

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 25 November 2015

Title and Author of Paper: Performance Report (Month 7).
Lisa Quinn, Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework - Governance risk rating remains Green (lowest risk) and Financial Sustainability Risk Rating remains 4 as at October 2015. (pages 3-4)
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services provided by the Trust. Data reported is as at 2015/2016 quarter 2 (page 5)
- Quality Dashboard – at M6 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety. Three CQUIN schemes and four quality priorities have been RAG rated amber as at month 7.(page 6).
- Waiting Times – Performance against the waiting times standards is included (pages 7-13).
- Workforce Dashboard – appraisal rates have improved from 82.5% to 84.1% in the month. Sickness absence increased to 5.66% in October (in line with expected seasonal variation) however the rolling 12 month average has continued to decrease and is now 5.63% - nb graphs showing the trend in month and rolling 12 month sickness have been included for the first time this month. Safeguarding adults training has improved to 90.4% across the Trust thus meeting the 90% standard, however in the month clinical risk training and MHCT clustering training have both decreased below 90%. (page 14)
- Finance Dashboard - At Month 7, the Trust had a risk rating of 4 and a surplus of £5.2m which was £1.8m ahead of plan. The Trust currently expects to deliver £1.5m more than its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 7 was £27.0m which was £13.6m above plan due to the surplus being higher than plan, capital spend being below plan and working capital being higher than plan. The year-end cash balance is currently forecast to be slightly above plan. (page 15)
- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 7. (page 16-21)
- Principal Community Pathways Benefits Realisation dashboards include information on waiting times, referrals, discharges, caseloads, staff time and patient flows. (page 22-25)

Outcome required: To note information



Integrated Performance And Assurance Report

Shining a light on the future



Contents

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	14
7. Finance Dashboard.....	15
8. Contract Summary Dashboards.....	16
9. Principal Community Pathways (PCP) Benefits Realisation.....	22

1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard

Risk Assessment Framework	Target	Quarter 2 position	Current position (m7)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Financial Sustainability Risk Rating		4	4		—	4
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	—	100.0%
CPA 7 day follow up	95%	98.6%	98.4%	●	▲	99.0%
CPA review within 12 months	95%	96.9%	96.3%	●	▼	97.0%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.1%	2.2%	●	▲	2.5%
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%	30.0%	●	▲	
IAPT treatment within 6 weeks of referral**	75%	96.3%	98.8%	●	▼	99.0%
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%	92.6%	92.4%	●	▼	92.6%
Self certification against LD access requirements	Green	Green	Green	●	—	Green
Clostridium Difficile - meeting the C Diff objective	0	0	1	●	▼	1
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 7 all **current** Monitor Risk Assessment Framework governance requirements have been met. **Nb One case of CDiff (on ward 2) has been reported in the month.**

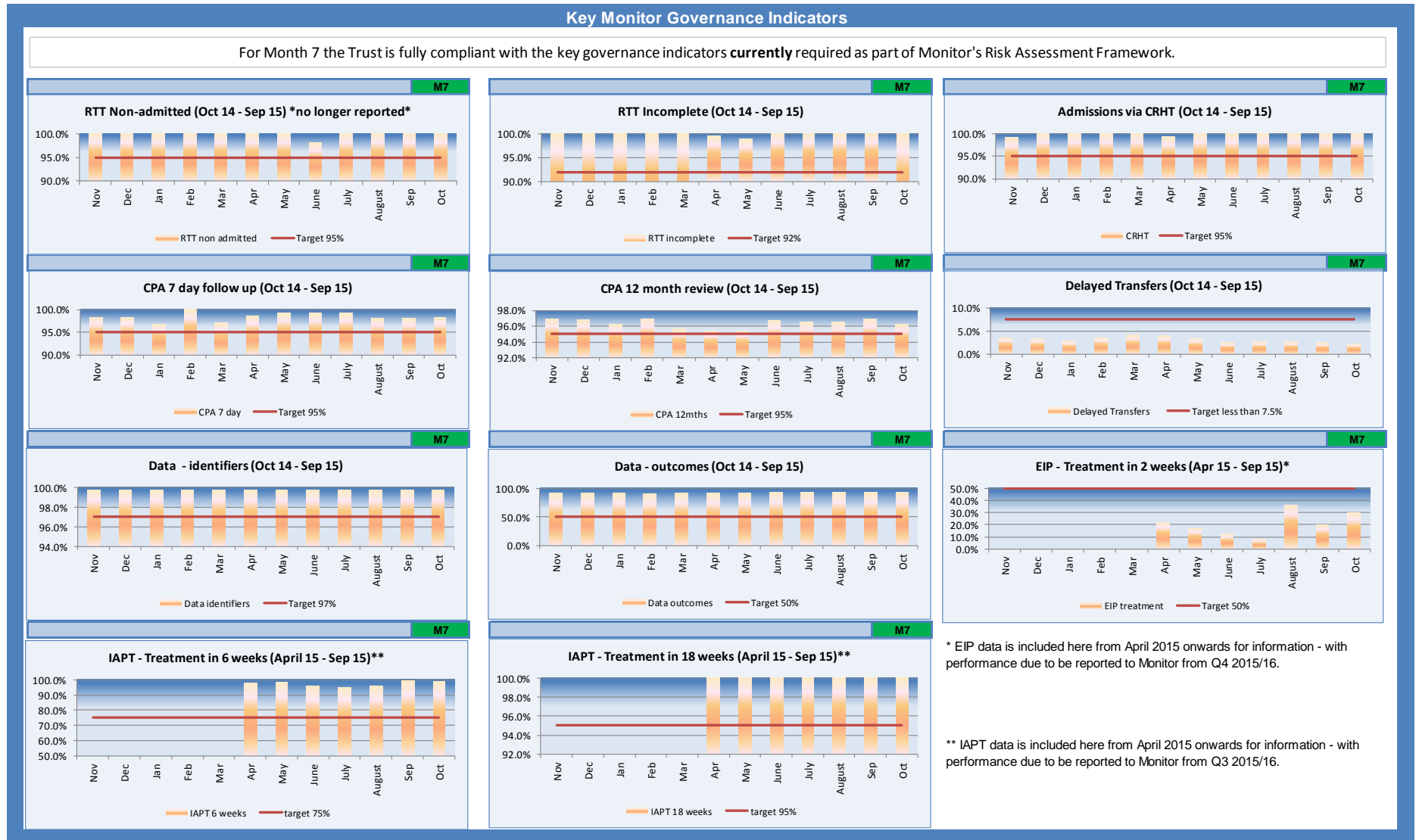
* EIP data for information only - to be reported to Monitor from Q4 2015/16

