

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 28 January 2015

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 Green (lowest risk) and Continuity of Services Risk Rating of 4 **(pages 3 & 4)**
- NHS Outcomes Framework – the dashboard is intended to bring together local and national data to allow NTW to benchmark and improve the quality of services we provide. Data reported is as at quarter 3 **(page 5)**
- Quality Dashboard – at M9 the trust continues to have full compliance with all of the CQC essential outcomes of quality and safety **(page 6)**. All CQUIN have been rated Green for M9 with the exception of Physical Health and CYPS Waiting Times due to the amount of effort required in both areas to achieve end of year targets.
- Serious Incidents – there were 17 Serious Incidents reported in Month 9 which is an increase from 13 the previous month **(page 6)**
- Complaints – there were 25 complaints received in Month 9 which is a decrease from 31 the previous month **(page 6)**
- Waiting Times – a draft waiting times dashboard has been again included within the report, including shadow contractual EIP and IAPT targets.
- Workforce Dashboard – JDR/PDP rates are now at 80.7% and remain below the expected minimum of 90%. Sickness absence has increased to 7.22% in December 2014 from 6.38% the previous month **(page 8)**
- Finance Dashboard - At Month 9, the Trust had a risk rating of 4 and a surplus before exceptional items of £6.9m which was £2.4m ahead of plan. It is also forecasting a year-end surplus before exceptional items of £3.7m which is £2.6m ahead of plan. However, the Trust is still facing some key financial pressures including forecast in-patient staffing overspends in Urgent Care (£3.0m) and overspends on medical staffing (£0.6m) as well as a forecast in-year shortfall on savings required from the Financial Delivery Programme (£1.7m). These pressures are currently being offset by non-recurring underspends **(page 9)**
- Contract performance – dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 9 **(pages 10-13)**
- A summary of further performance related items that were considered by the Trust wide Quality and Performance committee on 21st January 2015 is provided **(page 14)**

