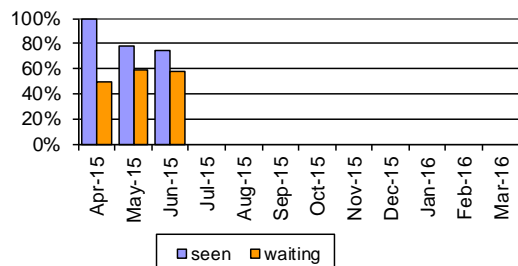
Service not provided in North Tyneside

^ To be reported to Monitor from Quarter 4

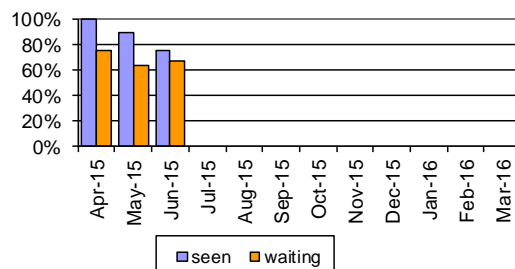


Waiting Times Dashboard - North Tyneside CCG page 2

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



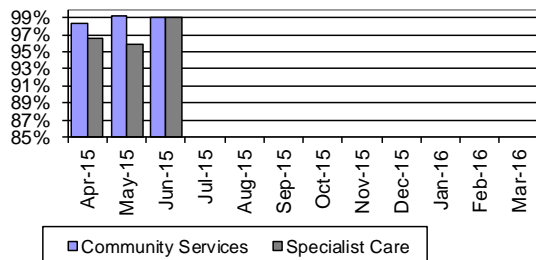
CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



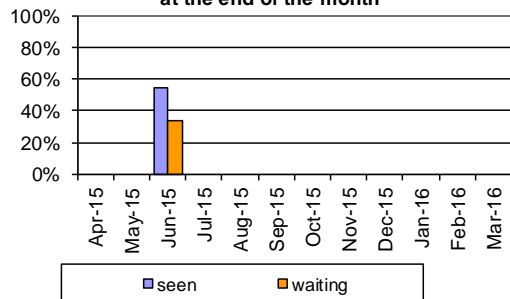
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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

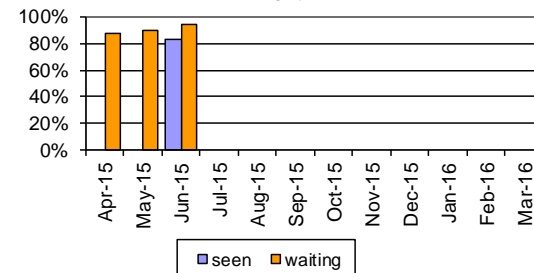
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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



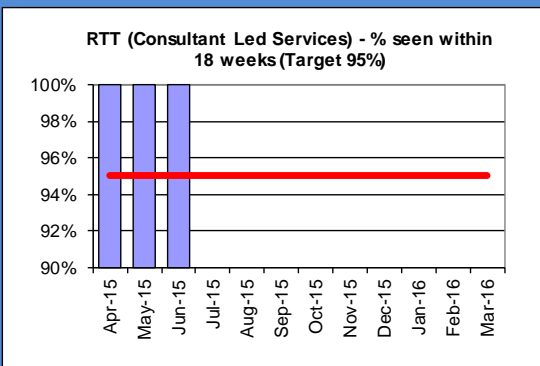
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



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 %

Waiting Times Dashboard - Northumberland CCG page 1



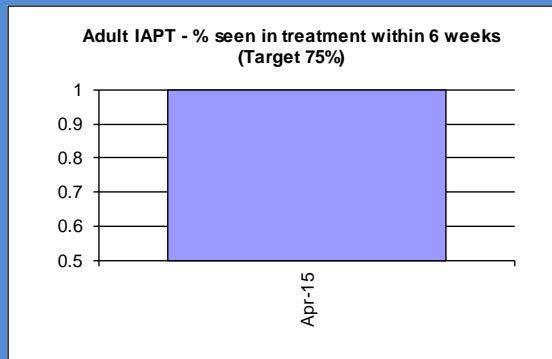
Month 3 narrative:

The RTT and MDT standards were achieved in June.

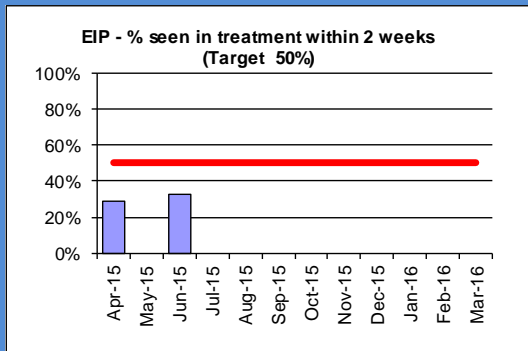
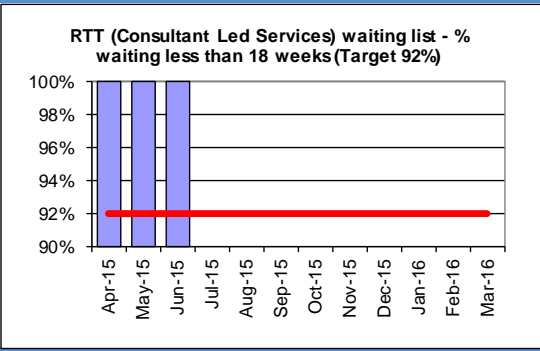
The EIP 2 week standard is not currently achieved. Further national guidance is awaited.