nb please see Appendix A for further information relating to the EIP standard

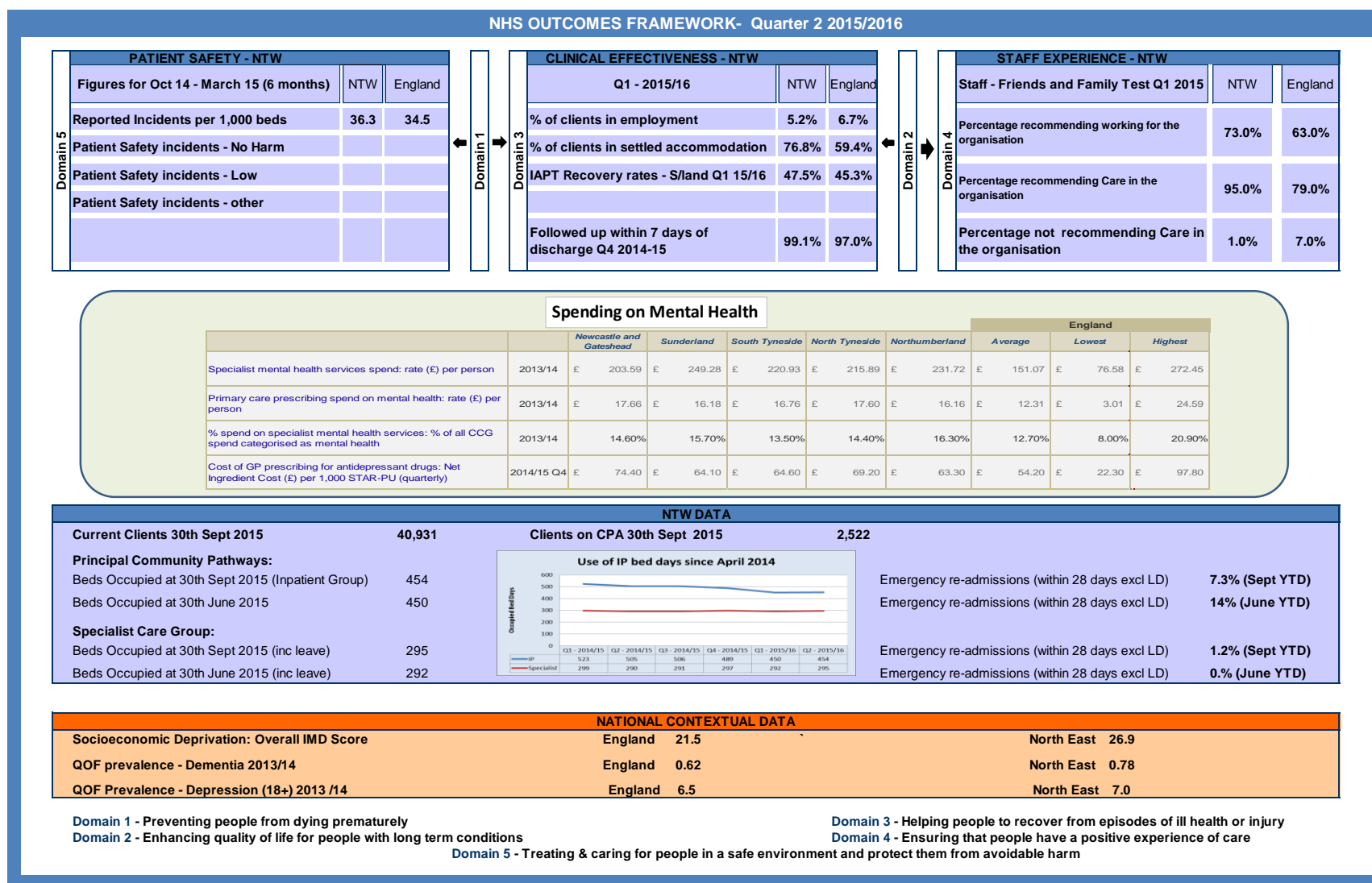
** IAPT data for information only - to be reported to Monitor from Q3 2015/16

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

2. Monitor Indicator Trends



3. NHS Outcomes Framework (updated quarterly)



4. Quality Dashboard

Quality Dashboard

CQC Fundamental Standards	Target	M7 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	M7 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)	●	●	—	●

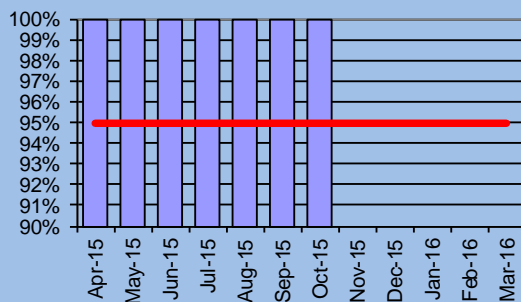
CQUIN 2015/16	Target	M7 position	Trend	Year End Forecast
Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Physical Healthcare (Sunderland)	●	●	—	●
CYPS waiting times - Northumberland	●	●	—	●
CYPS waiting times - Newcastle & Gateshead	●	●	—	●
CYPS waiting times - South Tyneside	●	●	—	●
CYPS waiting times - Sunderland	●	●	—	●
Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Carers (Sunderland)	●	●	—	●
Liaison (North Tyneside only)	●	●	—	●
NHS ENGLAND only:				
Physical healthcare (NHS England)	●	●	—	●
MH1 Secure services active engagement programme	●	●	—	●
MH3 Deaf recovery package	●	●	—	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	—	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	—	●

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

5. Waiting Times Dashboard

Waiting Times Dashboard - NHS England Commissioned Specialised Services

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

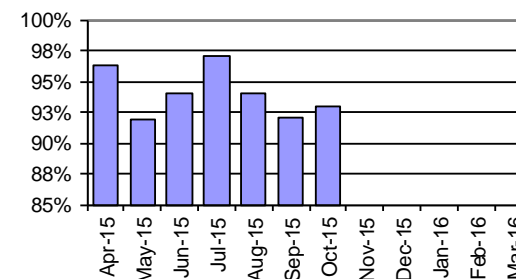


Month 7 narrative:

The RTT incomplete waiting times standard was again achieved at 100% in October. The underperformance in MDT teams continues to relate to neuro psychology activity (not classed as RTT).

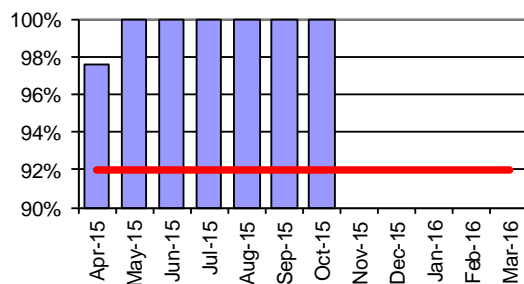
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list is continues to increase sharply while the plan is being implemented and currently stands at 374 patients (31.10.15).

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

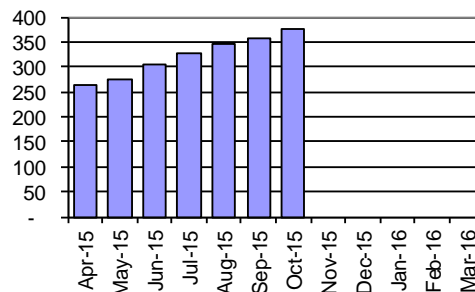


RTT services = neurological rehabilitation and neuropsychiatry

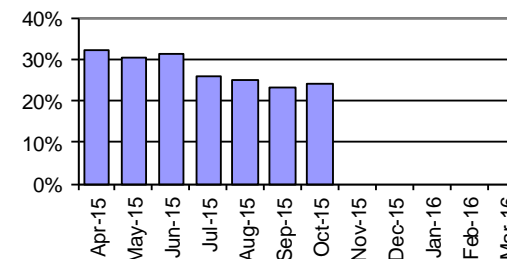
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



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



^^ MDT wait data excludes gender dysphoria

Month 7 narrative:

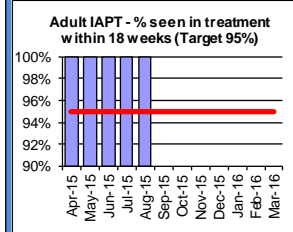
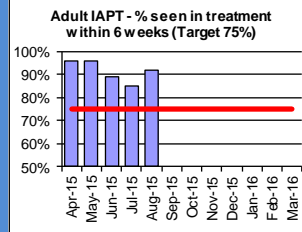
The RTT and IAPT waiting times standards were achieved in the month.

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

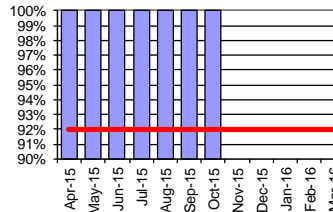
Waiting time by cluster for patients entering treatment in the quarter is included below. the long reported wait for cluster 12 relates to one service user, this is to be explored further.

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

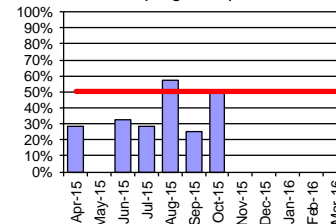
CYPs incomplete waiting times have again improved in the month and the plan has been achieved. The number of throughput waiters was reduced to zero ahead of the CQUIN deadline of 30/9/15.