Outcome required: for information only



Integrated Performance And Assurance Report

Shining a light on the future



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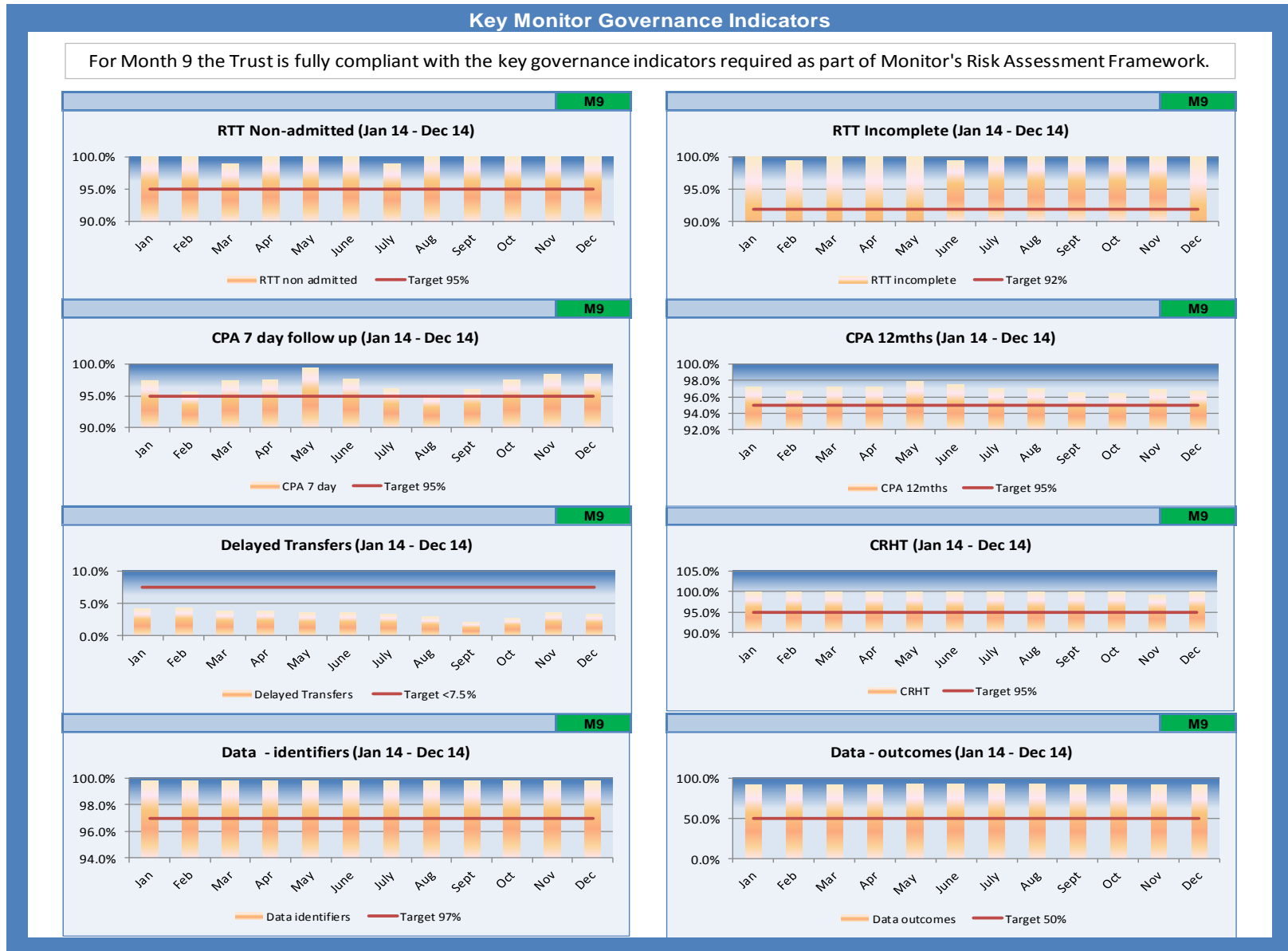
1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 3 position	Current position (M9)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Finance Risk Rating		3	4		—	4
Referral to treatment waiting times - non-admitted	95%	100.0%	100.0%	●	—	99.9%
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	—	99.9%
CPA 7 day follow up	95%	97.8%	98.3%	●	▼	98.5%
CPA review within 12 months	95%	96.8%	96.8%	●	▼	97.0%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.0%	3.4%	●	▲	3.0%
Admissions to inpatient services had access to crisis resolution home treatment teams	95%	99.8%	100.0%	●	▲	99.5%
Data Completeness: 6 indicators	97%	99.8%	99.8%	●	—	100.0%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	91.7%	91.7%	●	—	92.0%
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	●	—	●