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

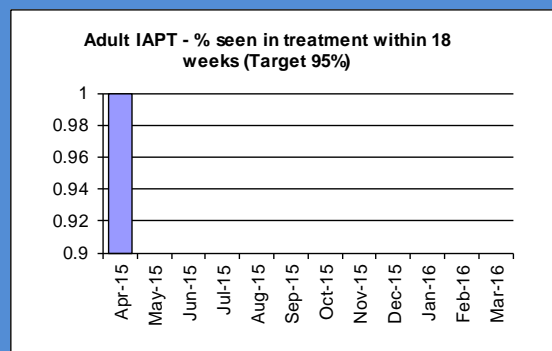
ADHD waiting times data is included for the first time (June data only).



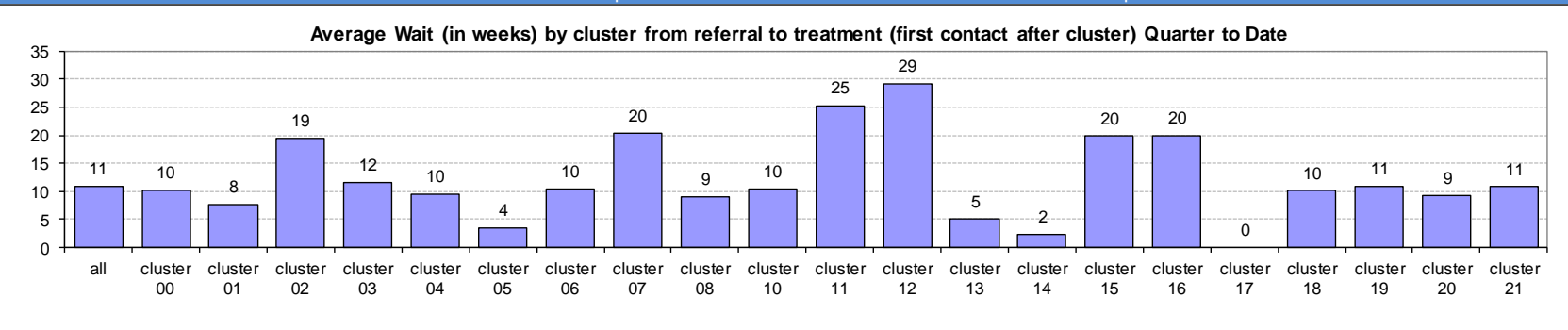
To be reported to Monitor from Quarter 3



^ To be reported to Monitor from Quarter 4

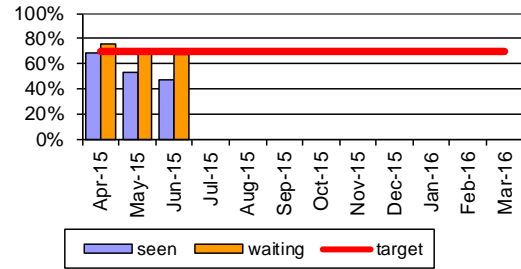


To be reported to Monitor from Quarter 3

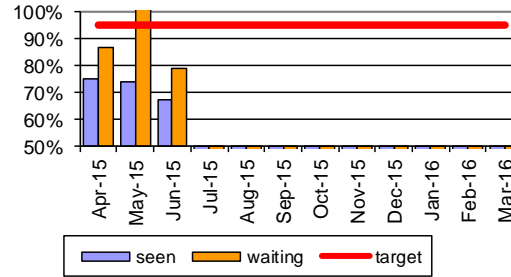


Waiting Times Dashboard - Northumberland CCG page 2

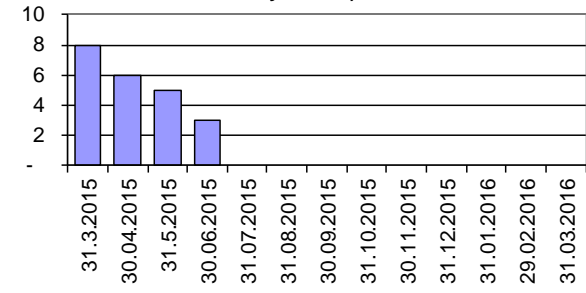
CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



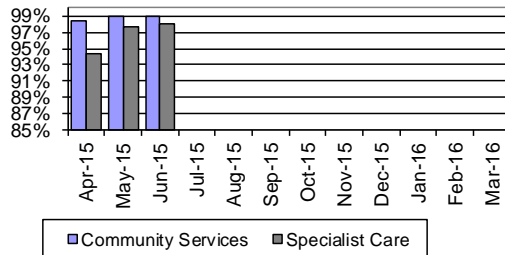
CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



