

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 May 2015

Title and Author of Paper: Performance Report (Month 1). Lisa Quinn, Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Monitor Risk Assessment Framework - Governance risk rating Green (lowest risk) and Continuity of Services Risk Rating of 3 **(pages 3 & 4)**
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at 2014/15 quarter 4 **(page 5)**
- Quality Dashboard – at M1 the Trust continues to have full compliance with all of the CQC essential outcomes of quality and safety **(page 6)**. All 2015/16 CQUIN indicators have been rated Green for month 1.
- Serious Incidents – there were 12 Serious Incidents reported in Month 1 which is the same number as the previous month **(page 6)**
- Complaints – there were 24 complaints received in Month 1 which is a decrease from 30 the previous month **(page 6)**
- Waiting Times – a waiting times dashboard is included within the report (nb waiting times data will be provided at CCG level from June 2015 onwards) **(page 7)**
- Workforce Dashboard – JDR/PDP rates have increased to 82.5% (82.1% last month) and remain below the expected minimum of 90%. Sickness absence has decreased to 4.86% in April 2015 from 5.57% the previous month **(page 8)**
- Finance Dashboard - At Month 1, the Trust had a risk rating of 3 and a surplus of £1.6m which was £0.9m ahead of plan. The Trust currently expects to deliver its planned surplus for the year. However, the Trust faces some key financial risks which need to be managed to achieve this. These include pressures around staff costs and income under-recovery in Specialist Care and achieving the savings required from the Financial Delivery Programme. The Trust's cash balance at the end of Month 1 was £22.3m which was £1.4m above plan. The year-end cash balance is forecast to be in line with plan **(page 9)**
- Contract performance – dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 1 **(pages 10-15)**

Outcome required: for information only



Integrated Performance And Assurance Report

Shining a light on the future



Contents

Sections	Page Number
1. Monitor Risk Assessment Framework Requirements.....	3
2. Monitor Indicator Trends.....	4
3. NHS Outcomes Framework	5
4. Quality Dashboard.....	6
5. Waiting Times Dashboard.....	7
6. Workforce Dashboard.....	8
7. Finance Dashboard.....	9
8. Contract Summary Dashboards.....	10

