NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 January 2016

Title and Author of Paper:
Performance Report (Month 9)
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 December 2015 (pages 3-5). In October 2015 there was one confirmed case of CDIFF at Walkergate Park, this will be reported to Monitor via the quarter 3 declaration but does not impact upon the governance rating. The Trust commenced reporting of IAPT waiting times this month (both were achieved) and an update of progress towards the EIP access standard (to be reported to Monitor from quarter 4 onwards) is included on page 5.

- NHS Outcomes Framework – this dashboard reviews local and national data to benchmark the quality of services provided by the Trust and has been updated this month to reflect the most recent national data available. NTW is performing strongly in a number of clinical effectiveness metrics when compared with the national average although the rate of diagnosis recording is half the national average (NB this is the subject of a quality priority). Incident data reflects the recent benchmarking findings. QOF data has been updated to 2014/15 figures and shows increases in prevalence of dementia and depression from the previous year, with the North East higher than the England average. A comparison of Staff Friends and Family test data received in October 2015 with TEWV data highlights regional differences. There is also analysis of LD inpatients, highlighting that the North has the highest percentage of patients treated within their region of residence and that 25% of patients in North East beds came from outside the North East (page 6).

- Quality Dashboard – at M9 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety. Two CQUIN schemes (CYPS and carers) plus five quality priorities have been RAG rated amber as at quarter 3 and two CQUIN schemes (physical health and CYPS) plus three quality priorities have been RAG rated as amber for forecast year-end achievement (page 8).

- Waiting Times – Performance against the waiting times standards is included (pages 9-15).

- Workforce Dashboard – appraisal rates have decreased from 85.4% to 84.2% in the month. Sickness absence again increased to 5.8% in December (in line with expected seasonal variation) however the rolling 12 month average has decreased for the seventh consecutive month and is now 5.51% (previously 5.59%) – this is the lowest rate since September 2011. PMVA training figures have improved in the month and Safeguarding training figures also continue to improve, however in the month clinical risk training has continued to decrease further below the agreed 90% standard (now 87.5%) (page 16).

- Finance Dashboard - At Month 9, the Trust had a risk rating of 4 and a surplus of £4.2m which was £1.6m 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 9 was £23.5m which was £3.1m above plan due to the surplus being higher than plan, capital spend being below plan and working capital being less than plan. The year-end cash balance is currently forecast to be £2.1m above plan (page 17).

- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 9 (pages 18-23).

- Principal Community Pathways Benefits Realisation dashboards include information on waiting times, referrals, discharges, caseloads, staff time and patient flows. In previous months, to address data quality issues some data had been excluded from reports however significant work within teams to improve data quality has allowed all actual recorded data to be included from December 2015. Patient contact time is in line with previous months but well below the transformational standard of 50% and actual recording of time continues to be problematic.(pages 24-27).

Outcome required: for information only

Integrated Performance And Assurance Report

Shining a light on the future

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1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard

Risk Assessment Framework	Target	Quarter 3 position	Current position (m9)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	–	●
Overall Financial Sustainability Risk Rating		4	4		–	4
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	–	100.0%
CPA 7 day follow up	95%	98.7%	97.9%	●	▼	98.7%
CPA review within 12 months	95%	97.2%	97.2%	●	▲	97.2%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.0%	2.2%	●	▼	2.0%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	100.0%	●	–	100.0%
EIP treatment within 2 weeks of referral*	50%	22.9%	29.6%	●	▲	TBC
IAPT treatment within 6 weeks of referral**	75%	99.1%	99.6%	●	▲	99.1%
IAPT treatment within 18 weeks of referral**	95%	99.9%	100.0%	●	▲	99.9%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	–	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	93.0%	93.0%	●	▲	93.0%
Self certification against LD access requirements	Green	Green	Green	●	–	Green
Clostridium Difficile - meeting the C Diff objective	0	1	0	●	–	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 9 all **current** Monitor Risk Assessment Framework governance requirements have been met.

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

nb please see overleaf for further information relating to the EIP standard

** IAPT data for information only - commenced reporting to Monitor from Q3 2015/16

*** one acquired CDiff on ward 2 in OcTober 2015 is to be reported as part of the Q3 return, however this does not impact on the Monitor Governance rating.

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

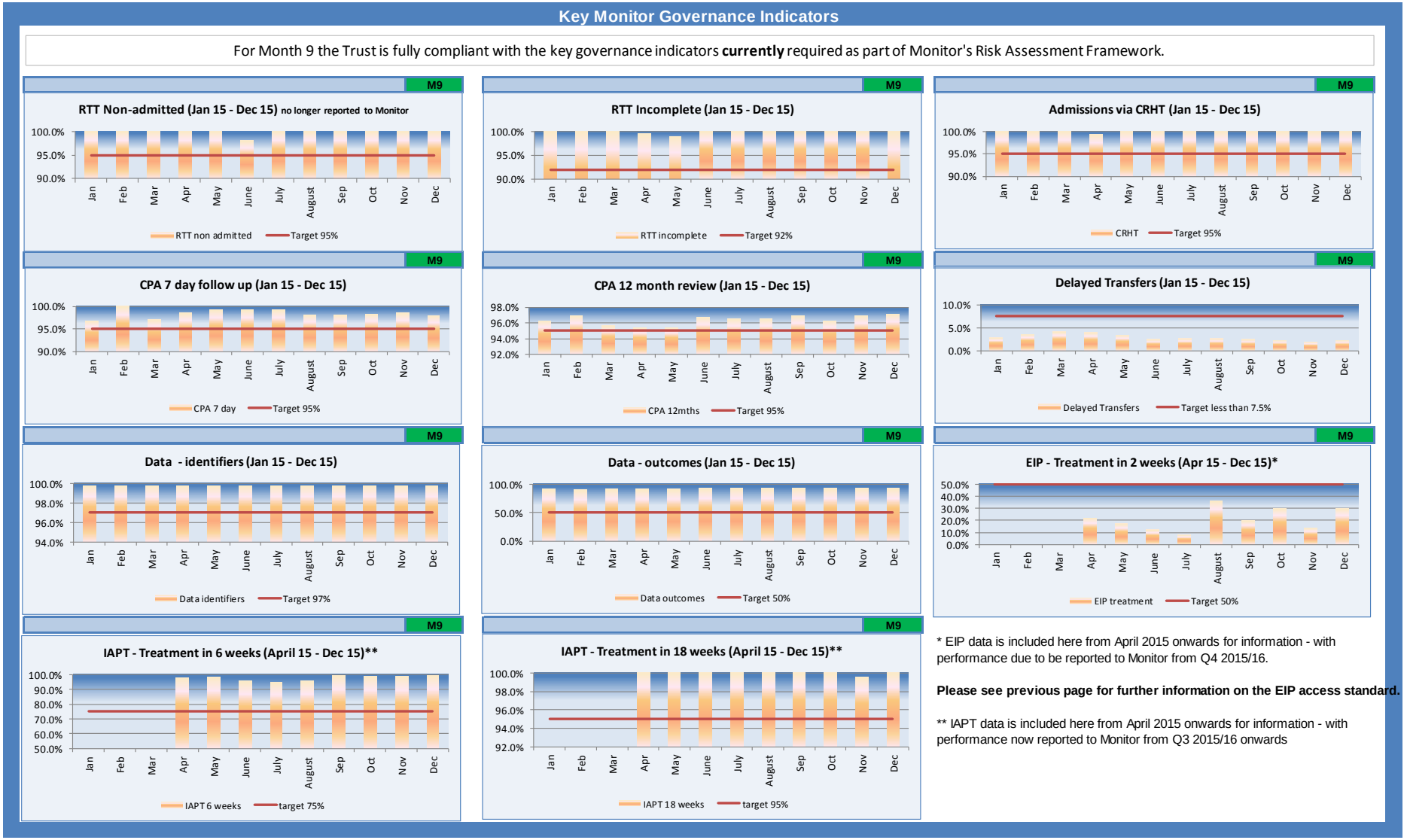
EIP access standard update

Although the Trust continues to await the National Technical guidance, work is ongoing to develop the technical solutions to enable the Trust to record information to meet the access standard and MONITOR reporting requirements. Initial data will be available by the end of January however data quality issues are likely to need addressing prior to the 1st April. The patient tracker will be useful in showing us our performance and giving the teams live information. It is consistent with the latest guidance from HSCIC and is being built onto RIO. The Patient Tracking List has been piloted for over a month and is helpful in understanding the blockages in the system, e.g. wards not referring until discharge planning

The EIP teams are starting to change their clinical practices to prepare them for the target (for example daily access to senior clinicians to discuss assessments). A team away day is planned for w/c 18.1.2016 to ensure that all EIP staff understand the target and have an input into how to meet the target. The local NHS England Director of Commissioning and Operations (DCO) rating suggests that they feel assured that NTW will meet the target on 2 of the 3 domains rated (implementation & workforce preparedness), and partially assured on MHSDS data collection subject to the release of final national guidance.

Recruitment is progressing for care co-ordinators, medical staff & psychological therapists. Until such time as the teams are appropriately staffed, the over 35 age group will continue to be seen by CMHT's. They will however be included within the waiting time standard albeit they will not meet the requirements. However as numbers are relatively small the 50% target should still be achievable.