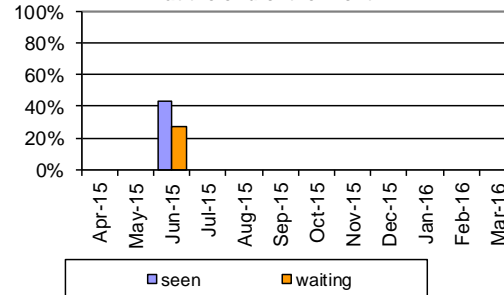
Number of CYPS Throughput Waiters (to be zero by 30.9.15)



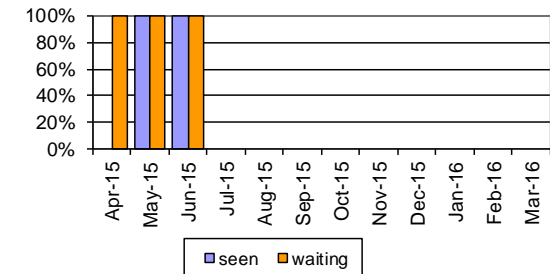
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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

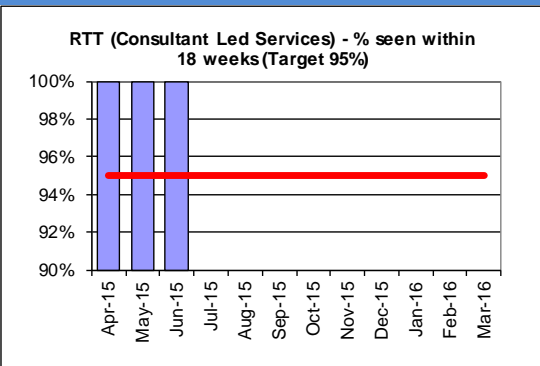


Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



excludes adult ADHD, Autism Diagnosis and CYPS

Waiting Times Dashboard - South Tyneside CCG page 1



Month 3 narrative:

The RTT and MDT standards were achieved in June.

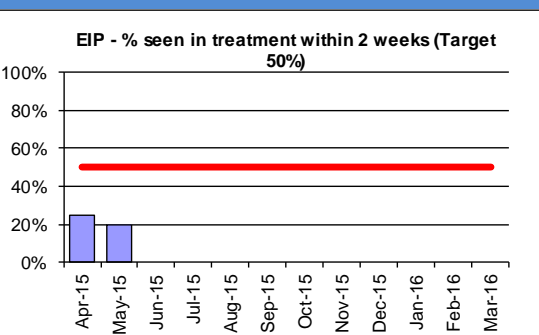
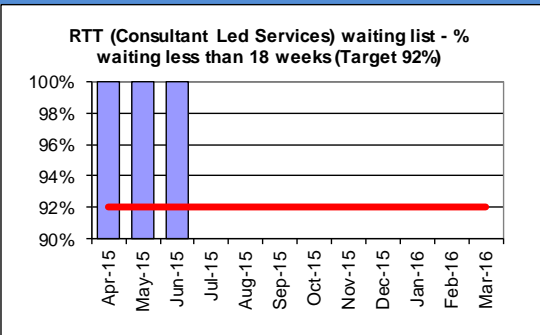
The EIP 2 week standard is not currently achieved. Further national guidance is awaited.

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

ADHD waiting times data is included for the first time (June data only).