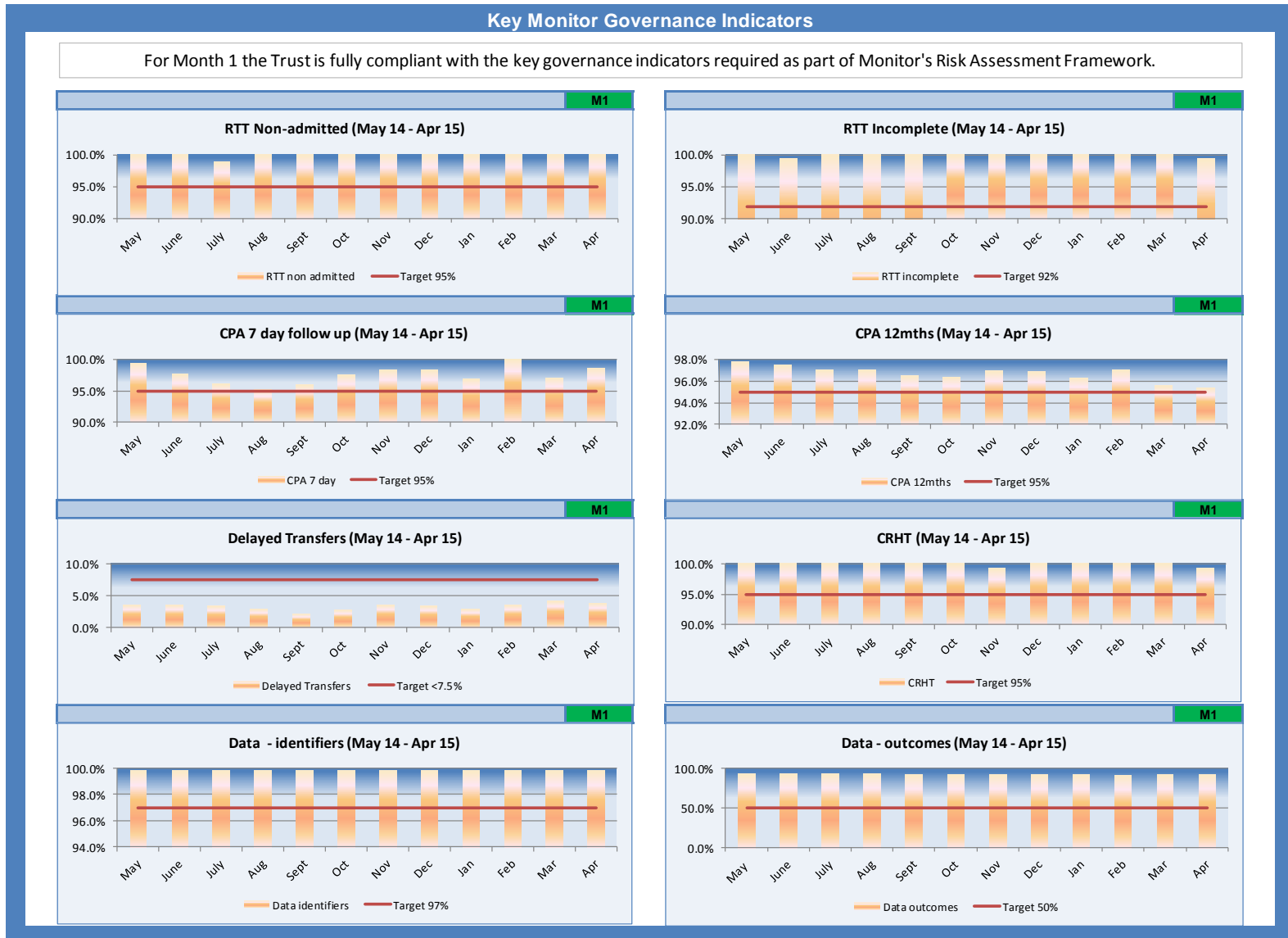
1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 4 position	Current position (M1)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Finance Risk Rating		3	3		—	3
Referral to treatment waiting times - non-admitted	95%	100.0%	100.0%	●	—	100.0%
Referral to treatment waiting times - incomplete	92%	100.0%	99.5%	●	▼	99.5%
CPA 7 day follow up	95%	98.0%	98.6%	●	▲	98.6%
CPA review within 12 months	95%	95.6%	95.4%	●	▼	95.4%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.1%	3.9%	●	▲	3.9%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	100.0%	99.3%	●	▼	99.3%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	—	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	91.7%	91.5%	●	▼	91.5%
Self certification against LD access requirements	Green	Green	Green	●	—	Green
Clostridium Difficile - meeting the C Diff objective	0	0	0	●	—	0
MRSA - meeting the MRSA objective	0	0	0	●	—	0
Risk of, or actual, failure to deliver Commissioner Requested Services	No	No	No	●	—	●
CQC compliance action outstanding	No	No	No	●	—	●
CQC enforcement action within the last 12 months	No	No	No	●	—	●
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	●	—	●