2. Monitor Indicator Trends



3. NHS Outcomes Framework *(updated quarterly)*

NHS OUTCOMES FRAMEWORK- Quarter 3 2015/2016

Domain 5 – PATIENT SAFETY - NTW

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

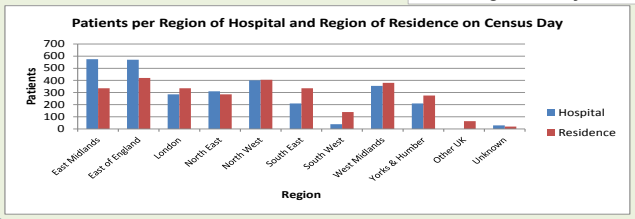
Domain 3 – CLINICAL EFFECTIVENESS - NTW

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

Domain 4 – STAFF EXPERIENCE - NTW

Staff - Friends and Family Test October 2015 (Mental Health)	NTW	TEWV
Percentage recommending Care in the organisation	78.00%	86.00%
Number of responses	134	1,667
Percentage of Responses (total Eligible)	0.54%	2.98%

Learning Disability Census - September 2015 - Patients & Residence



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

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

Hospital region

Residence region	East Midlands	East of England	London	North East	North West	South East	South West	West Midlands	Yorkshire and the Humber	Total
East Midlands	68%	11%	1%	2%	3%	3%	*	4%	7%	100%
East of England	7%	79%	6%	*	*	3%	*	3%	1%	100%
London	8%	20%	63%	*	*	8%	*	*	*	100%
North East	7%	*	*	86%	3%	*	*	*	3%	100%
North West	5%	*	*	4%	82%	*	*	6%	2%	100%
South East	17%	25%	10%	*	*	44%	*	2%	*	100%
South West	28%	13%	6%	4%	4%	7%	29%	8%	*	100%
West Midlands	17%	4%	*	*	3%	*	*	71%	3%	100%
Yorkshire and the Humber	24%	3%	*	11%	8%	*	*	*	52%	100%
Other U.K. Country	35%	11%	*	26%	15%	*	*	8%	*	100%

NTW DATA

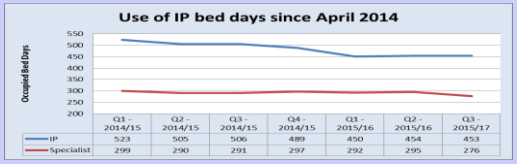
Current Clients 31st Dec 2015	**41,068**	**Clients on CPA 31st Dec 2015**	**2,319**

Principal Community Pathways:

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

Specialist Care Group:

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



Inpatient Care Group:

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

Specialist Care Group:

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

NATIONAL CONTEXTUAL DATA

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

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

4. Quality Dashboard

Quality Dashboard

CQC Fundamental Standards	Target	M9 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)	●	●	●	●

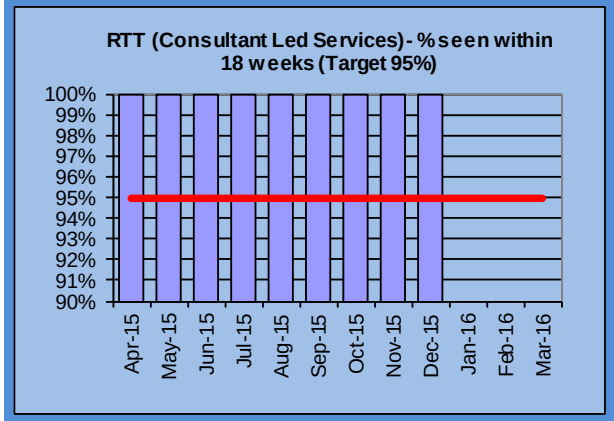
Quality Priorities 2015/16 (Internal)	Target	M9 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	▲	●
Goal 2 - Improve the way we relate to patients 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	M9 position	Trend	Year End Forecast
Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	–	●
Physical Healthcare (Sunderland)	●	●	–	●
CYPS waiting times - Northumberland	●	●	–	●
CYPS waiting times - Newcastle & Gateshead	●	●	–	●
CYPS waiting times - South Tyneside	●	●	–	●
CYPS waiting times - Sunderland	●	●	–	●
Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	▼	●
Carers (Sunderland)	●	●	▼	●
Liaison (North Tyneside only)	●	●	–	●
NHS ENGLAND only:				
Physical healthcare (NHS England)	●	●	–	●
MH1 Secure services active engagement programme	●	●	–	●
MH3 Deaf recovery package	●	●	–	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	–	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	–	●

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

5. Waiting Times Dashboard

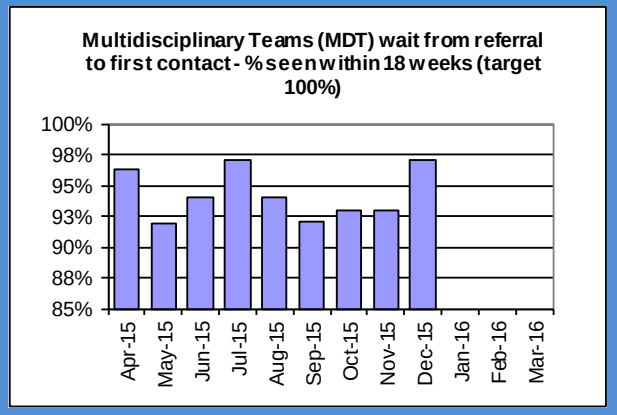
Waiting Times Dashboard - NHS England Commissioned Specialised Services



Month 9 narrative:

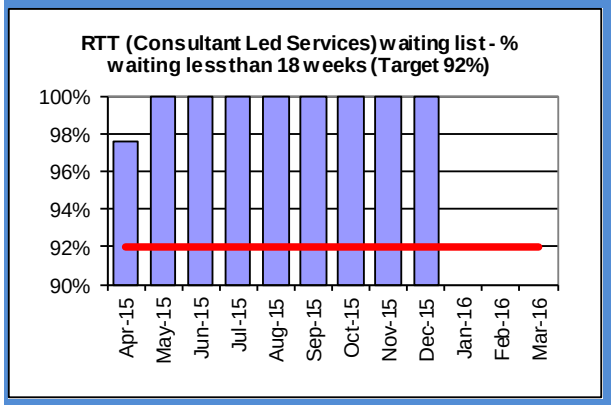
The RTT incomplete waiting times standard was again achieved at 100% in December. The MDT teams waiting times improved in the month (continuing underperformance relates to neuro psychology activity which is not classed as RTT).

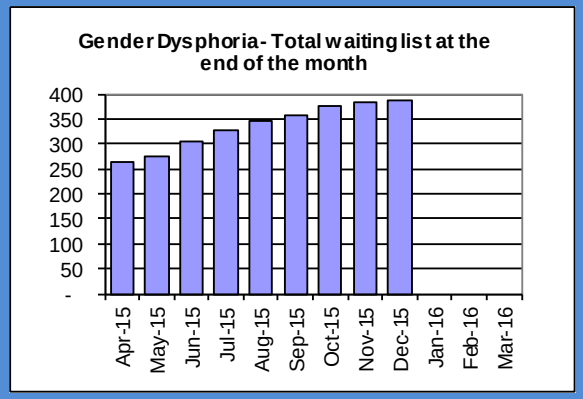
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list growth has slowed in recent months as the plan is operationalised and currently stands at 386 patients (31.12.15) however the waiting times to first contact continue to increase.

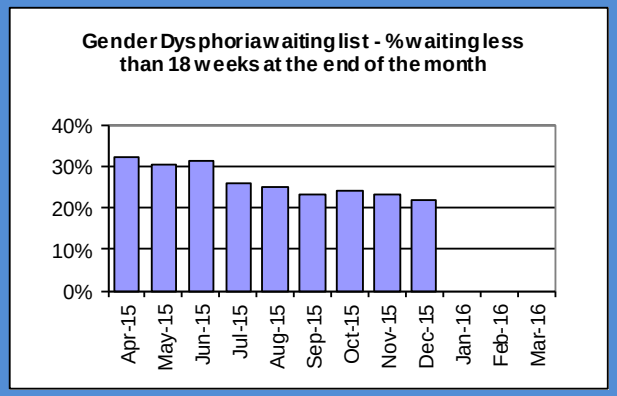


RTT services = neurological rehabilitation and neuropsychiatry

^^ MDT wait data excludes gender dysphoria







Northumberland CCG

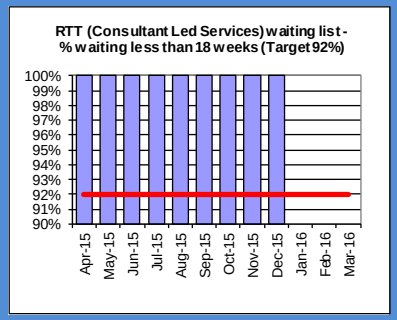
Month 9 narrative:

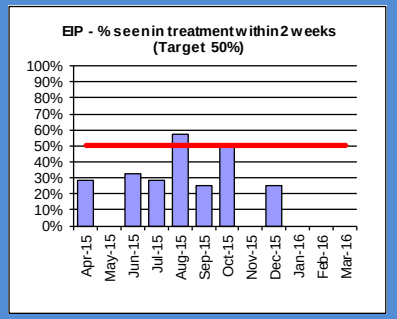
The RTT standard was achieved in the month at 100%. The EIP 2 week standard is currently being measured using first contact after cluster - In December 2015 there were four patients entering treatment using this definition one of which was within 2 weeks of referral.