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

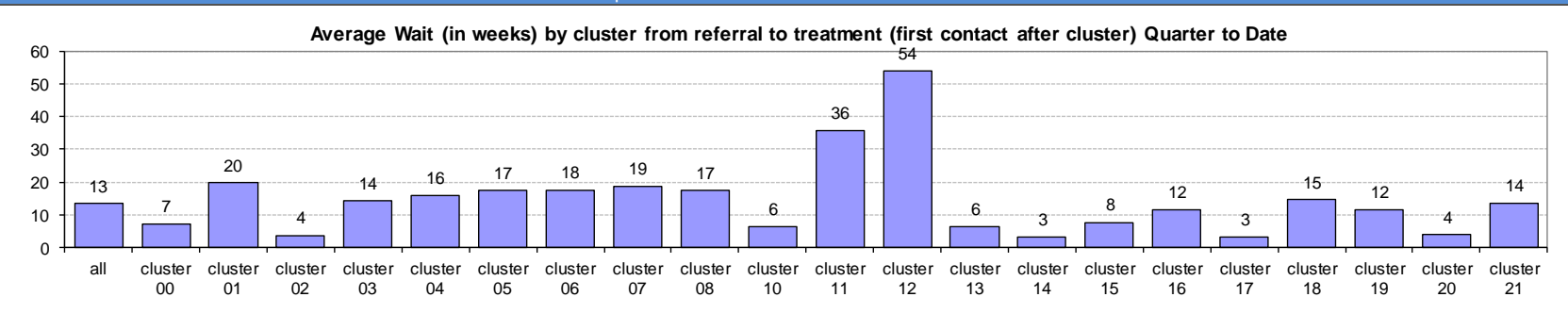
Service not provided in South Tyneside



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

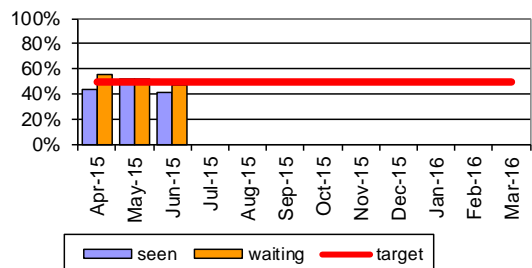
Service not provided in South Tyneside

^ To be reported to Monitor from Quarter 4

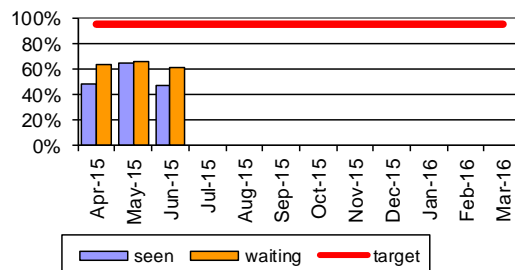


Waiting Times Dashboard - South Tyneside CCG page 2

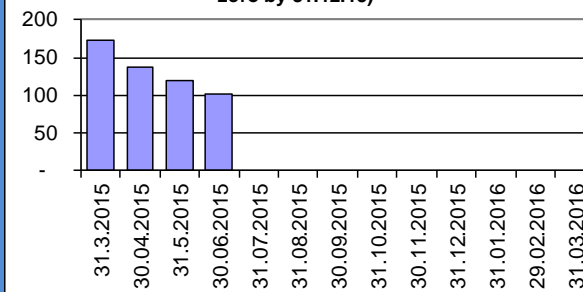
CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



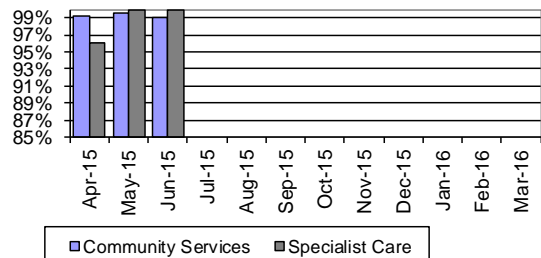
CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



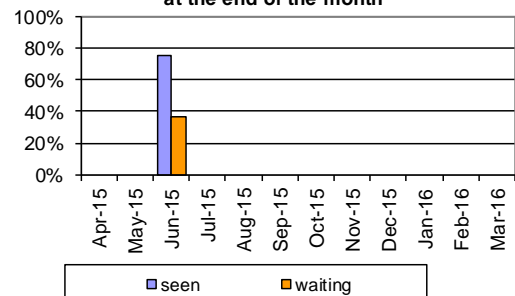
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



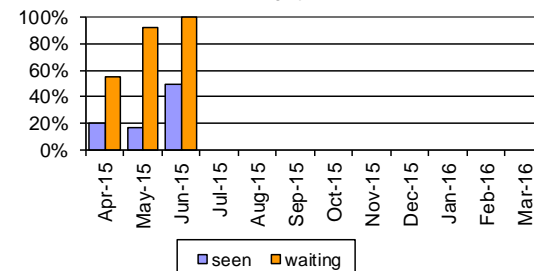
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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

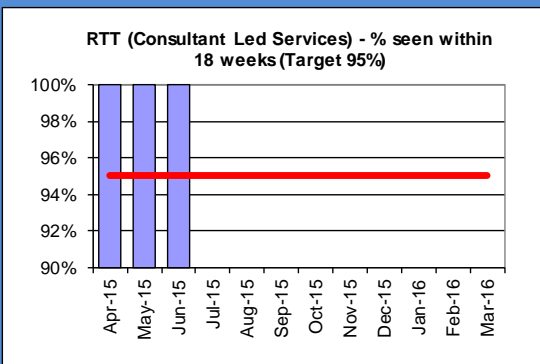


Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



excludes adult ADHD, Autism Diagnosis and CYPS

Waiting Times Dashboard - Sunderland CCG page 1



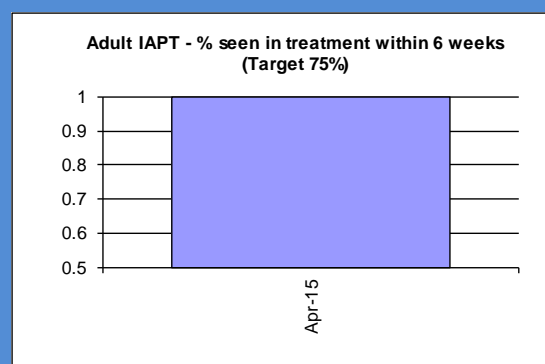
Month 3 narrative:

The RTT and MDT standards were achieved in June.