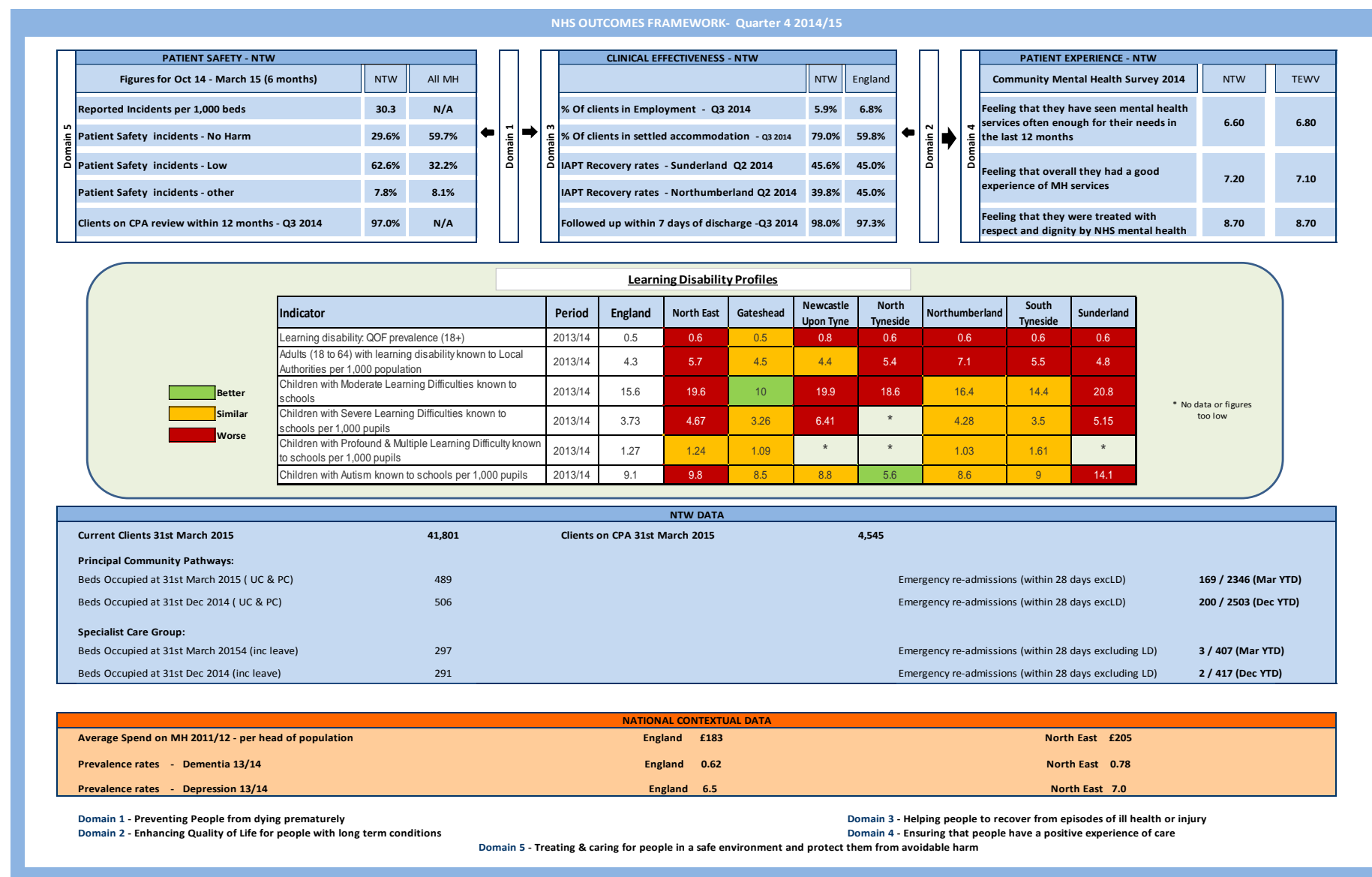
At Month 1 all Monitor Risk Assessment Framework governance requirements have been met.