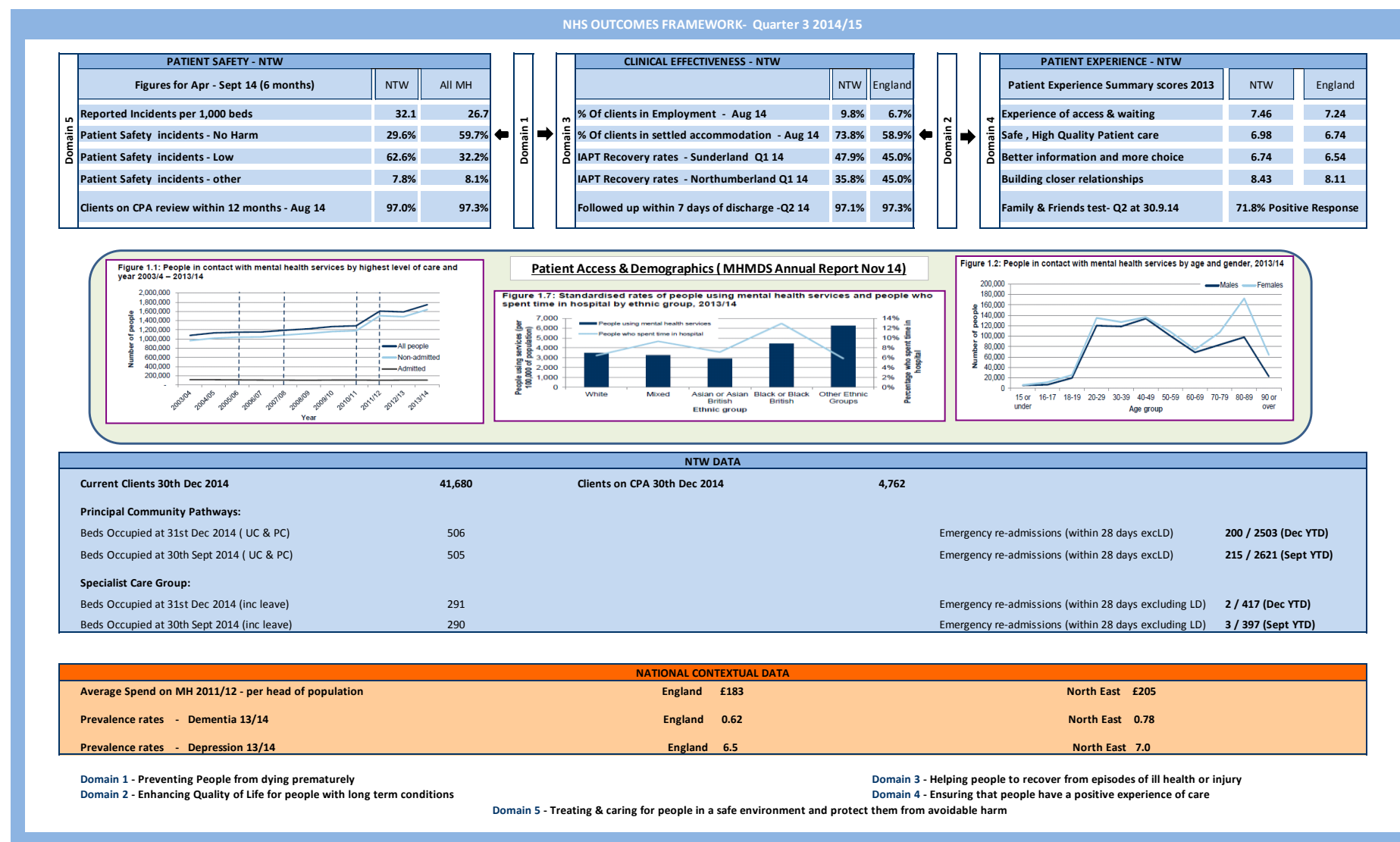
At Month 9 all Monitor Risk Assessment Framework governance requirements have been met.