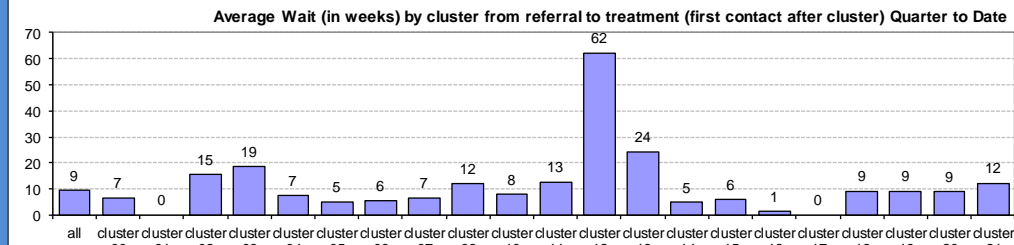
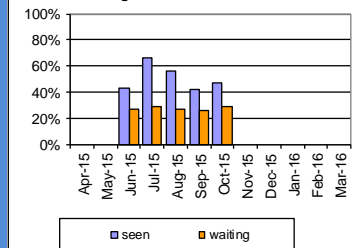
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



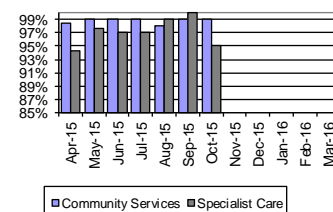
EIP - % seen in treatment within 2 weeks (Target 50%)



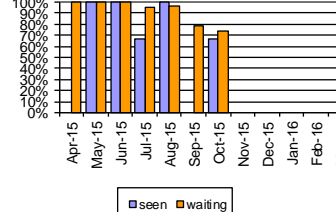
Adult ADHD % seen in the month & % waiting at the end of the month



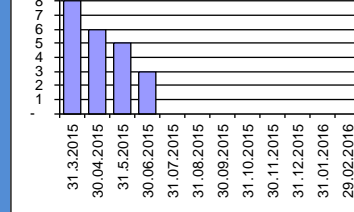
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



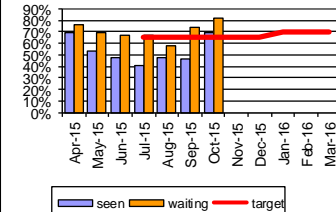
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



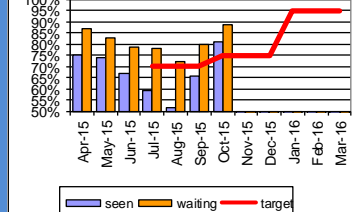
Number of CYPs Throughput Waiters (to be zero by 30.9.15) **ACHIEVED July 15**



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 7 narrative:

The RTT standard was achieved in the month.

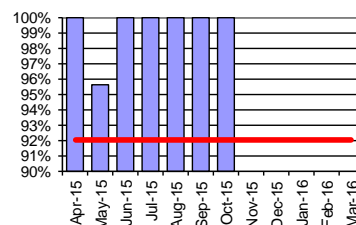
The EIP 2 week standard is currently measured using first contact after cluster and in October 2015 there were two patients entering treatment using this definition - one of which was within 2 weeks of referral.

Waiting time by cluster for patients entering treatment in the quarter is included below - the reported very long wait for cluster 15 relates to one service user and is to be explored further.

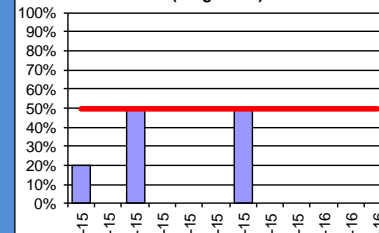
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

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

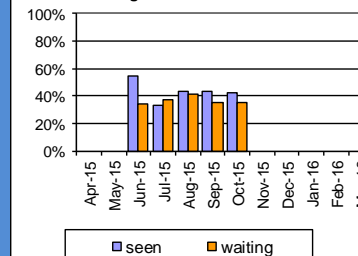
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



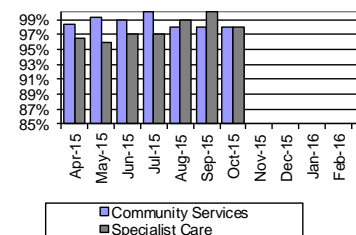
EIP - % seen in treatment within 2 weeks (Target 50%)



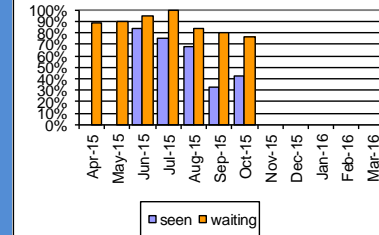
Adult ADHD % seen in the month & % waiting at the end of the month



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



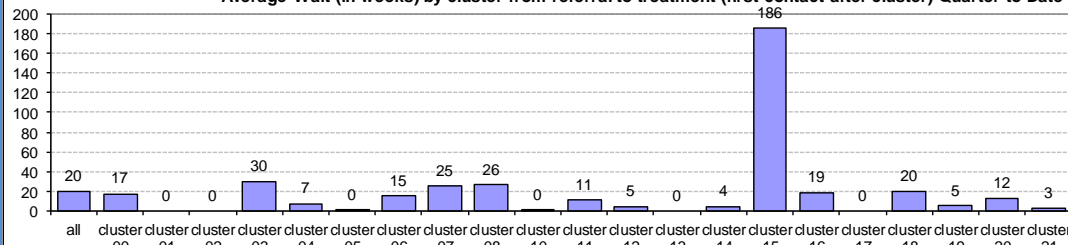
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



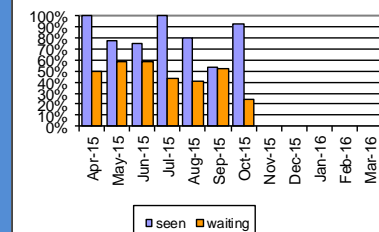
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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

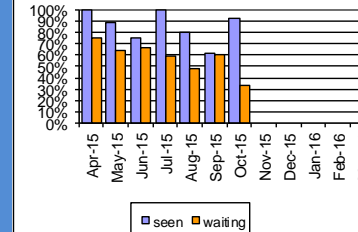
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



Month 7 narrative:

The RTT standard was achieved in the month.

The EIP 2 week standard is not currently achieved and is currently measured using first contact after cluster - in October 2015 there were four patients entering treatment using this definition - two of these were within 2 weeks of referral.

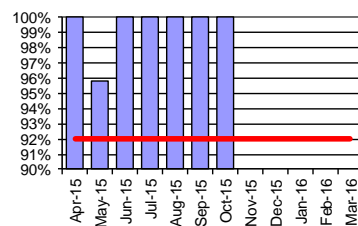
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

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

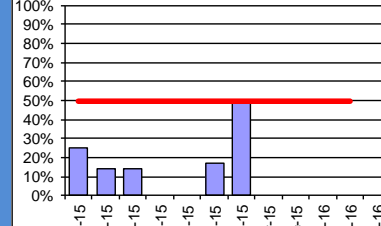
The adult autism diagnosis team waiting list has deteriorated in the month to 70% waiting less than 18 weeks at the end of the month and none of the new patients seen in the month were seen within 18 weeks of referral.

CYPS 12 week incomplete waiting times slightly decreased in the month and remain below plan.

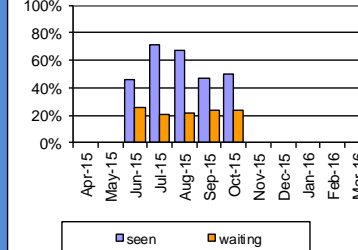
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



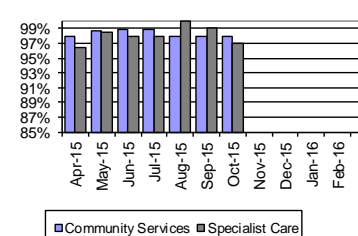
BP - % seen in treatment within 2 weeks (Target 50%)



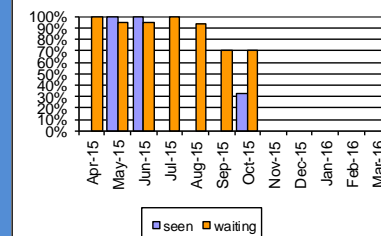
Adult ADHD % seen in the month & % waiting at the end of the month



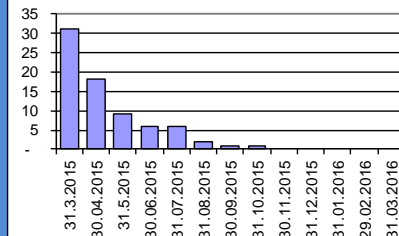
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



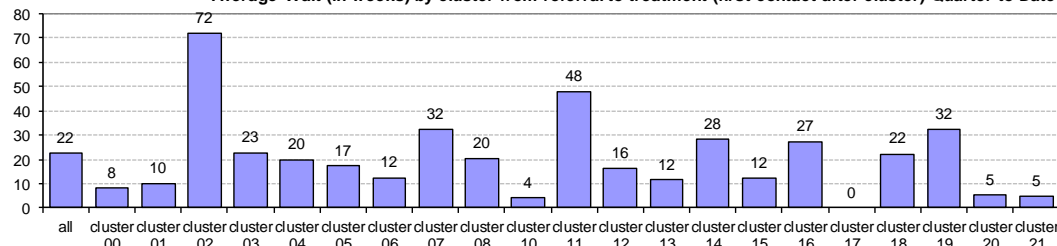
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



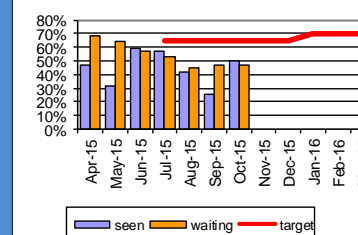
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



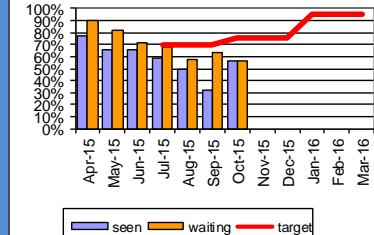
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



Month 7 narrative:

The RTT standard was achieved in the month.