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

2. Monitor Indicator Trends



3. NHS Outcomes Framework



4. Quality Dashboard

Quality Dashboard				
CQC Fundamental Standards	Target	M1 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)	●	●	●	●

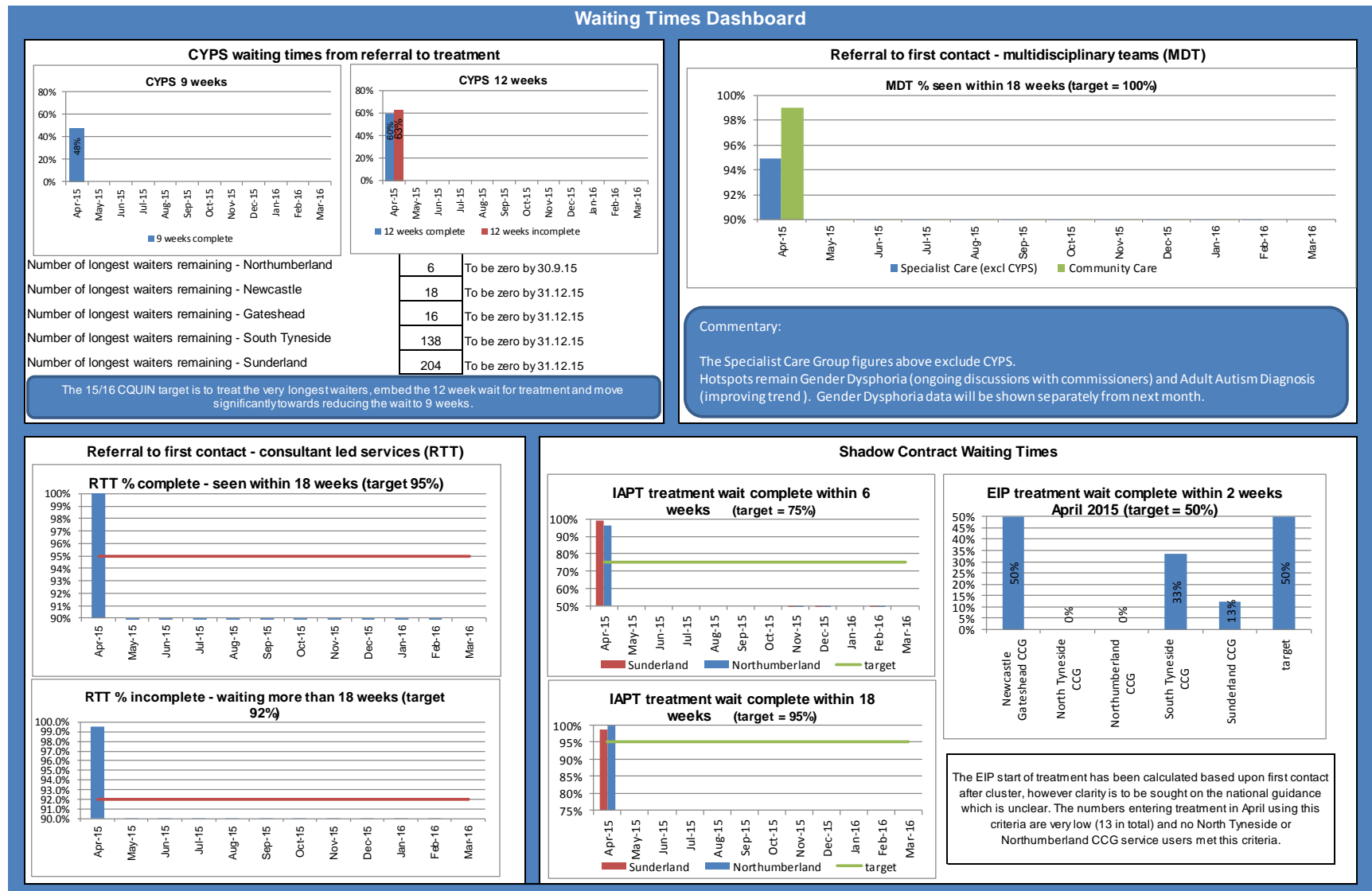
Quality Priorities 2015/16 (Internal)	Target	M1 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To embed enhanced risk assessment/management training and review the quality of the recording of the FACE risk tool	●	●	—	●
Goal 2 - Improve the way we relate to patients and carers				
1. Improve inpatients meals	●	●	—	●
2. To improve waiting times for MDT's	●	●	—	●
3. To improve communication to, and information of carers and families	●	●	—	●
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 suppression rates of PROMs (SWEMWEBS)	●	●	—	●