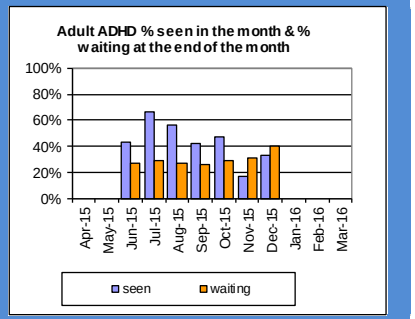
Waiting time by cluster for patients entering treatment in the quarter is included below . the long reported wait for cluster 1 relates to one service user, this is to be explored further.

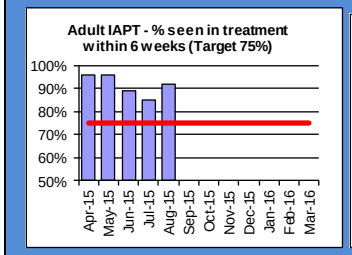
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks, although the figures have improved this month.

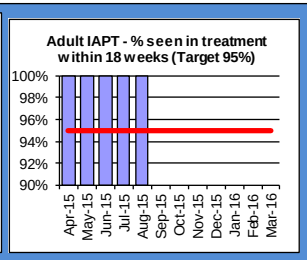
CYPs waiting times in the month have slightly decreased.

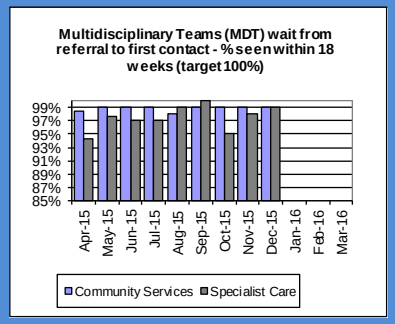


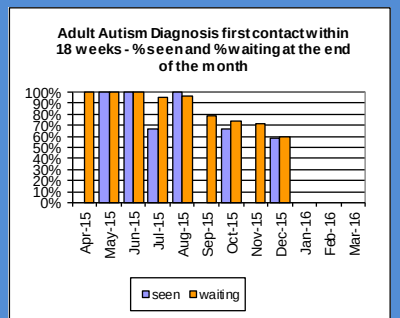


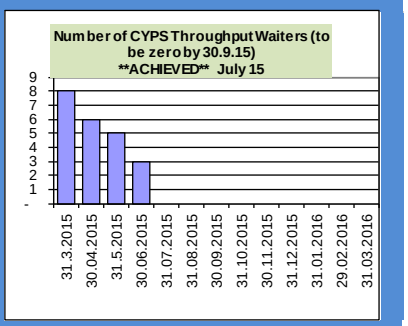


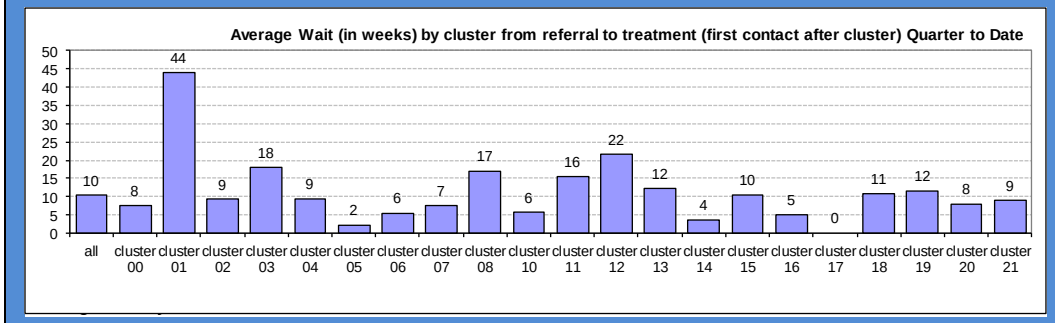


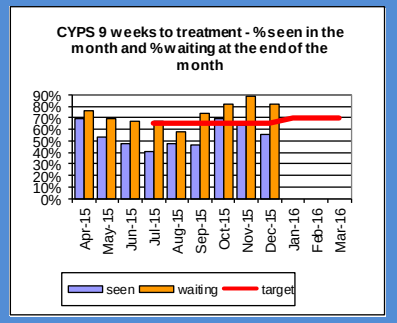


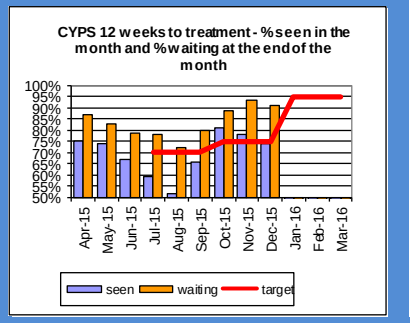












North Tyneside CCG

Month 9 narrative:

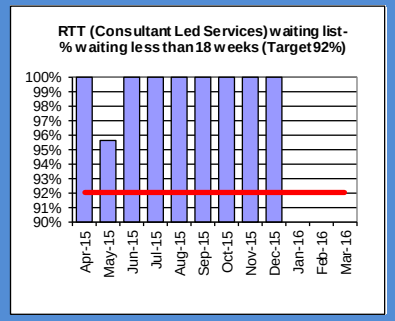
The RTT standard was achieved in the month.

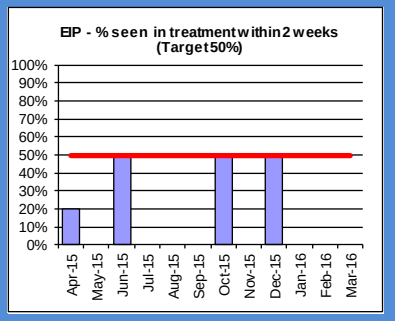
The EIP 2 week standard is currently measured using first contact after cluster and in December 2015 there were four patients entering treatment using this definition - two of which were within 2 weeks of referral hitting the 50% target.

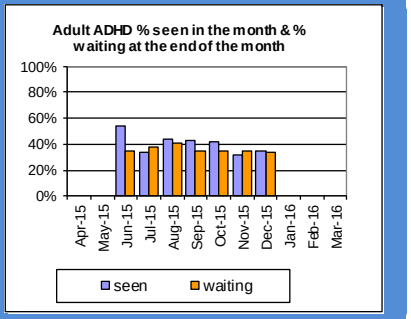
Waiting time by cluster for patients entering treatment in the quarter is included below - the reported very long wait for cluster 15 relates to one service user and is to be explored further.

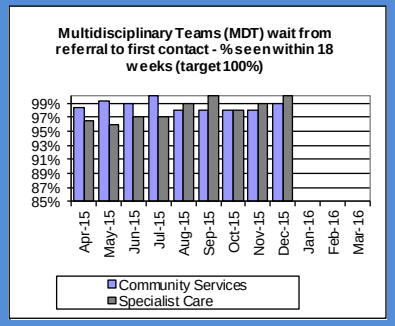
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

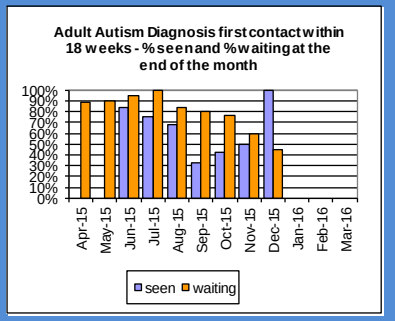
The CYPS waitig times are reported for information only as there is no CQUIN target relating to CYPS services provided in North Tyneside (Intensive Eating Disorders and Intensive Community Treatment services only).





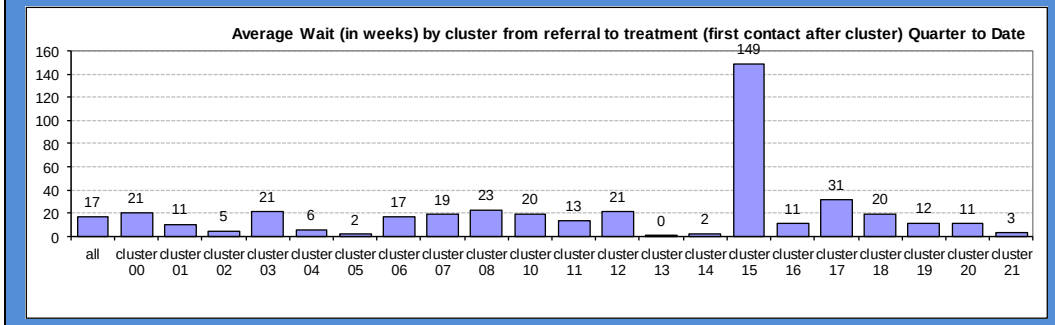


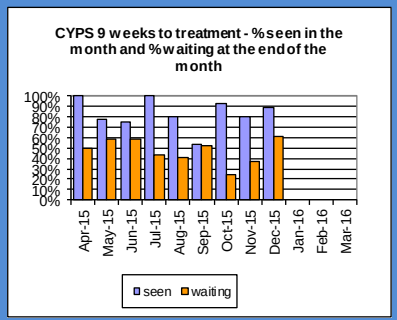


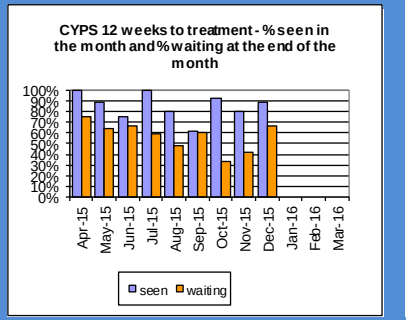


Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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







Newcastle

Month 9 narrative:

The RTT standard was achieved in the month.