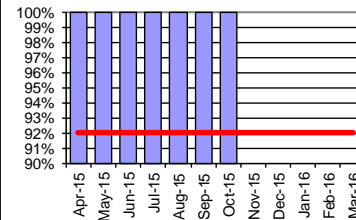
The EIP 2 week standard was achieved in September 2015 and is currently measure using first contact after cluster.

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

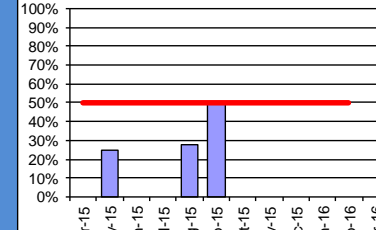
Adult ADHD waiting times data is included from June onwards, highlighting that most patients on the waiting list have been waiting more than 18 weeks, however some of the new cases seen in the month had waited less than 18 weeks.

CYPS waiting times have improved in the month however remain below plan.

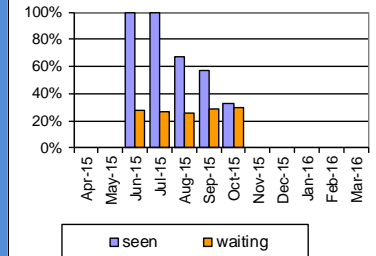
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



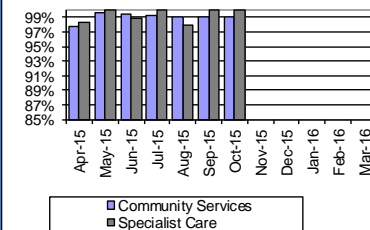
BP - % seen in treatment within 2 weeks (Target 50%)



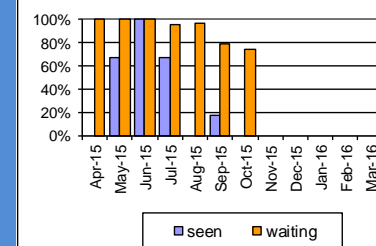
Adult ADHD % seen in the month & % waiting at the end of the month



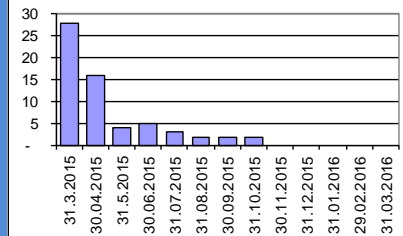
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



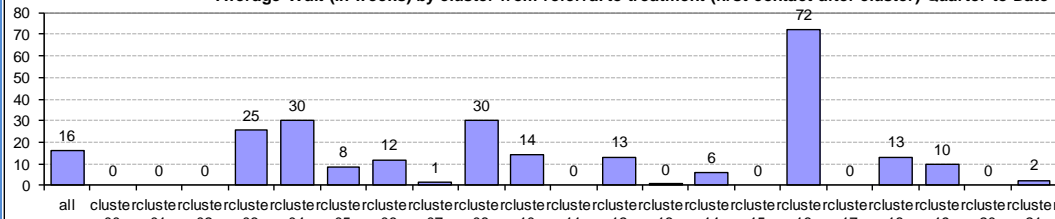
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



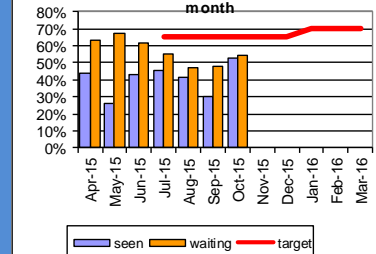
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



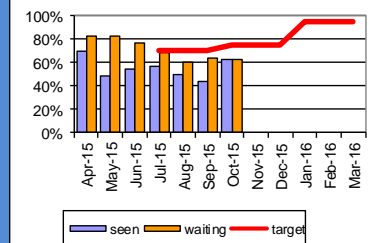
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



Month 7 narrative:

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

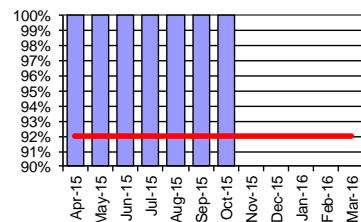
The EIP waits are currently measured using first contact after cluster.

Waiting time by cluster for patients entering treatment in the quarter is included below - nb the cluster 4 data is skewed by one reported very long wait which is being investigated.

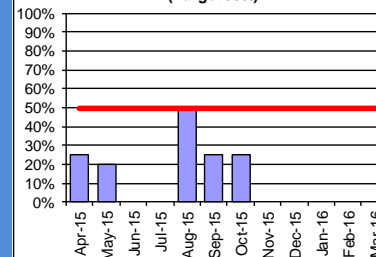
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

CYPS 9 and 12 week incomplete waiting times have been maintained in the month although remain below plan. Throughput waiters have continued to reduce and there are now 26 throughput waiters remaining.

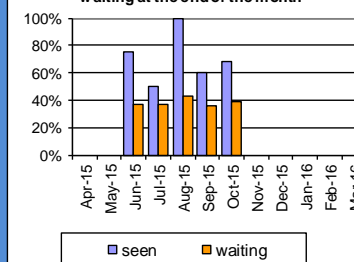
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



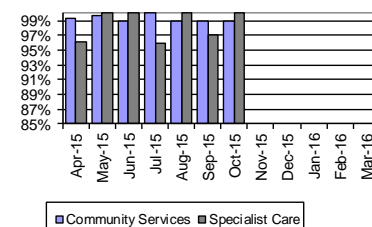
BP - % seen in treatment within 2 weeks (Target 50%)



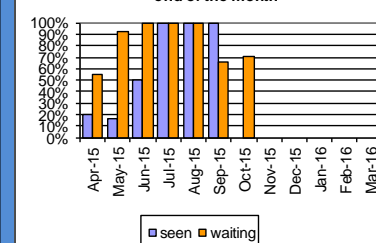
Adult ADHD % seen in the month & % waiting at the end of the month



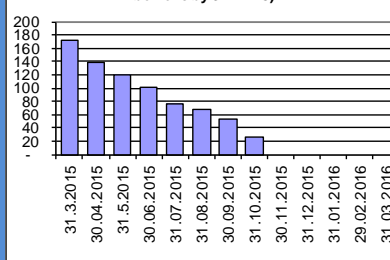
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



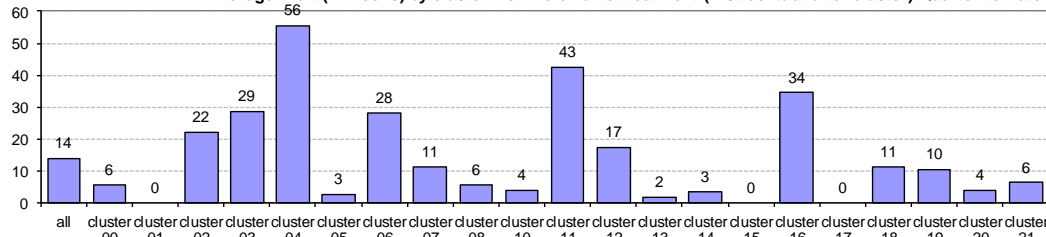
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



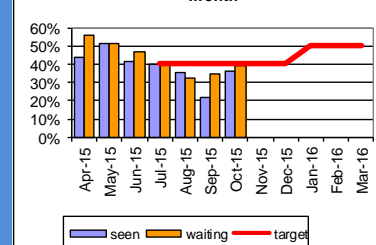
Number of CYPS Throughput Waiters (to be zero by 31.12.15)



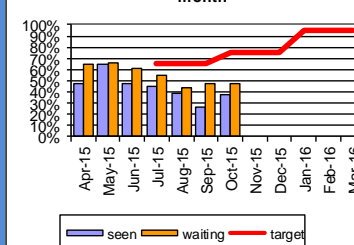
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



Month 7 narrative:

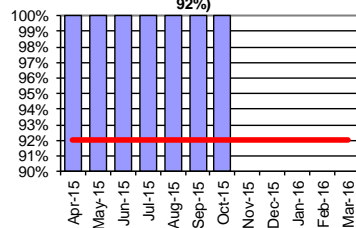
The RTT and IAPT standards were achieved in the month. The EIP 2 week standard is currently being measured using first contact after cluster.