CQUIN 2015/16	Target	M1 position	Trend	Forecast position
Physical Healthcare (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Physical Healthcare (Sunderland)	●	●	—	●
CYPS waiting times - Northumberland	●	●	—	●
CYPS waiting times - Newcastle & Gateshead	●	●	—	●
CYPS waiting times - South Tyneside	●	●	—	●
CYPS waiting times - Sunderland	●	●	—	●
Carers (Northumberland, North Tyneside, Newcastle & Gateshead, South Tyneside)	●	●	—	●
Carers (Sunderland)	●	●	—	●
Liaison (North Tyneside only)	●	●	—	●
NHS ENGLAND only:				
Physical healthcare (NHS England)	●	●	—	●
MH1 Secure services active engagement programme	●	●	—	●
MH3 Deaf recovery package	●	●	—	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	—	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	—	●

Patient Safety Indicators	M1 position
Number of Serious Incidents	12
Number of Complaints	24







●	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



6. Workforce Dashboard







Workforce Dashboard

Statutory and Mandatory Training	Target	M1 position		Trend	Forecast position
Fire Training	90%	89.6%			90%
Health and Safety Training	90%	92.5%			93%
Moving and Handling Training	90%	94.6%			95%





Job Related Essential Training					
Clinical Risk Training	90%	91.0%			91%
Clinical Supervision Training	90%	83.7%			85%
Safeguarding Children Training	90%	95.8%			96%
Safeguarding Adults Training	90%	94.8%			95%
Equality and Diversity Introduction	90%	91.4%			92%
Hand Hygiene Training	90%	91.0%			91%
Medicines Management Training	90%	84.9%			84%
Rapid Tranquilisation Training	90%	83.9%			84%
MHCT Clustering Training	90%	93.6%			95%
Mental Capacity Act Training	90%	81.3%			82%
Mental Health Act Training	90%	81.7%			82%
Deprivation of Liberty Training	90%	81.3%			82%
Seclusion Training	90%	94.5%			95%
Dual Diagnosis Training (80% target)	80%	92.9%			86%
PMVA Basic Training	90%	80.5%			81%
PMVA Breakaway Training	90%	66.9%			67%
Information Governance Training	90%	89.2%			90%
Records and Record Keeping Training	90%	97.4%			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	M1 position		Trend	Forecast position
Appraisals	90%	82.5%			82%
Disciplinarys (new cases since 1/4/15)		12			
Grievances (new cases since 1/4/15)		2			
CRB Checks	N/A	N/A		N/A	N/A

Recruitment, Retention & Reward					
Corporate Induction	100%	100.0%	●	→	100%
Local Induction	100%	92.1%	●	▼	90%
Staff Turnover	<10%	8.0%	●	▼	<10%
Current Headcount		5954	N/A	N/A	N/A

Managing Attendance					
In Month sickness	<5%	4.86%			
Short Term sickness (rolling)		1.69%			
Long Term sickness (rolling)		4.19%			
Average sickness (rolling)	<5%	5.88%			

Best Use of Resources					
Agency Spend		£741,000	●	▼	
Admin & Clerical Agency (included in above)		£13,300	●	▼	
Overtime Spend		£267,000	●	▼	
Bank Spend		£846,000	●	▲	

7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(1,615)	(2,000)
EBITDA	(2,610)	(14,677)
Capital Spend/CRL	569	22,218
Efficiency Plan	214	9,394