The EIP 2 week standard is currently measured using first contact after cluster - In December 2015 there were three patients entering treatment using this definition - none of which were within 2 weeks of referral.

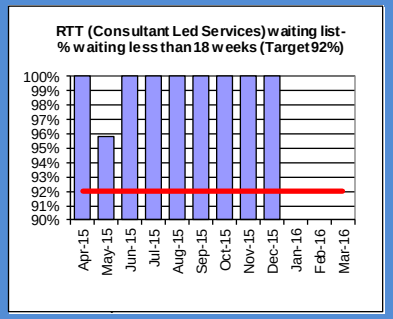
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

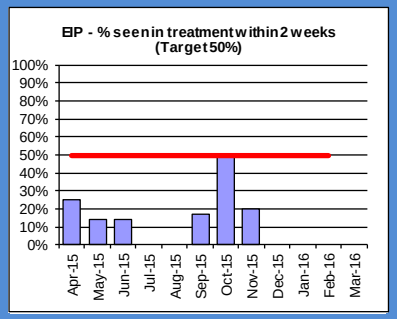
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

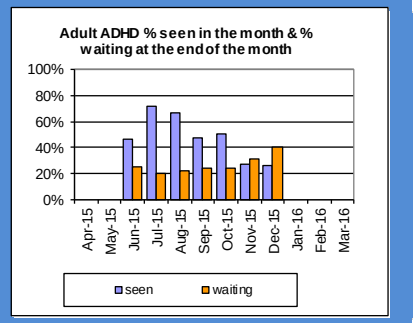
The adult autism diagnosis team waiting list has improved in the month to 42% waiting less than 18 weeks at the end of the month.

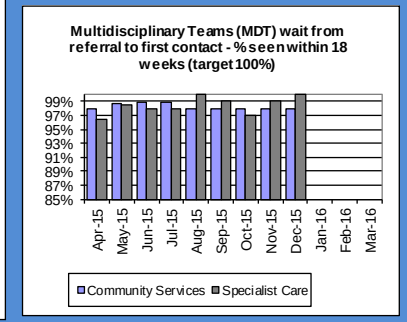
CYPS 12 week incomplete waiting times improved in the month.

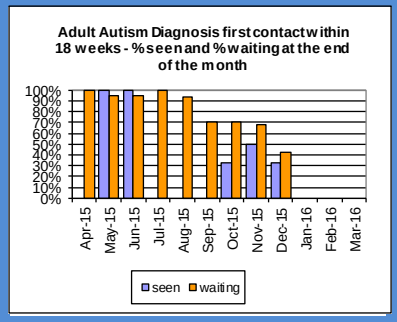
There are no longer any throughput waiters therefore this element of the CQUIN has been achieved.

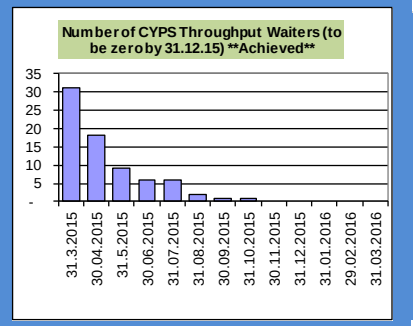


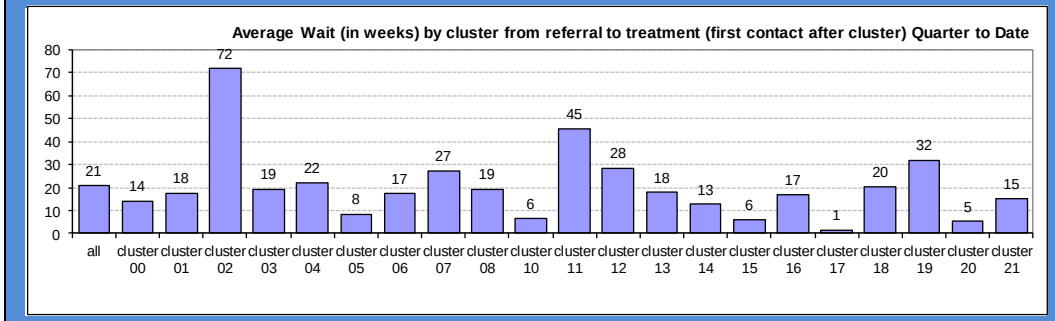


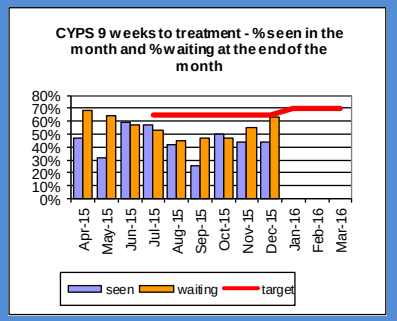


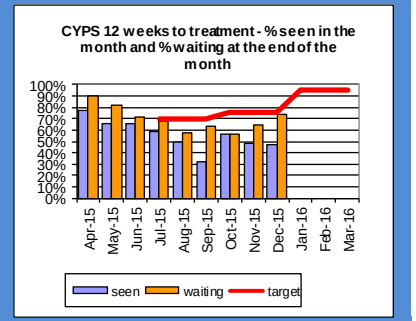












Gateshead

Month 9 narrative:

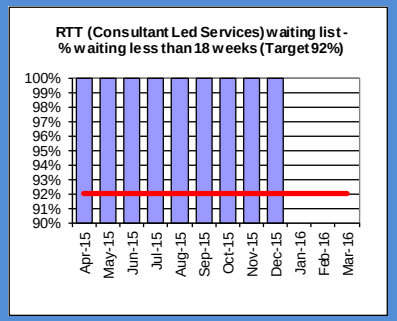
The RTT standard was achieved in the month.

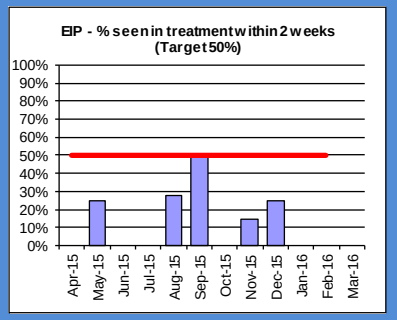
The EIP 2 week standard is currently measured using first contact after cluster - In December there were four patients entering treatment using this definition - one of which was within 2 weeks of referral

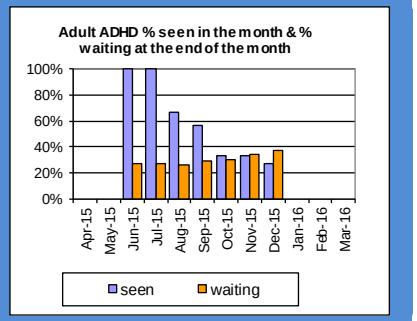
Waiting time by cluster for patients entering treatment in the quarter is included below - any very long waits are potentially data quality issues and are to be explored further.

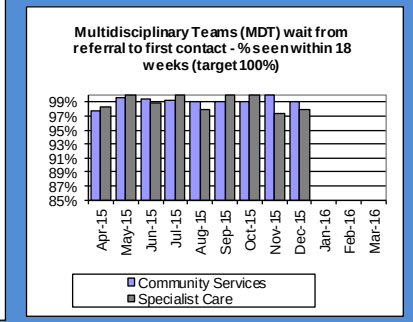
Adult ADHD waiting times data is included from June onwards, highlighting improvements throughout the year in incomplete waits but a deterioration in complete waits.

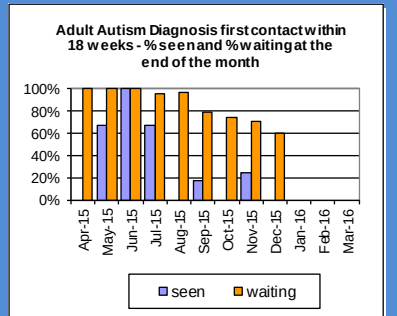
CYPS waiting times have improved in December. There are no longer any throughput waiters therefore this element of the CQUIN has now been achieved.