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

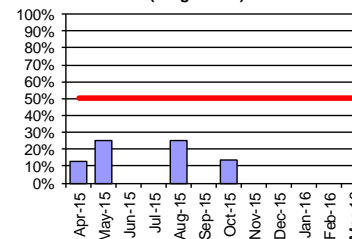
CYPS 12 week incomplete waiting times have decreased slightly since last month and remain below plan and there are now 38 throughput waiters remaining.

The cluster 06 average 73 week wait to first contact after cluster relates to two service users with long reported waits - these are being investigated further.

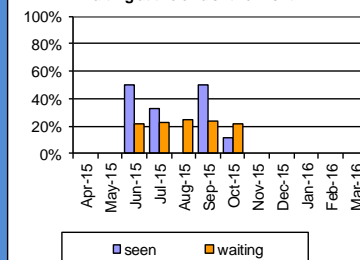
RTT (Consultant Led Services) waiting list
- % waiting less than 18 weeks (Target 92%)



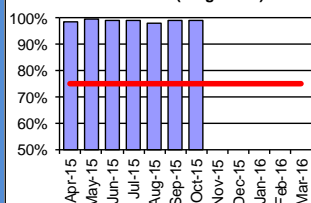
EIP - % seen in treatment within 2 weeks
(Target 50%)



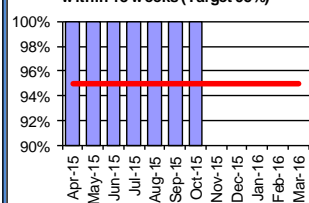
Adult ADHD % seen in the month & % waiting at the end of the month



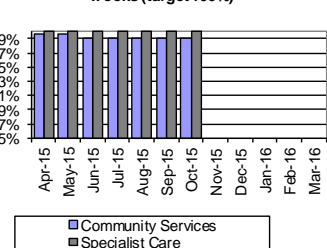
Adult IAPT - % seen in treatment
within 6 weeks (Target 75%)



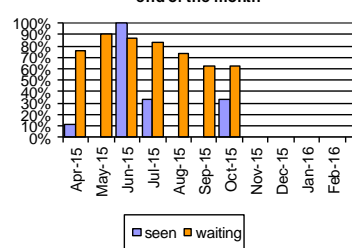
Adult IAPT - % seen in treatment
within 18 weeks (Target 95%)



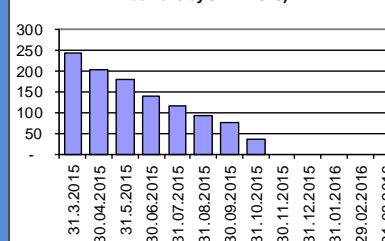
Multidisciplinary Teams (MDT) wait from
referral to first contact - % seen within 18
weeks (target 100%)



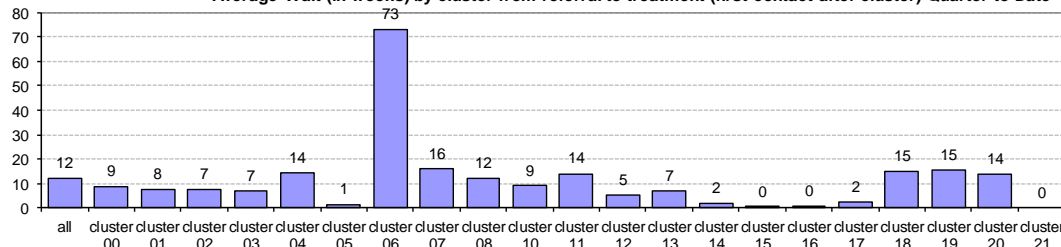
Adult Autism Diagnosis first contact within
18 weeks - % seen and % waiting at the
end of the month



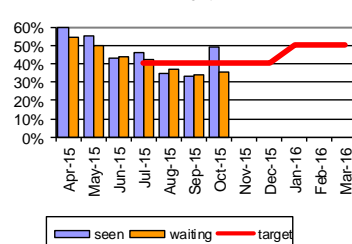
Number of CYPS Throughput Waiters (to
be zero by 31.12.2015)



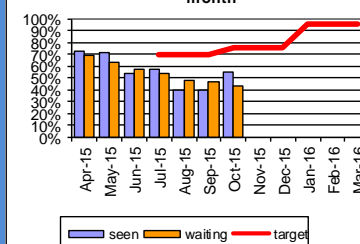
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



6. Workforce Dashboard

Workforce Dashboard

Training	Target	M7 position	Trend	Forecast position
Fire Training	90%	89.3%	●	90%
Health and Safety Training	90%	94.0%	●	94%
Moving and Handling Training	90%	94.9%	●	95%
Clinical Risk Training	90%	89.8%	●	90%
Clinical Supervision Training	90%	80.9%	●	84%
Safeguarding Children Training	90%	91.7%	●	93%
Safeguarding Adults Training	90%	90.4%	●	93%
Equality and Diversity Introduction	90%	92.0%	●	92%
Hand Hygiene Training	90%	90.6%	●	91%
Medicines Management Training	90%	86.0%	●	87%
Rapid Tranquilisation Training	90%	82.5%	●	85%
MHCT Clustering Training	90%	89.1%	●	90%
Mental Capacity Act Training	90%	82.4%	●	83%
Mental Health Act Training	90%	81.9%	●	82%
Deprivation of Liberty Training	90%	82.5%	●	83%
Seclusion Training	90%	91.3%	●	94%
Dual Diagnosis Training (80% target)	80%	85.2%	●	87%
PMVA Basic Training	90%	77.6%	●	80%
PMVA Breakaway Training	90%	71.2%	●	73%
Information Governance Training	90%	88.1%	●	90%
Records and Record Keeping Training	90%	97.3%	●	98%

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

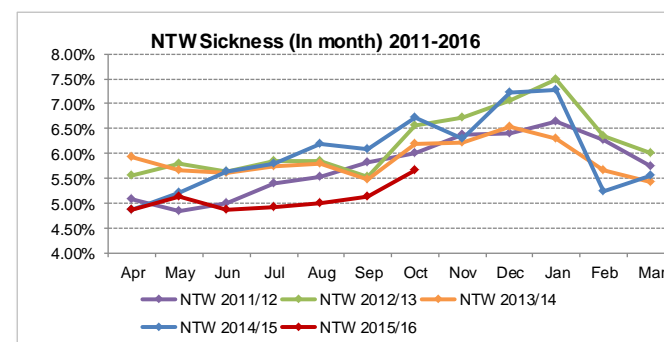
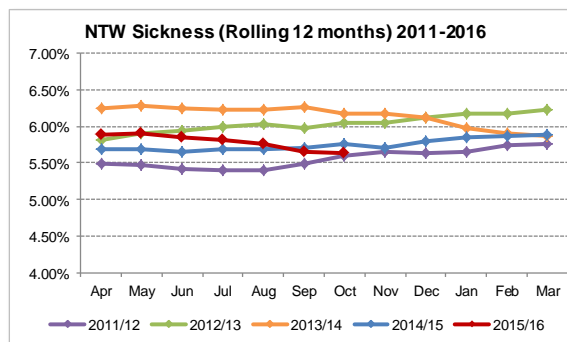
▲	Trend improving on previous month
▬	Trend the same as previous month
▼	Trend worse than previous month

Behaviours and Attitudes	Target	M7 position	Trend	Forecast position
Appraisals	90%	84.1%	●	90%
Disciplinarys (new cases since 1/4/15)		96	●	
Grievances (new cases since 1/4/15)		26	●	

Recruitment, Retention & Reward	Target	M7 position	Trend	Forecast position
Corporate Induction	100%	100.0%	●	100%
Local Induction	100%	91.8%	●	92%
Staff Turnover	<10%	8.2%	●	<10%
Current Headcount		5949	N/A	N/A