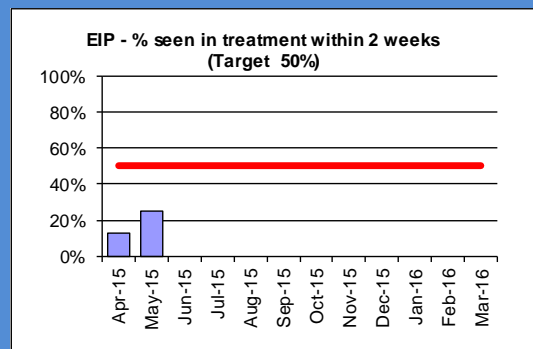
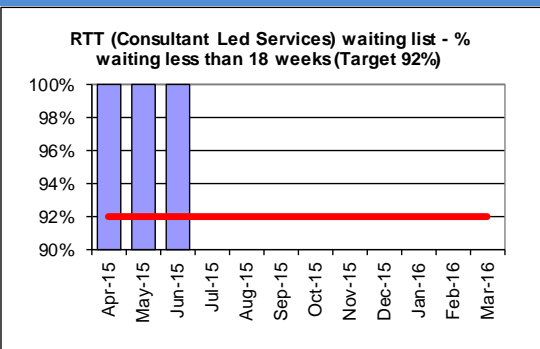
The EIP 2 week standard is not currently achieved. Further national guidance is awaited.

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

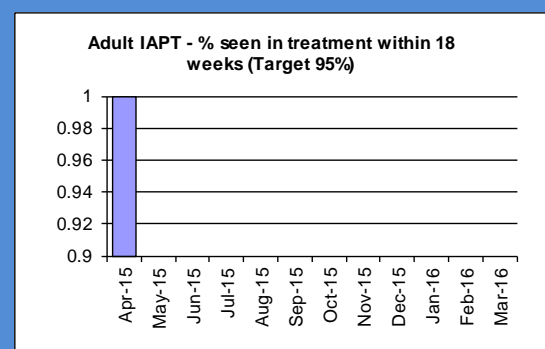
ADHD waiting times data is included for the first time (June data only).



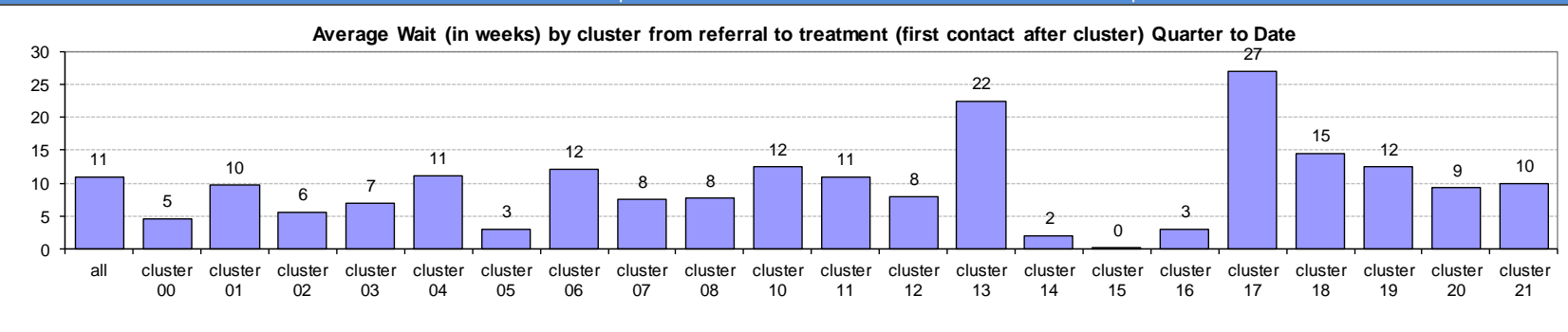
To be reported to Monitor from Quarter 3



^ To be reported to Monitor from Quarter 4

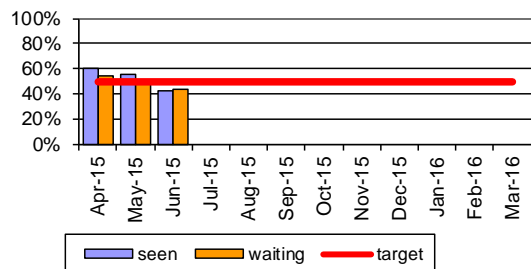


To be reported to Monitor from Quarter 3

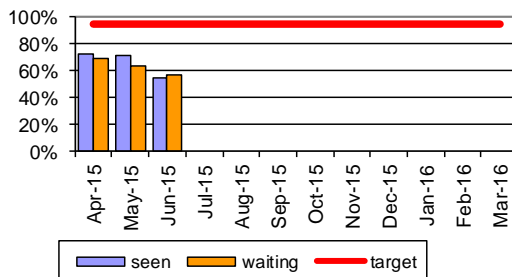


Waiting Times Dashboard - Sunderland CCG page 2

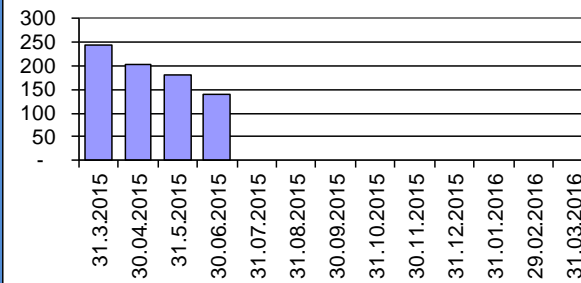
CYPS 9 weeks to treatment - % seen in the month and % waiting at the end of the month