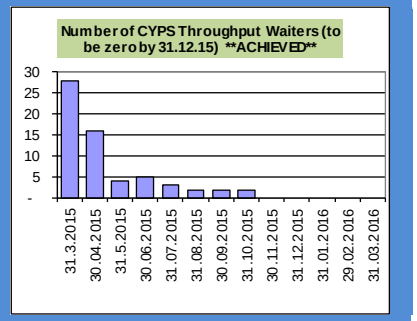


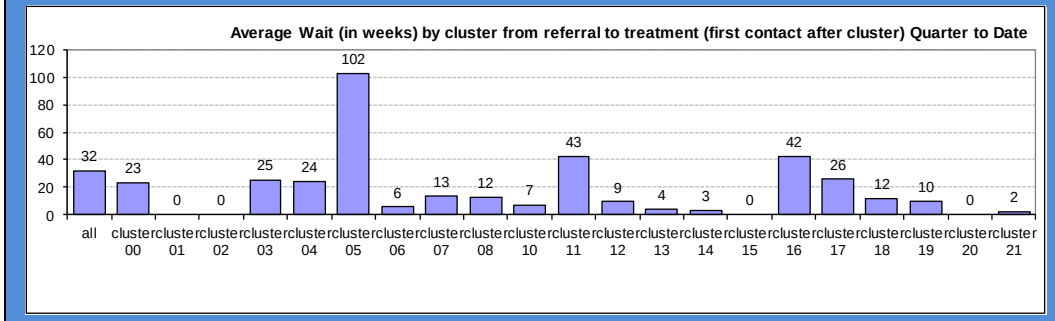


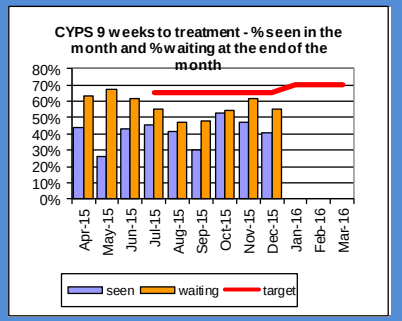


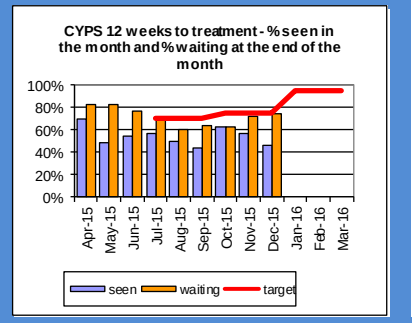












South Tyneside CCG

Month 9 narrative:

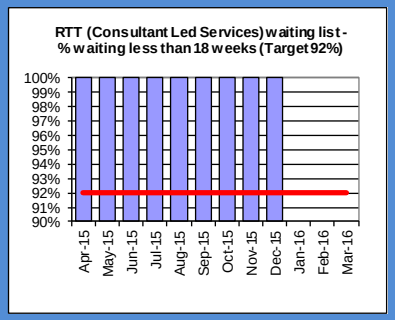
The RTT standard was achieved in the month at 100%.

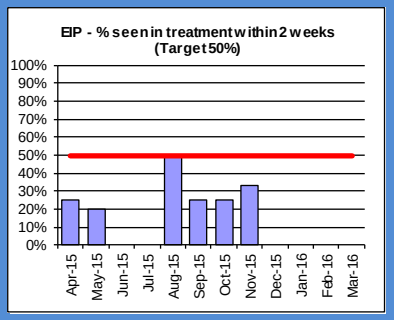
The EIP 2 week standard is currently measured using first contact after cluster and in December 2015 there were three patients entering treatment using this definition - none of which was within 2 weeks of referral.

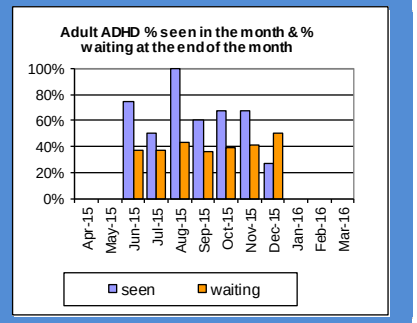
Waiting time by cluster for patients entering treatment in the quarter is included below - nb any very long waits are potentially data quality issues and are to be exlored further.

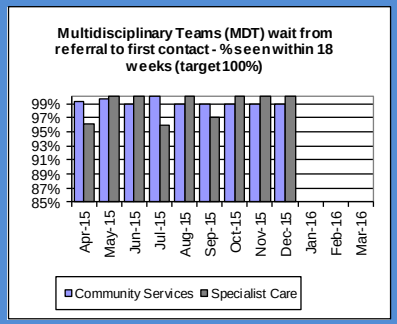
Adult ADHD waiting times data is included from June onwards.

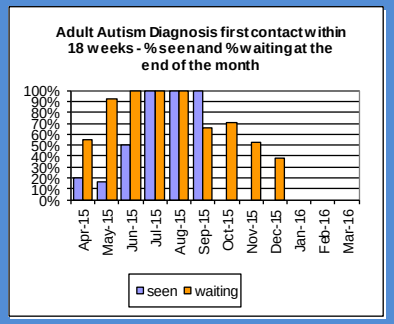
CYPS 9 and 12 week incomplete waiting times have improved in the month and there are no longer any througput therefore this element of the CQUIN has now been achieved.

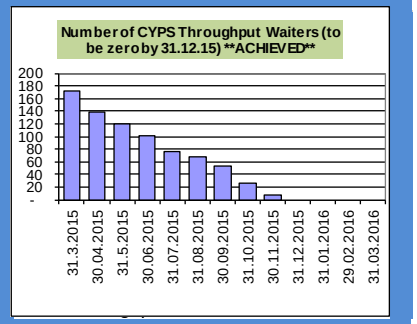


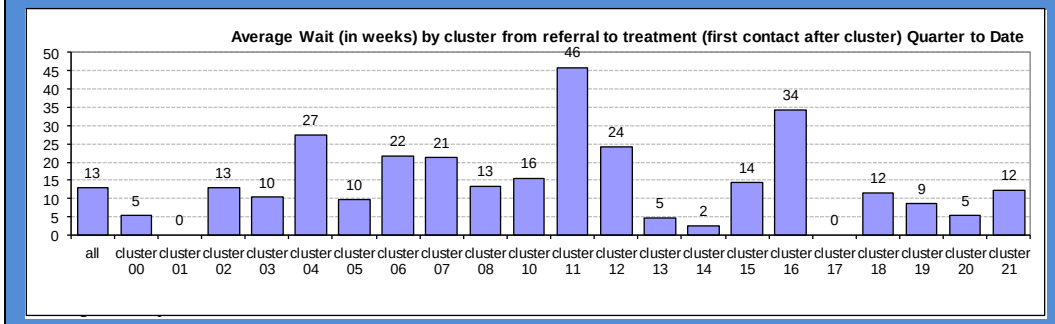


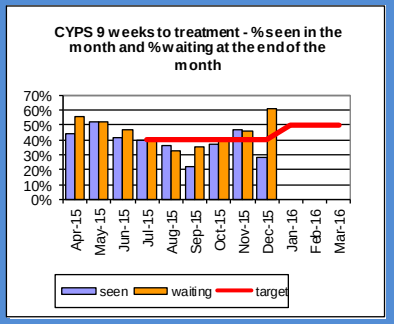


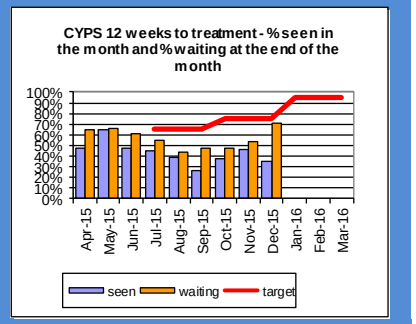








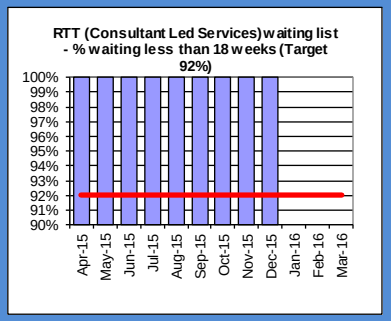


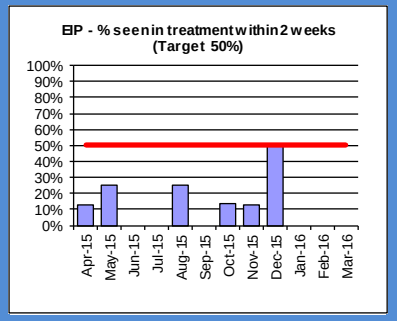


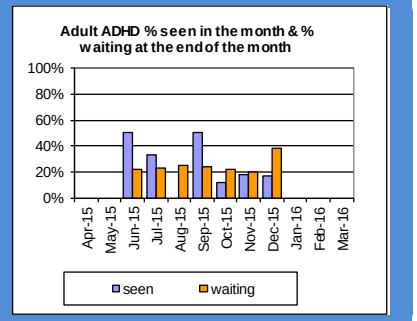
Sunderland CCG

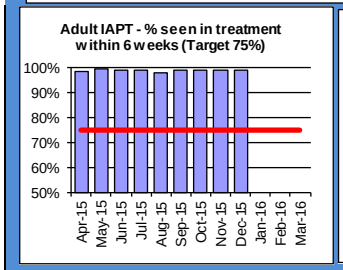
Month 9 narrative:

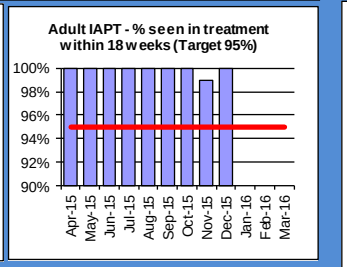
The RTT and IAPT standards were achieved in the month. The EIP 2 week standard is currently measured using first contact after cluster and in December 2015 there were eight patients entering treatment using this definition - four of which was within 2 weeks of referral reaching 50% target.
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. Very few of the adult ADHD patients first seen in December were seen within 18 weeks of referral.
CYPS 9 and 12 week incomplete waiting times improved in the month and there are no longer any throughput waiters therefore this element of the CQUIN has been achieved.
The cluster 06 average 40 week wait to first contact after cluster relates to two service users with long reported waits - these are being investigated further.