Best Use of Resources	Target	M7 position	Trend	Forecast position
Agency Spend		£912,000	●	
Admin & Clerical Agency (included in above)		£151,000	●	
Overtime Spend		£279,000	●	
Bank Spend		£730,000	●	

Managing Attendance	Target	M7 position	Trend	Forecast position
In Month sickness	<5%	5.66%	●	
Short Term sickness (rolling)		1.51%		
Long Term sickness (rolling)		4.12%		
Average sickness (rolling)	<5%	5.63%	●	



7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(5,250)	(3,500)
EBITDA	(12,295)	(15,603)
Capital Spend/CRL	6,092	17,993
Efficiency Plan	4,537	10,234

I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	213	1,079
Community Services	(323)	(541)
Specialist Care	997	2,576
Indirect/Support Services Costs	(2,301)	(3,084)
Other/Reserves	(313)	(1,389)
Cost of Capital	(96)	(140)

Balance Sheet

Key Indicators	Current	Forecast
Cash	£27.0m	Green
Loans Drawn	£6.8m	Green
Loans Forecast	£12.3m	Green
Current Ratio	1.6	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.80x	3
Liquidity Ratio	20.0 days	4
I&E Margin	2.92%	4
I&E Margin Variance	2.41%	4
Overall Rating		4

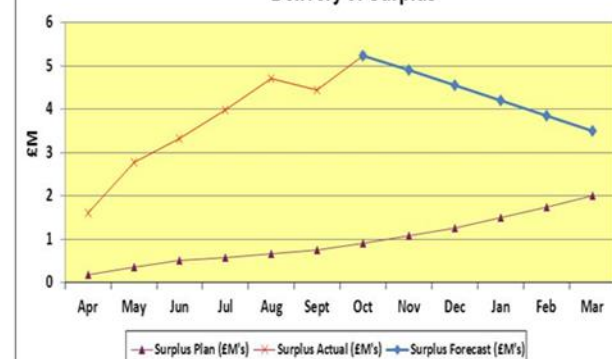
Financial Delivery Plan 2015/16



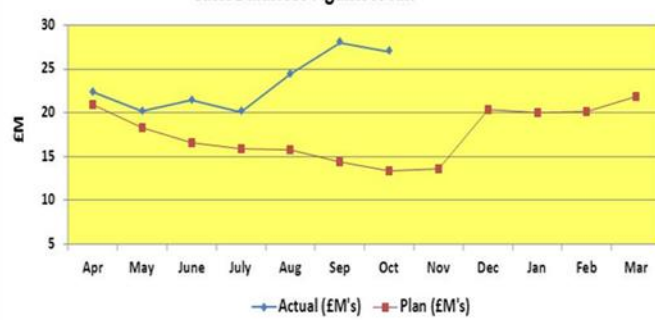
Key Issues

- Risk rating is a 4 & I&E position is above plan at Month 7
- Year-end forecast rating is a 4 & forecast surplus is £1.5m above plan.
- The main pressures/risks to delivery are staff overspends in Specialist Care and achieving FDP savings.
- Cash position is well above plan at Month7 and the forecast is also slightly above plan.

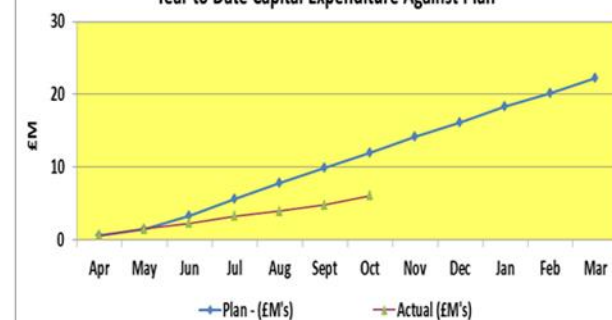
Delivery of Surplus



Cash Balances Against Plan



Year to Date Capital Expenditure Against Plan



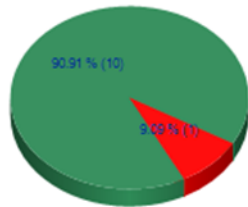
8. Contract Summary Dashboards

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

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

Target Achievement in this period

Under Achievement Achievement



NORTHUMBERLAND CCG (90.9%)



NORTH TYNESIDE CCG (100.0%)

Comments:

All targets have been met in October except 7 day follow up in Northumberland. This related to two patients who were not followed up within 7 days, one of which was followed up on day 11.

Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE CCG	Overall
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	90.5% ✗	100.0% ✓	93.8% ✗

Report Date: 10/11/2015 11:10:21

Target Achievement in this period



Comments:

All targets have been met in October

Areas for improvement

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

Report Date: 10/11/2015 11:10:18

Target Achievement in this period

9 SOUTH TYNESIDE CCG (100.0%)



Comments:

All targets were achieved in October

Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 10/11/2015 11:05:18

Target Achievement in this period

12 SUNDERLAND CCG (100.0%)



Comments:

All targets have been met in October

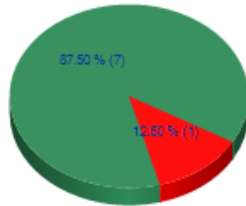
Areas for improvement

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

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

Target Achievement in this period

Under Achievement Achievement



DARLINGTON CCG (87.5%)



DURHAM DALES, EASINGTON AND
SEDFIELD CCG (75.0%)



NORTH DURHAM CCG (87.5%)



HARTLEPOOL AND STOCKTON-ON-TEES
CCG (100.0%)



SOUTH TEES CCG (87.5%)

Comments:

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

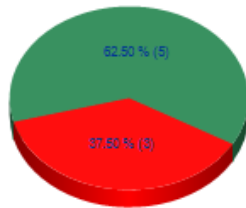
Areas for improvement

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	79.3% ✗	94.4% ✓	96.3% ✓	90.9% ✓	100.0% ✓	93.0% ✓
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	94.1% ✗	100.0% ✓	100.0% ✓	100.0% ✓	98.4% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0% ✓	100.0% ✓	100.0% ✓	100.0% ✓	83.3% ✗	98.0% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	87.5% ✗	85.7% ✗	100.0% ✓	100.0% ✓	92.3% ✗

Report Date: 10/11/2015 10:50:12

Target Achievement in this period

Under Achievement Achievement



Comments:

In October there are three areas of underperformance.

The underperformance on Metric 4102 & 70034 relates to 2 clients and for metric 7101, one client. This is generally due to the care co-ordination function being carried out outside of NTW and therefore creating delays in when this information is recorded.

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	88.9% ✗
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	71.4% ✗
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	71.4% ✗

Report Date: 10/11/2015 11:05:18

9. Principal Community Pathways Benefits Realisation Dashboards

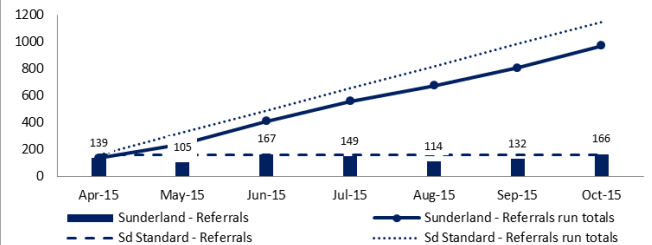
****DRAFT****

Sunderland Psychosis/Non-Psychosis Benefits Realisation dashboard

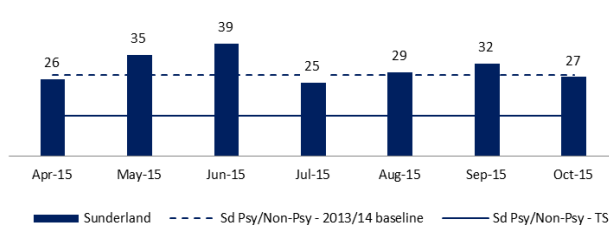
As a result of data quality issues arising from the incorrect application of the data migration strategy and the complexity of maintaining the current RiO team configuration, caution needs to be taken when viewing the data within the dashboard, particularly around the waiting times. Work is on-going to simplify the RiO structure which should see an improvement in data quality in the coming months.

The dashboard data in October indicates an improvement in waiting time to first contact which is now below the pre-transformation position but still higher than the aspirational standard. Waiting time for treatment has also improved and is below baseline and the transformation standard. Discharges continue to be higher than referrals resulting in a slight reduction in caseload. Staff time spent on direct patient contact has remained in line with previous months and the 2013/14 position.