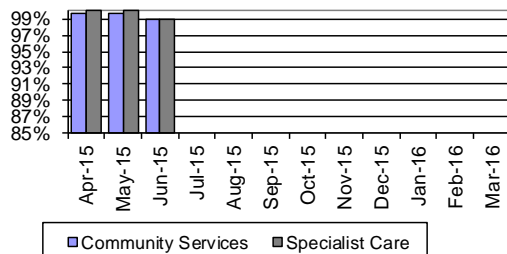
CYPS 12 weeks to treatment - % seen in the month and % waiting at the end of the month



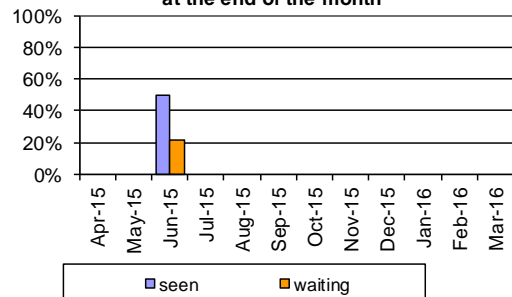
Number of CYPS Throughput Waiters (to be zero by 31.12.2015)



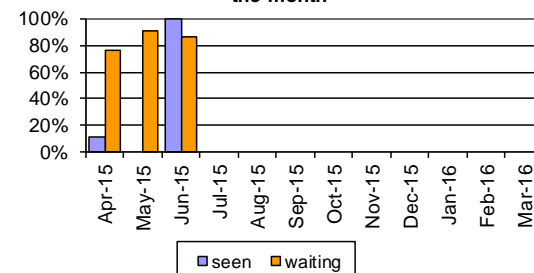
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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



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

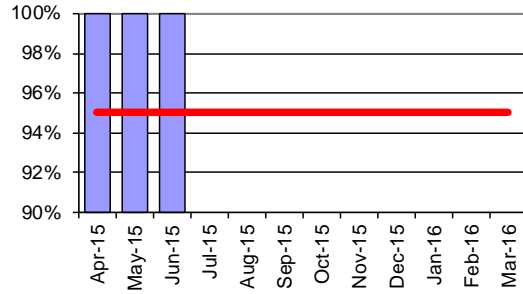


excludes adult ADHD, Autism Diagnosis and CYPS

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

Waiting Times Dashboard - NHS England Commissioned Specialised Services

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



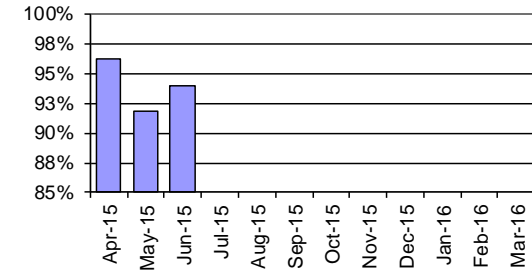
Month 3 narrative:

The RTT standards were achieved in June.

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

An action plan is being developed in relation to the Gender Dysphoria service following additional investment from NHS England.

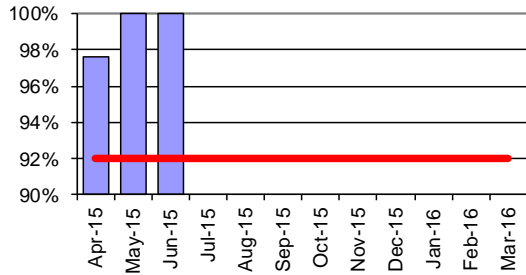
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



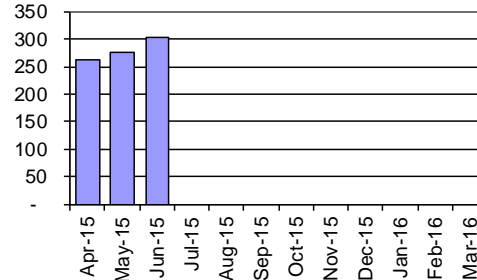
RTT services = neurological rehabilitation and neuropsychiatry

^^ MDT wait data excludes gender dysphoria

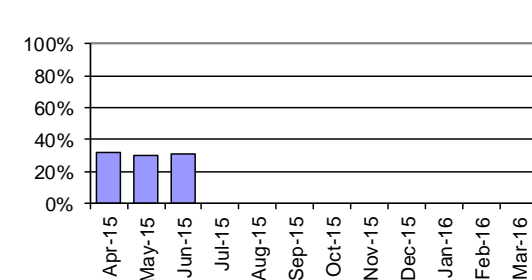
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



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



5. Workforce Dashboard

Workforce Dashboard

Statutory and Mandatory Training	Target	M3 position	Trend	Forecast position	
Fire Training	90%	90.9%	●	▲	91%
Health and Safety Training	90%	93.2%	●	▲	93%
Moving and Handling Training	90%	94.9%	●	▼	95%