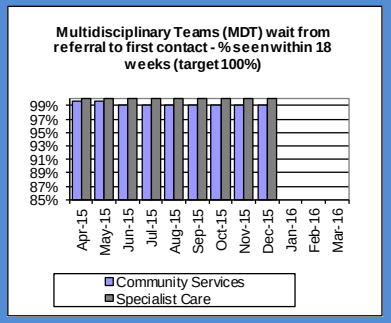


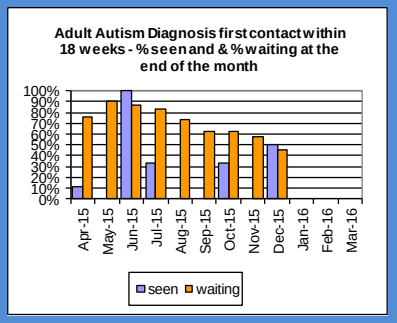


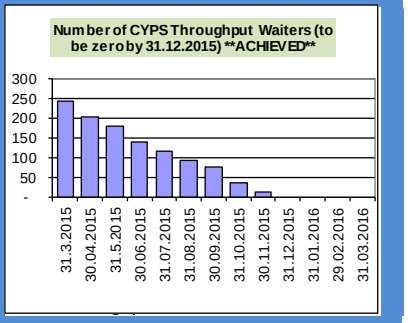


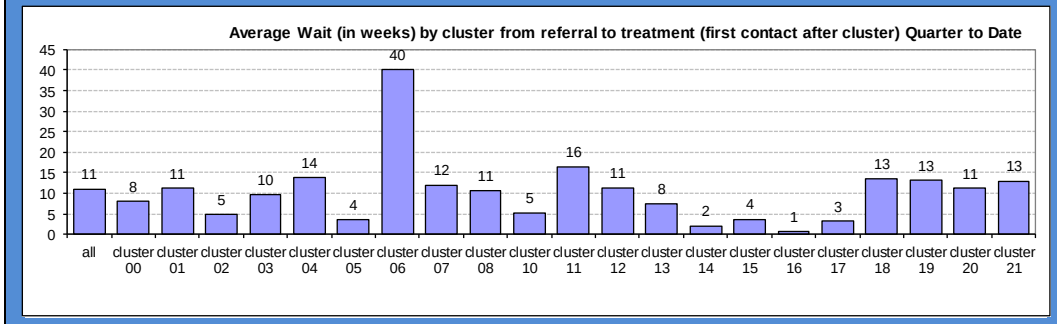


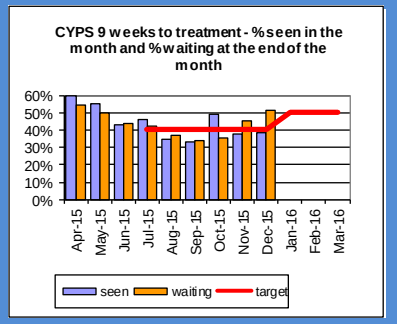


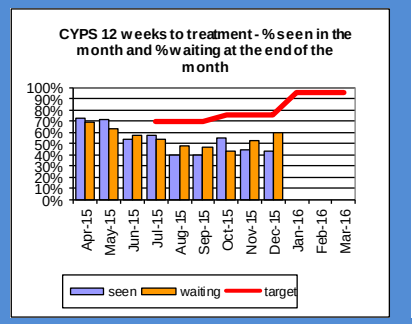












6. Workforce Dashboard

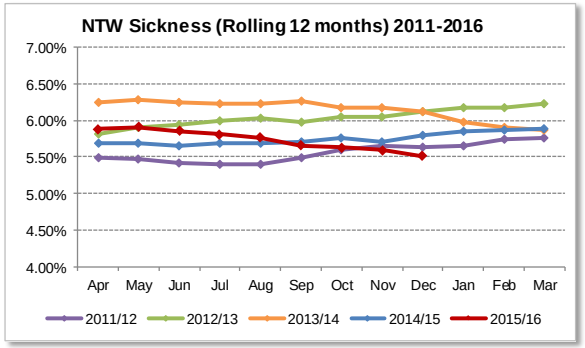
Workforce Dashboard

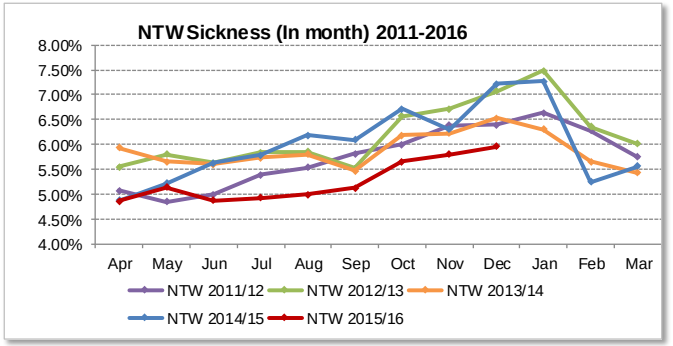
Training	Target	M9 position		Trend	Forecast position
Fire Training	90%	90.7%			91%
Health and Safety Training	90%	95.1%			95%
Moving and Handling Training	90%	95.5%			95%
Clinical Risk Training	90%	87.5%			90%
Clinical Supervision Training	90%	82.0%			83%
Safeguarding Children Training	90%	93.5%			94%
Safeguarding Adults Training	90%	92.7%			93%
Equality and Diversity Introduction	90%	93.2%			93%
Hand Hygiene Training	90%	91.8%			92%
Medicines Management Training	90%	87.0%			87%
Rapid Tranquilisation Training	90%	85.6%			85%
MHCT Clustering Training	90%	87.6%			88%
Mental Capacity Act Training	90%	85.5%			86%
Mental Health Act Training	90%	82.4%			84%
Deprivation of Liberty Training	90%	83.7%			85%
Seclusion Training	90%	91.7%			92%
Dual Diagnosis Training (80% target)	80%	85.0%			85%
PMVA Basic Training	90%	77.9%			78%
PMVA Breakaway Training	90%	74.5%			75%
Information Governance Training	90%	88.9%			90%
Records and Record Keeping Training	90%	97.4%			98%

Behaviours and Attitudes	Target	M9 position		Trend	Forecast position
Appraisals	90%	84.2%			90%
Disciplinaries (new cases since 1/4/15)		145			
Grievances (new cases since 1/4/15)		32			
Recruitment, Retention & Reward					
Corporate Induction	100%	100.0%			100%
Local Induction	100%	97.3%			97%
Staff Turnover	<10%	8.2%			<10%
Current Headcount		6187	N/A	N/A	N/A
Best Use of Resources					
Agency Spend		£1,075,000			
Admin & Clerical Agency (included in above)		£189,000			
Overtime Spend		£238,000			
Bank Spend		£720,000			
Managing Attendance					
In Month sickness	<5%	5.96%			
Short Term sickness (rolling)		1.39%			
Long Term sickness (rolling)		4.12%			
Average sickness (rolling)	<5%	5.51%			

	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





7. Finance Dashboard

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

I and E Variance

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

Balance Sheet

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

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

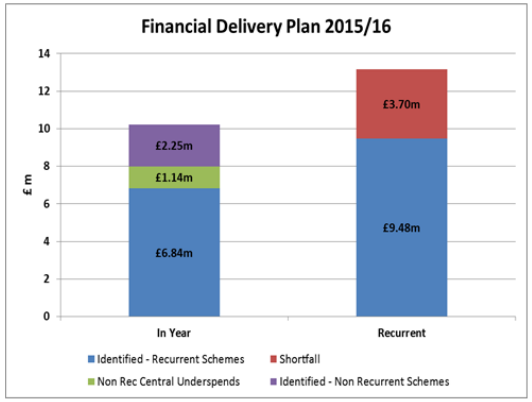
Key Issues

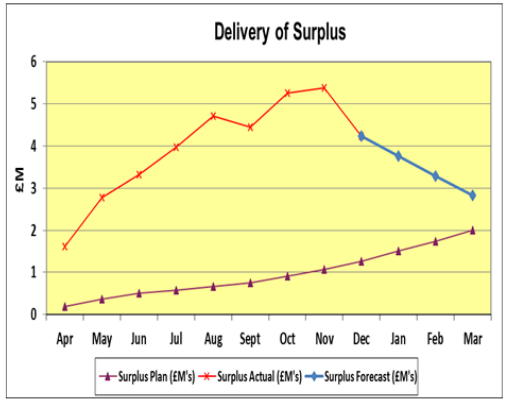
•Risk rating is a 4 & I&E position is above plan at Month 9

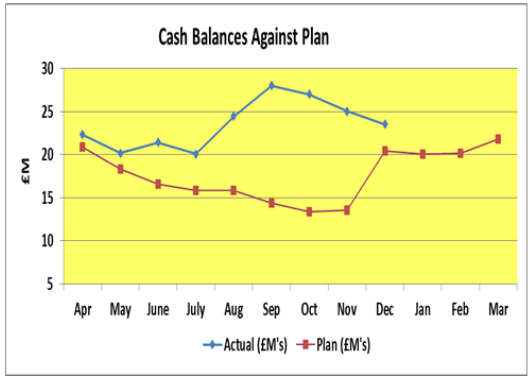
•Year-end forecast rating is a 4 & forecast surplus is £1.5m above plan.