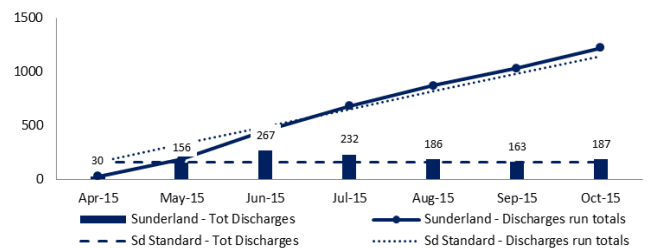
Monthly referrals and running totals
Sunderland Psychosis/Non-Psychosis



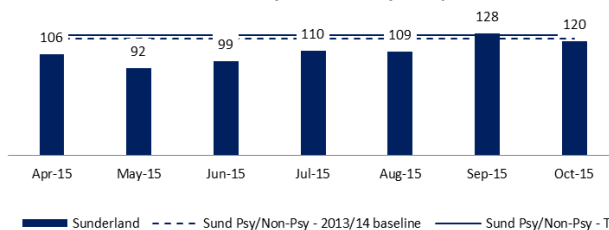
Avg. wait from Referral to 1st appointment
Sunderland Psychosis/Non-Psychosis



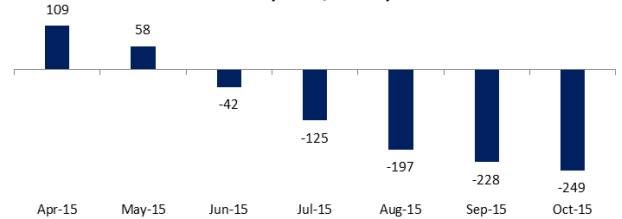
Monthly discharges and running totals
Sunderland Psychosis/Non-Psychosis



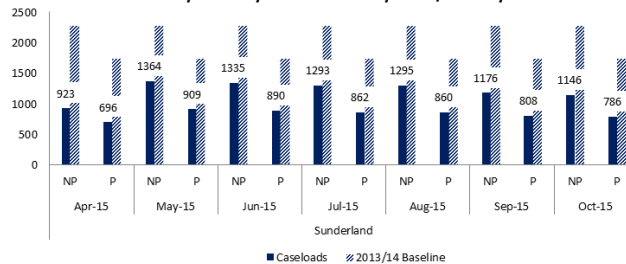
Avg. wait from Referral to Treatment
Sunderland Psychosis/Non-Psychosis



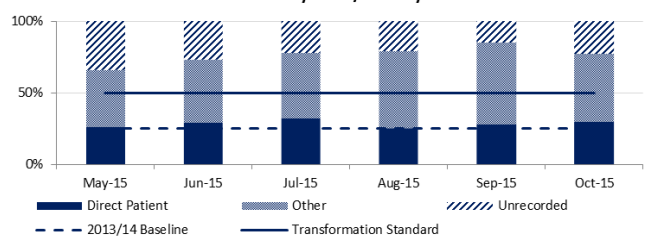
Cumulative Flow rate
Sunderland Psychosis/Non-Psychosis



Caseloads by Pathway - Sunderland Psychosis/Non-Psychosis



Staff Time %
Sunderland Psychosis/Non-Psychosis



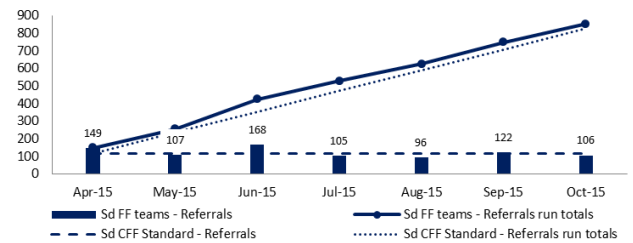
****DRAFT****

Sunderland Cognitive & Functionally Frail Benefits Realisation Dashboard

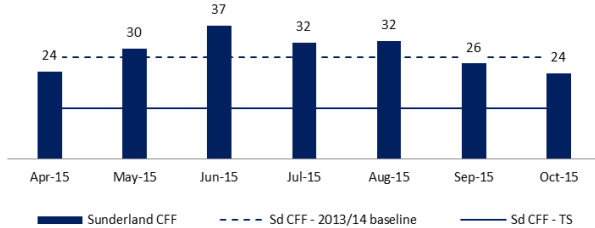
As a result of data quality issues arising from the incorrect application of the data migration strategy and the complexity of maintaining the current RiO team configuration, caution needs to be taken when viewing the data within the dashboard, particularly around the waiting times. Work is on-going to simplify the RiO structure which should see an improvement in data quality in the coming months.

The October information shows a slight improvement in wait to first contact which continues to be below the baseline position but above the transformation standard. However wait to treatment has increased significantly in October which is likely to be the impact of referrals for the year to date outstripping discharges. Staff time spent on direct patient contact has remained in line with previous months and the 2013/14 position.

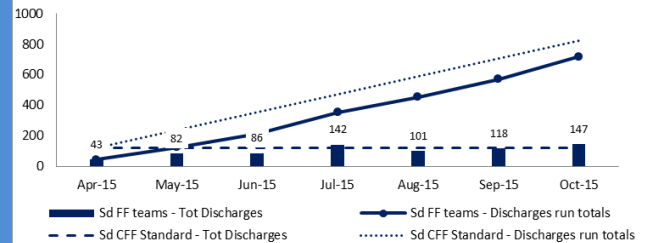
Monthly referrals and running totals
Sunderland CFF



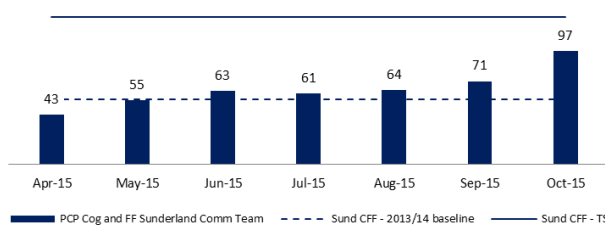
Avg. wait from Referral to 1st Appointment
Sunderland CFF



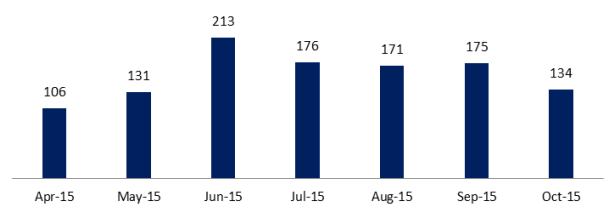
Monthly discharges and running totals
Sunderland CFF



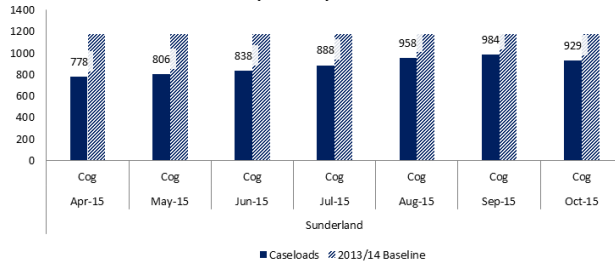
Avg. wait from Referral to Treatment
Sunderland CFF



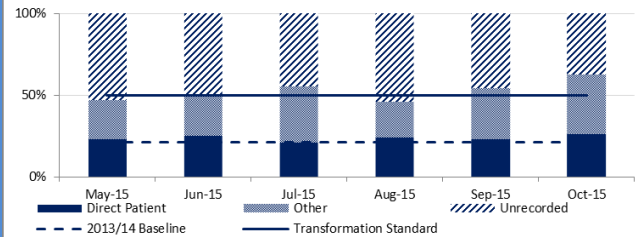
Cumulative Flow rate
Sunderland CFF



Caseloads by Pathway - Sunderland CFF



Staff Time %
Sunderland CFF



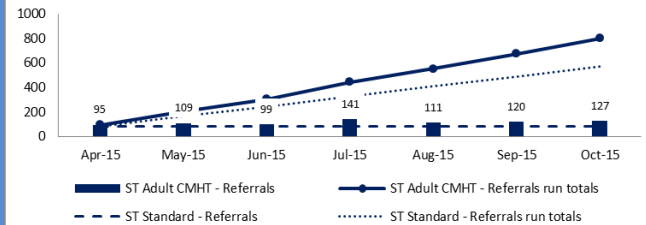
****DRAFT****

South Tyneside Psychosis/Non-Psychosis Benefits Realisation dashboard

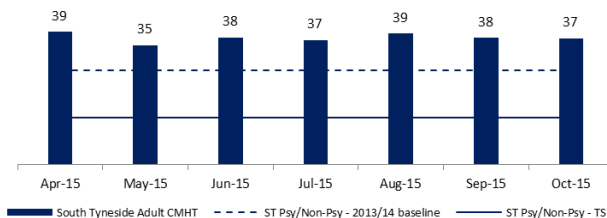
As a result of data quality issues arising from the incorrect application of the data migration strategy and the complexity of maintaining the current RiO team configuration, caution needs to be taken when viewing the data within the dashboard, particularly around the waiting times. Work is on-going to simplify the RiO structure which should see an improvement in data quality in the coming months.