Job Related Essential Training	Target	M3 position	Trend	Forecast position	
Clinical Risk Training	90%	90.7%	●	▼	91%
Clinical Supervision Training	90%	84.1%	●	▲	85%
Safeguarding Children Training	90%	95.2%	●	▼	95%
Safeguarding Adults Training	90%	93.5%	●	▼	95%
Equality and Diversity Introduction	90%	91.4%	●	▲	91%
Hand Hygiene Training	90%	91.2%	●	▼	91%
Medicines Management Training	90%	86.0%	●	▲	86%
Rapid Tranquilisation Training	90%	84.6%	●	▲	85%
MHCT Clustering Training	90%	90.9%	●	▲	91%
Mental Capacity Act Training	90%	82.1%	●	▲	82%
Mental Health Act Training	90%	82.2%	●	▲	82%
Deprivation of Liberty Training	90%	83.0%	●	▲	83%
Seclusion Training	90%	95.3%	●	▼	95%
Dual Diagnosis Training (80% target)	80%	86.8%	●	▼	87%
PMVA Basic Training	90%	81.1%	●	▼	81%
PMVA Breakaway Training	90%	68.1%	●	▼	68%
Information Governance Training	90%	88.8%	●	▬	90%
Records and Record Keeping Training	90%	97.8%	●	▲	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	M3 position	Trend	Forecast position	
Appraisals	90%	84.0%	●	▲	84%
Disciplinarys (new cases since 1/4/15)		34	●	▬	
Grievances (new cases since 1/4/15)		10	●	▬	
CRB Checks	N/A	N/A	N/A	N/A	N/A

Recruitment, Retention & Reward	Target	M3 position	Trend	Forecast position	
Corporate Induction	100%	100.0%	●	▬	100%
Local Induction	100%	92.9%	●	▼	93%
Staff Turnover	<10%	8.4%	●	▼	<10%
Current Headcount		6008	N/A	N/A	N/A

Managing Attendance	Target	M3 position	Trend	Forecast position	
In Month sickness	<5%	4.88%	●	▲	
Short Term sickness (rolling)		1.66%			
Long Term sickness (rolling)		4.19%			
Average sickness (rolling)	<5%	5.85%	●	▲	

Best Use of Resources	Target	M3 position	Trend	Forecast position	
Agency Spend		£1,252,000	●	▼	
Admin & Clerical Agency (included in above)		£193,000	●	▼	
Overtime Spend		£242,000	●	▼	
Bank Spend		£822,000	●	▲	

7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(3,328)	(2,511)
EBITDA	(6,334)	(14,953)
Capital Spend/CRL	2,264	22,218
Efficiency Plan	1,634	10,373

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	116	1,029
Community Services	(377)	(771)
Specialist Care	51	2,447
Indirect/Support Services Costs	(1,205)	(2,456)
Other/Reserves	(48)	(759)
Cost of Capital	(104)	0

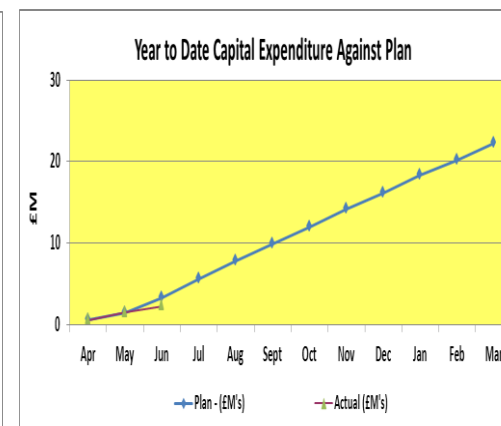
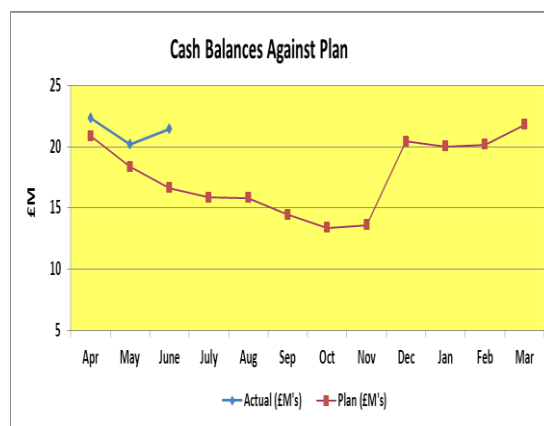
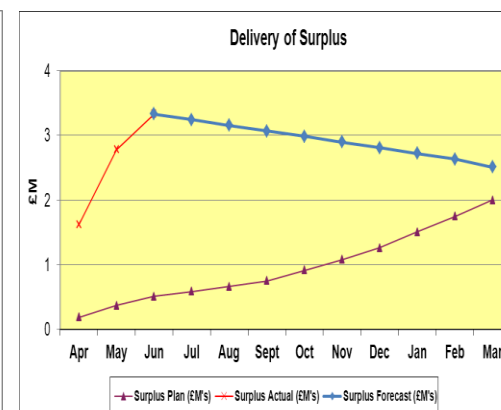
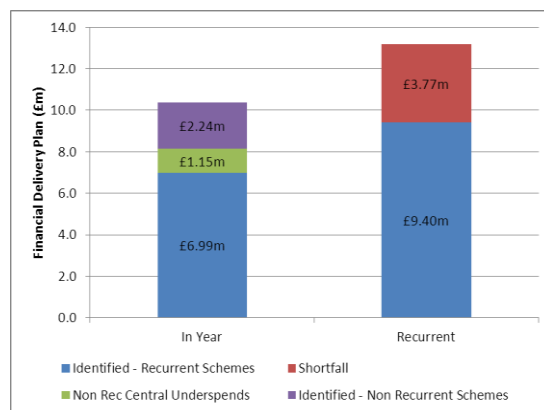
Balance Sheet