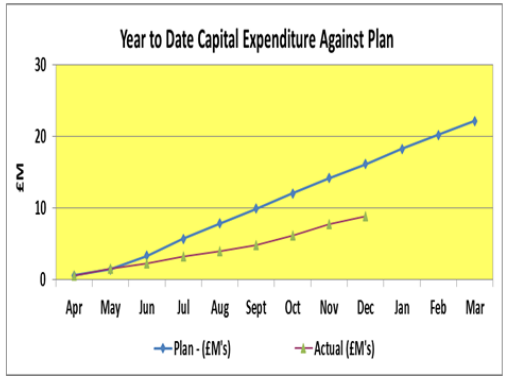
•The main pressures/risks to delivery are staff overspends in Specialist Care and achieving FDP savings.

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









8. Contract Summary Dashboards

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

11 **NORTHUMBERLAND CCG (100.0%)**

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

Comments:

All targets met in December 2015

Areas for improvement

Metric ID	Ref	Metric Name

Report Date: 11/01/2016 11:50:25

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

Comments:

All targets met in December 2015

Areas for improvement

Metric ID	Ref	Metric Name	Overall

Report Date: 11/01/2016 11:50:40

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

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

Comments:

All targets met in December 2015

Areas for improvement

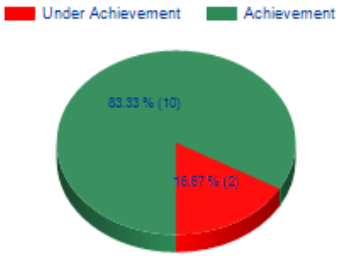
Metric ID	Ref	Metric Name

Report Date: 11/01/2016 11:50:20

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



SUNDERLAND CCG (83.3%)

Comments:

In December 2015 all targets were achieved with the exception of two standards relating to the numbers of IAPT service users entering treatment (503 against target of 534) & moving to recovery (standard = 50%).

Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland	503 ✗	503 ✗
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland	47.7% ✗	47.7% ✗

Report Date: 11/01/2016 11:50:16

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

8 **DARLINGTON CCG (100.0%)**

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

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

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

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

Comments:

There are a small number of areas of underperformance in December at CCG level, however at overall contract level all standards are achieved.

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

In each incidence the underperformance related to one patient.

Areas for improvement

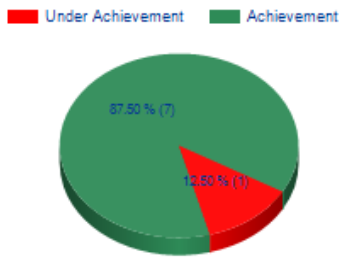
Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES,	NORTH DURHAM	HARTLEPOOL AND	SOUTH TEES CCG	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	93.8% ✗	95.5% ✓	100.0% ✓	100.0% ✓	96.7% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0% ✓	100.0% ✓	94.1% ✗	100.0% ✓	100.0% ✓	98.0% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	100.0% ✓	93.3% ✗	100.0% ✓	100.0% ✓	97.4% ✓

Report Date: 11/01/2016 11:50:20

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



Comments:

The underperformance on CPA 12 month review is due to one patient .

Areas for improvement

Metric ID	Ref	Metric Name	Overall
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	83.3% ✖

Report Date: 11/01/2016 11:50:16

9. Principal Community Pathways Benefits Realisation Dashboards

DRAFT

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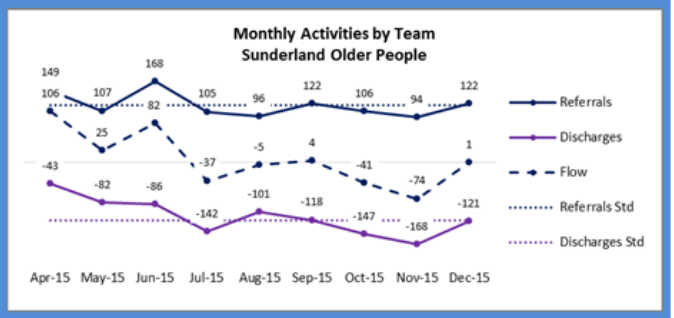
Sunderland Older People Benefits Realisation Dashboard

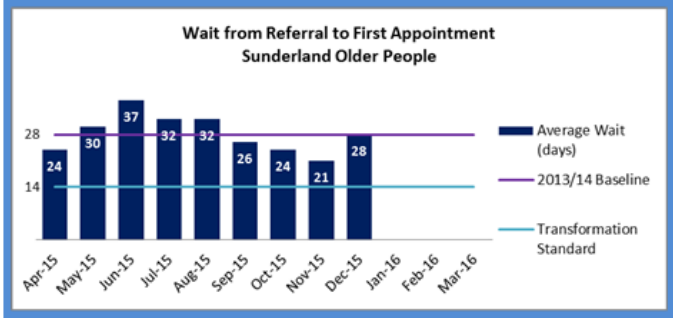
Key points to note:

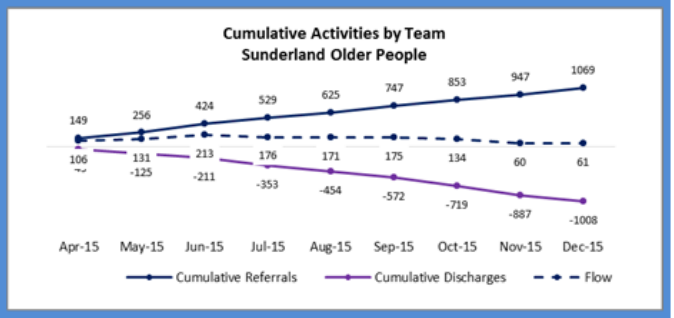
In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording and the December information represents actual data recorded.

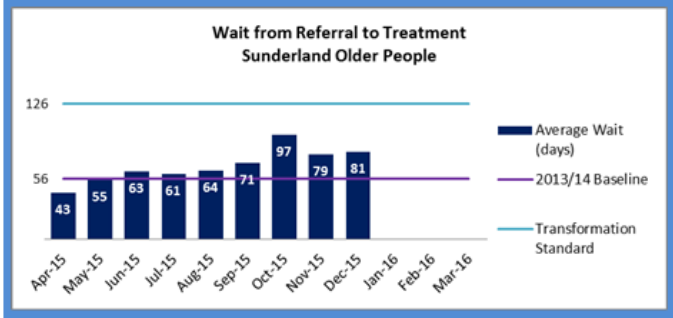
Waiting times have increased in December for first contact and wait to treatment. Wait to first contact is in line with the 2013/14 baseline but above the aspirational standard. Wait to treatment is above the 2013/14 position but continues to be well below the aspirational standard.

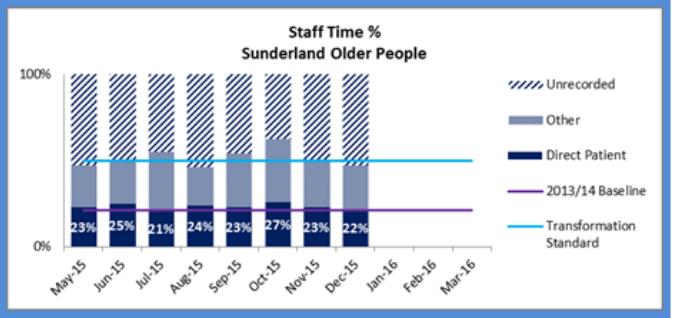
Patient contact time is in line with previous months and is well below the transformation target of 50%. Actual recording of time continues to be problematic.