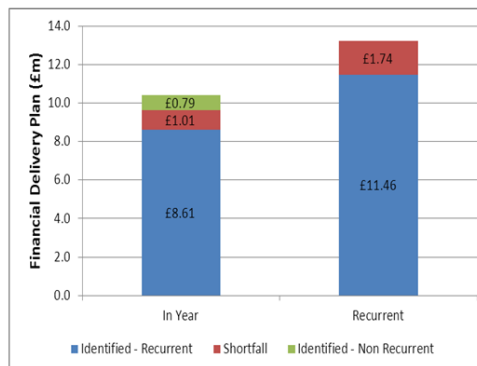
I and E Variance

Directorate	Current £'000	Forecast £'000
Urgent Care	(43)	265
Planned Care	(240)	(372)
Specialist Care	113	3400
Indirect/Support Services Costs	(800)	(2,203)
Other/Reserves	139	(1,090)
Cost of Capital	(61)	0

Balance Sheet

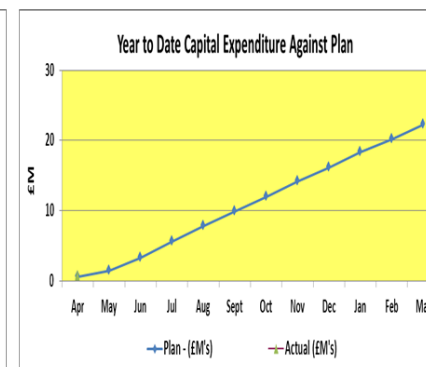
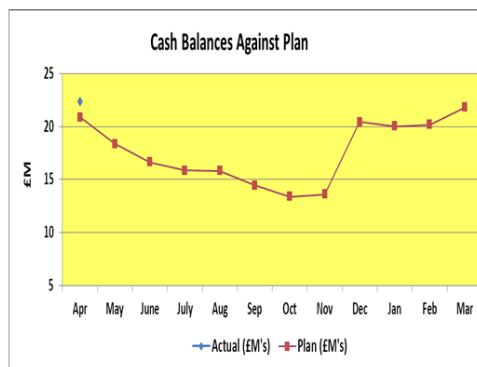
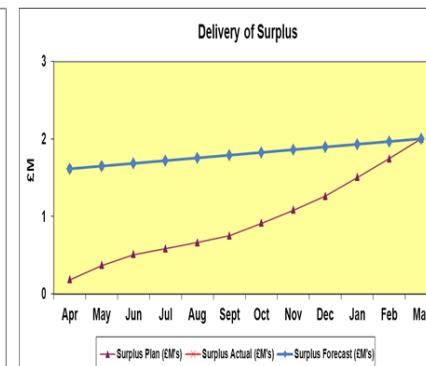
Key Indicators	Current	Forecast
Cash	£22.3m	Green
Loans Drawn	£0.0m	Green
Loans Forecast	£15.1m	Green
Current Ratio	1.4	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.69x	2
Liquidity Ratio	10.1 days	4
Overall Rating		3



Key Issues

- Risk rating is a 3 at Mth1
- Overall Trust I&E position is ahead of plan at Mth1. Forecast in line with plan.
- There are risks to delivery around staff costs & income under-recovery in Specialist Care and from achieving FDP savings.
- Cash position is ahead of plan at Mth 1 and the forecast is in line with plan.



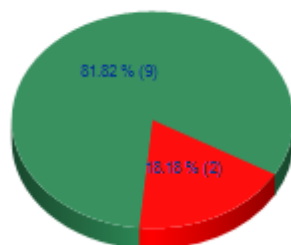
8. Contract Summary Dashboards

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

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

Target Achievement in this period

Under Achievement Achievement



NORTHUMBERLAND CCG (81.8%)



NORTH TYNESIDE CCG (100.0%)

Comments:

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

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

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

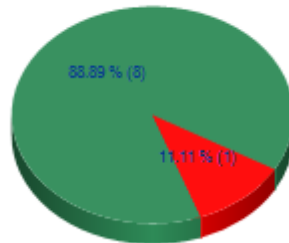
Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE CCG	Overall
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	91.9% ✗	97.7% ✓	94.0% ✗
701078		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Northumberland	42.9% ✗		42.9% ✗

Report Date: 15/05/2015 16:20:11

Target Achievement in this period

Under Achievement Achievement



Comments:

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

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

Areas for improvement

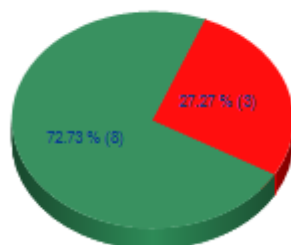
Metric ID	Ref	Metric Name	Overall
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	93.8% ✗

Report Date: 19/05/2015 17:10:16

Target Achievement in this period

 SOUTH TYNESIDE
CCG (66.7%)

 Achievement  Under Achievement









Comments:

There are currently 3 areas where NTW is underperforming against targets for South Tyneside Clients.

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

Areas for improvement

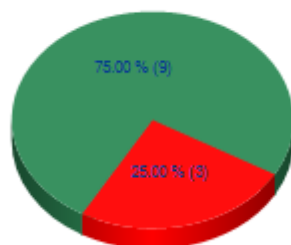
Metric ID	Ref	Metric Name	SOUTH TYNESIDE CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	88.6% 	88.6% 
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	94.1% 	94.1% 
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	92.4% 	92.4% 

Report Date: 15/05/2015 11:10:15

Target Achievement in this period

 **SUNDERLAND CCG (75.0%)**

 Under Achievement  Achievement









Comments:

At April all targets are met at a CCG level with the exception of the targets relating to IAPT .

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

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

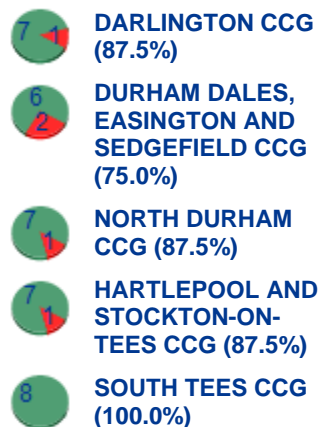
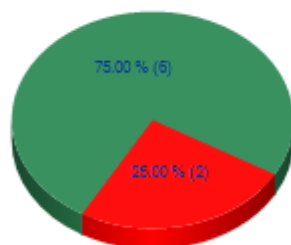
Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
7947		Percentage of IAPT service users with at least two outcome scores recorded	85.1% 	85.1% 
701042		IAPT KPI 4 Sunderland	517 	517 
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland	47.5% 	47.5% 

Report Date: 15/05/2015 16:30:15

Target Achievement in this period

Under Achievement Achievement



Comments:

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

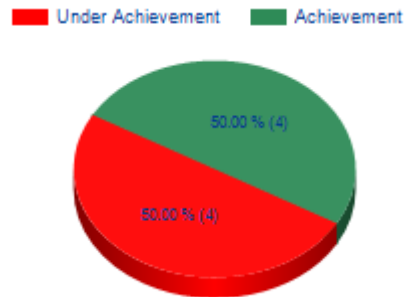
The delayed transfers of care relates to two patients. One has now been discharged and the other is awaiting a suitable Care Home placement.

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	85.2% ✗	91.3% ✓	90.8% ✓	100.0% ✓	90.0% ✓	90.6% ✓
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	89.5% ✗	91.7% ✗	83.3% ✗	100.0% ✓	92.3% ✗
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	0.0% ✓	34.2% ✗	0.0% ✓	0.0% ✓	0.0% ✓	8.2% ✗

Report Date: 15/05/2015 11:05:15

Target Achievement in this period



Comments:

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

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

Areas for improvement

Metric ID	Ref	Metric Name	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	85.7% ✗
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	83.3% ✗
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	20.7% ✗
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	80.0% ✗

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