The October data highlights that whilst wait to first contact has remained static wait to treatment rose in October despite discharges continuing to be higher than referrals resulting in a caseload reduction. Staff time spent on direct patient contact has remained in line with previous months and the 2013/14 position.

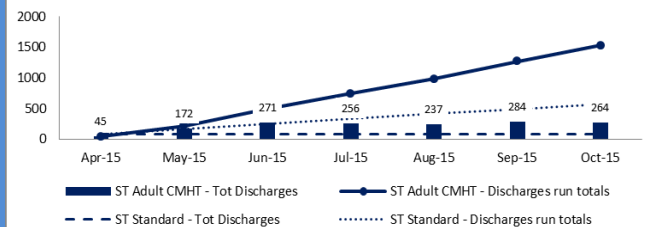
Monthly referrals and running totals
South Tyneside Adult teams



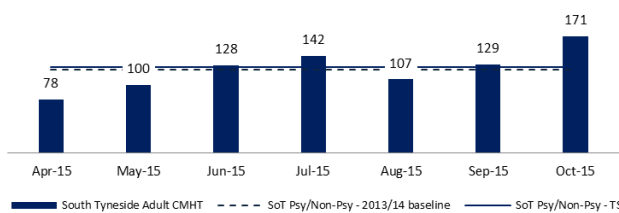
Avg. wait from Referral to 1st Appointment
South Tyneside Psychosis/Non-Psychosis



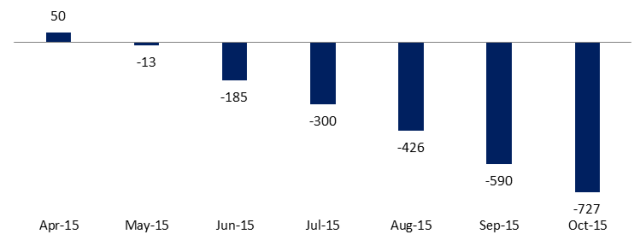
Monthly discharges and running totals
South Tyneside Adult teams



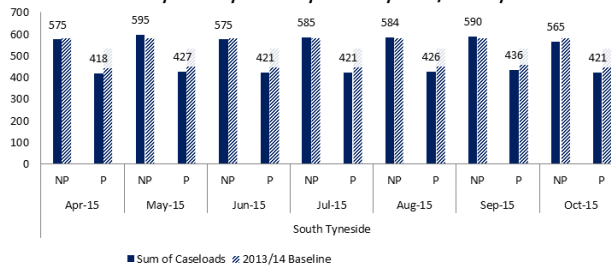
Avg. wait from Referral to Treatment
South Tyneside Psychosis/Non-Psychosis



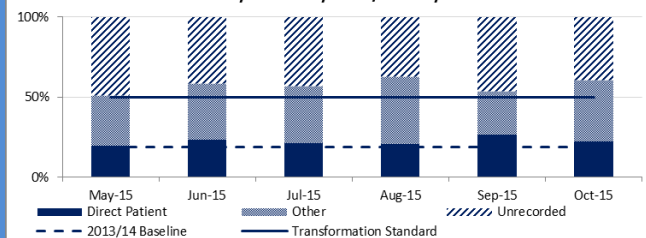
Cumulative Flow rate
South Tyneside Adult teams



Caseloads by Pathway - South Tyneside Psychosis/Non-Psychosis



Staff Time %
South Tyneside Psychosis/Non Psychosis



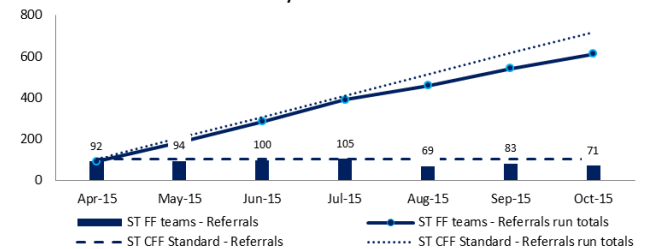
****DRAFT****

South Tyneside CFF Benefits Realisation dashboard

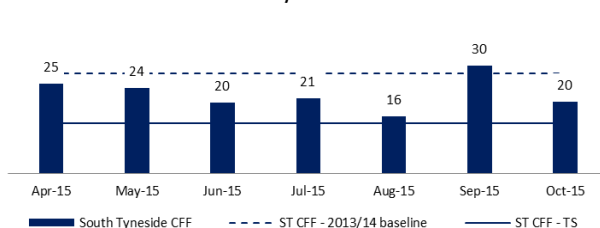
As a result of data quality issues arising from the incorrect application of the data migration strategy and the complexity of maintaining the current RiO team configuration, caution needs to be taken when viewing the data within the dashboard, particularly around the waiting times. Work is on-going to simplify the RiO structure which should see an improvement in data quality in the coming months.

In October wait to first contact improved and although this remains above the transformation standard performance has improved on the 2013/14 baseline. Wait to treatment has remained static but continues to be below the 2013/14 baseline and the transformation standard. Flow rate continues to be negative with discharges out stripping referrals. Staff time spent on direct patient contact has remained in line with previous months and the 2013/14 position.

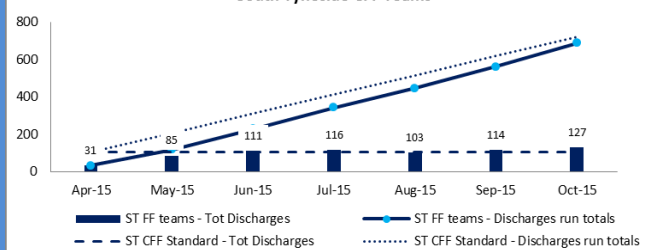
Monthly referrals and running totals
South Tyneside CFF Teams



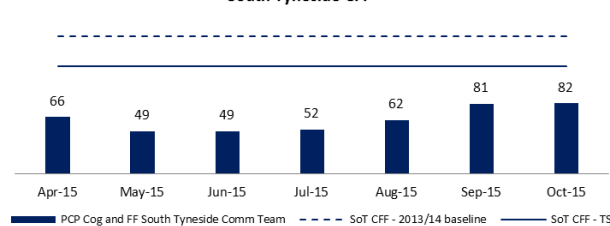
Avg. wait from Referral to 1st Appointment
South Tyneside CFF



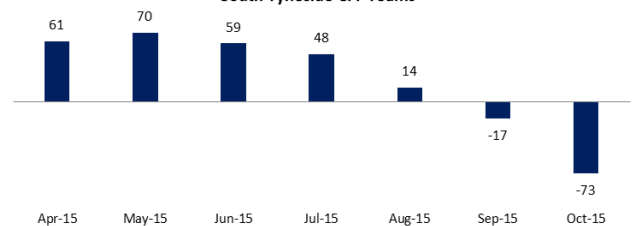
Monthly discharges and running totals
South Tyneside CFF Teams



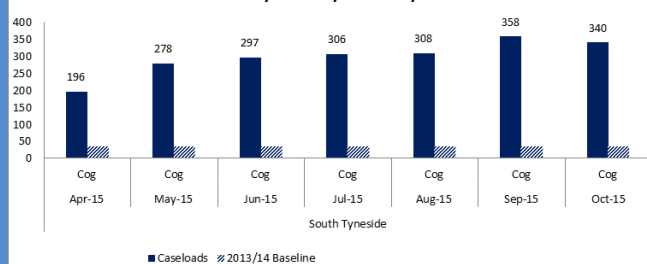
Avg. wait from Referral to Treatment
South Tyneside CFF



Cumulative Flow rate
South Tyneside CFF Teams



Caseloads by Pathway - South Tyneside CFF



Staff Time %
South Tyneside Cognitive