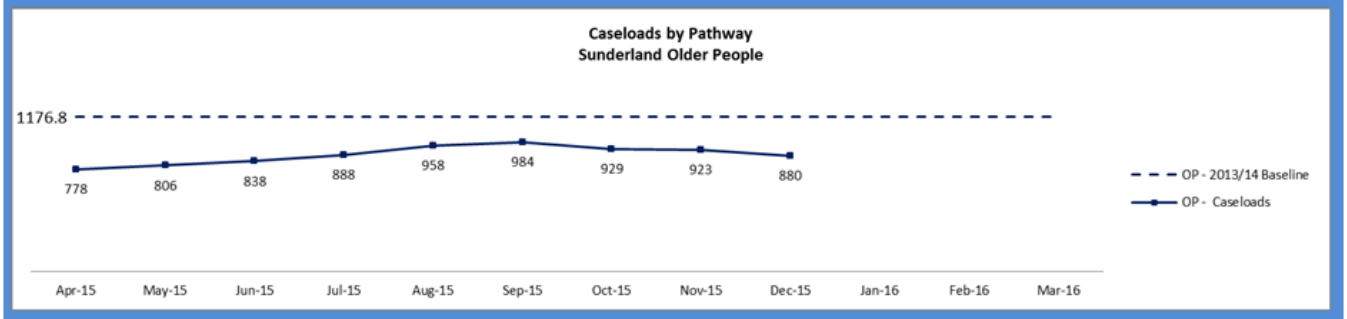












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South Tyneside Psychosis/Non-Psychosis Benefits Realisation dashboard
Key points to note:
In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording the and December information represents actual data recorded.
Waiting time to first contact reduced in December but still remains above the 2013/14 baseline and the aspirational standard. Waiting time to treatment has deteriorated in December and now stands above the baseline and standard.
Patient contact time is in line with previous months and is well below the transformation target of 50%. Actual recording of time continues to be problematic.
Monthly Activities by Team
South Tyneside Psychosis/Non-Psychosis
Referrals
Discharges
Flow
Referrals Std
Discharges Std
Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15
Wait from Referral to First Appointment
South Tyneside Psychosis/Non-Psychosis
Average Wait (days)
2013/14 Baseline
Transformation Standard
Cumulative Activities by Team
South Tyneside Psychosis/Non-Psychosis
Cumulative Referrals
Cumulative Discharges
Flow
Wait from Referral to Treatment
South Tyneside Psychosis/Non-Psychosis
Average Wait (days)
2013/14 Baseline
Transformation Standard
Staff Time %
South Tyneside Psychosis/Non Psychosis
Unrecorded
Other
Direct Patient
2013/14 Baseline
Transformation Standard
Caseloads by Pathway
South Tyneside Psychosis/Non-Psychosis
NP - 2013/14 Baseline
NP - Caseloads
P - 2013/14 Baseline
P - Caseloads

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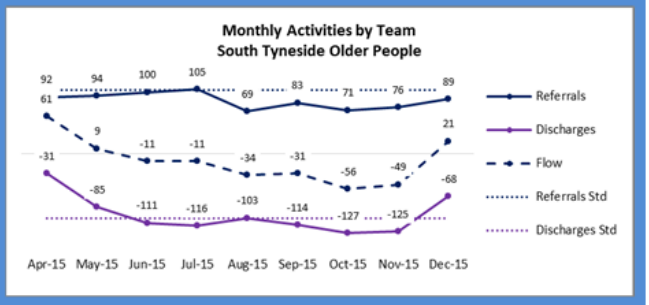
South Tyneside Older People Benefits Realisation dashboard

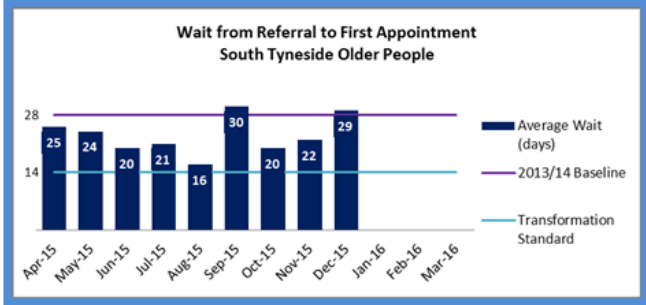
Key points to note:

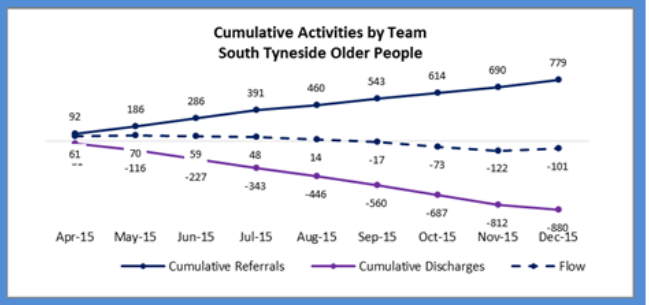
In previous months in order to address data quality issues some elements of data have been excluded from reports. Significant work has been undertaken with the teams to improve recording and the December information represents actual data recorded.

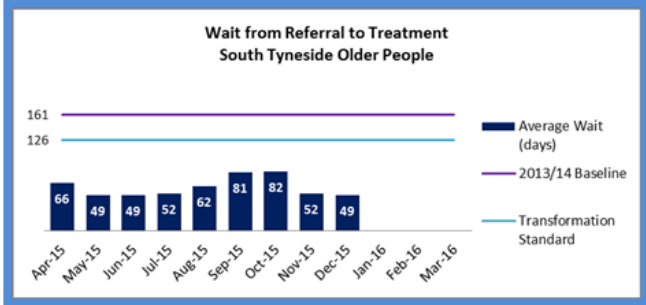
Waiting time to first contact has increased in December and now stands above the 2013/14 baseline and the aspirational standard. Wait to treatment is in line with previous months and is showing a significant improvement on the baseline and aspirational standard.

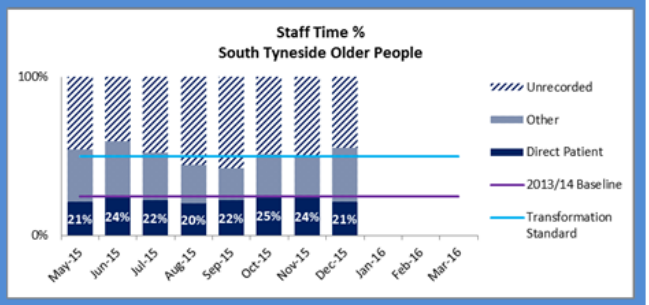
Patient contact time dipped slightly in December and is well below the transformation target of 50%. Actual recording of time continues to be problematic.

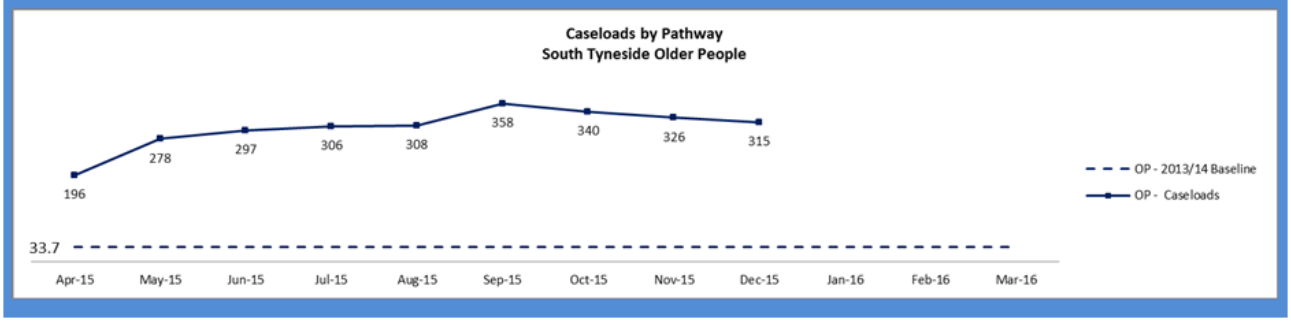












Agency Dashboard – January 2016

Key issues

- Monitor introduced capped rates for Agency staff in November and a requirement to use approved suppliers for agency nursing.
- There is also a ceiling on qualified nursing agency spend of 3%. Trust spend is below this at 1.9%
- Currently breaching cap for a small number of shifts each week.
- Currently no medical agency cap breaches
- Cap rates reduce at 1st February
- 5 agency medics have just reduced down to February rates which leaves 8 currently above new rates.
- Trust currently using an off framework provider for 75% of nursing agency. These will be reported as breaches from 18 January if Monitor don't change their recent decision not to approve our use of this supplier.
- From April must use framework suppliers for all staff groups – Trust complies with this except for main nursing agency supplier

Monitor Agency Cap Breaches (Number of shifts)

Staff Group	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8
Medical	13	-	-	-	-	-	-	-
Nursing	4	5	5	4	4	4	3	3
Psychology	5	10	10	5	7	-	7	8

- Wk1 = w/c 23 November
- Wk8 = w/c 11 January
- Nursing relates to ECT sessions at Tranwell Unit.
- Psychology sessions relate to CYPS.

Nursing Agency – Monitor Ceiling

Year to date - Mth 9	£m
Spend on Qualified Agency Nursing	1.0
Spend on Qualified Nursing	50.9

Agency spend as % of total spend	1.9%
Monitor Limit	3.0%

NTW - Temporary Staffing Spend – up to Dec 15

	YTD Mth 9
	Agency
Staff Group	£m
Medical	3.0
Nursing	3.4
A&C	1.4
Other	1.7
	9.5

	Year to date - Mth 9			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	3.0	3.3	1.4	7.7
Community	3.6	0.7	0.2	4.5
Inpatients	1.9	2.9	0.2	5.0
Support Services	0.9	0.0	0.4	1.3
	9.5	6.9	2.2	18.6