Key Indicators	Current	Forecast
Cash	£21.0m	Green
Loans Drawn	£2.1m	Green
Loans Forecast	£15.8m	Green
Current Ratio	1.4	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	2.26x	3
Liquidity Ratio	14.5 days	4
Overall Rating		4

Key Issues

- Risk rating is a 4 & I&E position is above plan at Month 3
- Year-end forecast rating is a 3 & forecast surplus is £0.5m above plan.
- The main pressures/risks to delivery are staff costs & income under-recovery in Specialist Care and achieving FDP savings.
- Cash position is above plan at Month 3 and the forecast is slightly above plan.




8. Contract Summary Dashboards

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

Target Achievement in this period



-  GATESHEAD CCG (100.0%)
-  NEWCASTLE CCG (100.0%)

Comments:

All Targets achieved

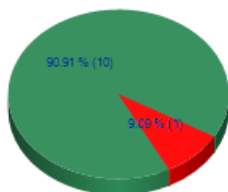
Areas for improvement

Metric ID	Ref	Metric Name
-----------	-----	-------------

Report Date: 06/07/2015 11:00:38

Target Achievement in this period

Under Achievement Achievement



10 NORTHUMBERLAND CCG (90.9%)

9 NORTH TYNESIDE CCG (100.0%)

Comments:

All targets met with the exception of the Northumberland IAPT recovery metric which continues to improve as a result of the phasing out of the primary care element and more proactive signposting of service users to secondary if more appropriate.

Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE CCG	Overall
701078		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Northumberland	46.5% ❌		46.5% ❌

Report Date: 06/07/2015 11:01:12

Target Achievement in this period

9 SOUTH TYNESIDE CCG (100.0%)



Comments:

All metrics achieved

Areas for improvement

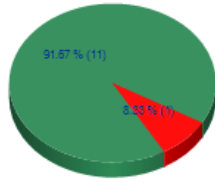
Metric ID	Ref	Metric Name
-----------	-----	-------------

Report Date: 06/07/2015 11:01:12

Target Achievement in this period

 SUNDERLAND CCG (91.7%)

■ Under Achievement ■ Achievement



Comments:

At June all targets are met with the exception of the IAPT access target. An action plan has been agreed with the CCG targeting low referring GP practices. Discussions are on-going with Sunderland Counselling Service in relation to inclusion of counselling activity.

Areas for improvement






Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	532 ✘	532 ✘

Report Date: 06/07/2015 11:01:16

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

Target Achievement in this period



-  **DARLINGTON CCG (87.5%)**
-  **DURHAM DALES, EASINGTON AND SEDGEFIELD CCG (62.5%)**
-  **NORTH DURHAM CCG (100.0%)**
-  **HARTLEPOOL AND STOCKTON-ON-TEES CCG (100.0%)**
-  **SOUTH TEES CCG (87.5%)**

Comments:

All metrics have now been met at a contract level. Work is still ongoing on the areas of underperformance which has resulted in a reduction in the number of metrics below target in the month of June.

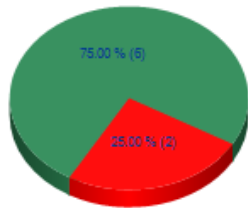
Areas for improvement

Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES, EASINGTON	NORTH DURHAM CCG	HARTLEPOOL AND STOCKTON	SOUTH TEES CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	86.2% ❌	88.6% ❌	91.8% ✅	100.0% ✅	90.9% ✅	90.5% ✅
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% ✅	98.2% ✅
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0% ✅	90.0% ❌	100.0% ✅	100.0% ✅	100.0% ✅	97.8% ✅
7238		MHMDS Data Completeness, Current Service Users aged 18 and over with a valid NHS Number	100.0% ✅	99.4% ✅	99.7% ✅	100.0% ✅	95.8% ❌	99.5% ✅

Report Date: 06/07/2015 11:00:26

Target Achievement in this period

Under Achievement Achievement



Comments:

Contract performance has improved in June with only 2 metrics below target. In both cases the underperformance relates to 1 client however as a result of the low numbers of Cumbrian patients seen within NTW this has taken percentages below the required levels.

Areas for improvement

Metric ID	Ref	Metric Name	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	93.3% ✘
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	16.1% ✘

Report Date: 06/07/2015 11:01:00

9. Additional items received by Trust wide Quality and Performance Committee on 15th July 2015

In addition to this performance report the following agenda items were considered by the Trust wide Quality and Performance Committee for Month 3/Quarter 1:

- CQUIN Update
- Quality Priority Update
- Patient and Carer Experience Report
- Incident Report
- Complaints Report
- Claims Report
- Infection Control Report
- Controlled Drugs Summary
- Patient Safety Group Update
- Monitor Quarterly Risk Assessment Framework Update
- Eliminating Mixed Sex Accommodation Update