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

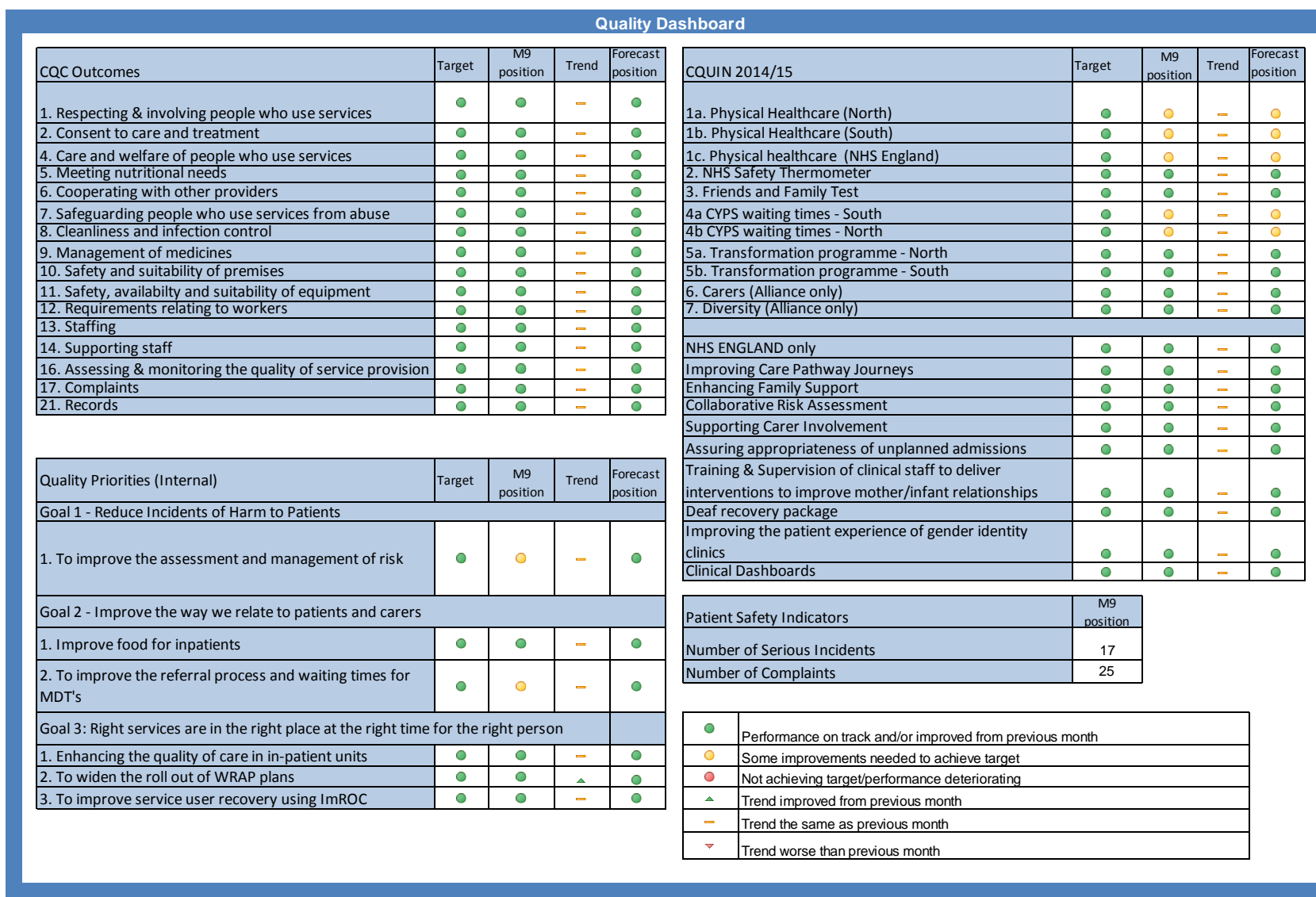
2. Monitor Indicator Trends



3. NHS Outcomes Framework



4. Quality Dashboard



5. Waiting Times Dashboard – DRAFT FOR COMMENT



6. Workforce Dashboard

Workforce Dashboard

Statutory and Mandatory Training	Target	M9 position	Trend	Forecast position
Fire Training	90%	88.8%	●	90%
Health and Safety Training	90%	88.3%	●	90%
Moving and Handling Training	90%	91.4%	●	91%

Job Related Essential Training	Target	M9 position	Trend	Forecast position
Clinical Risk Training	90%	89.4%	●	90%
Clinical Supervision Training	90%	82.9%	●	83%
Safeguarding Children Training	90%	96.4%	●	98%
Safeguarding Adults Training	90%	95.3%	●	97%
Equality and Diversity Introduction	90%	91.7%	●	92%
Hand Hygiene Training	90%	90.3%	●	92%
Medicines Management Training	90%	84.6%	●	85%
Rapid Tranquilisation Training	90%	83.5%	●	85%
MHCT Clustering Training	90%	92.2%	●	95%
Mental Capacity Act Training	90%	84.0%	●	85%
Mental Health Act Training	90%	82.0%	●	85%
Deprivation of Liberty Training	90%	83.7%	●	85%
Seclusion Training	90%	91.4%	●	92%
Dual Diagnosis Training (80% target)	80%	81.1%	●	85%
PMVA Basic Training	90%	74.6%	●	75%
PMVA Breakaway Training	90%	70.4%	●	75%
Information Governance Training	90%	84.9%	●	90%
Records and Record Keeping Training	90%	97.5%	●	98%
Values and Attitudes Training	90%	87.7%	●	90%

●	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	M9 position	Trend	Forecast position
Appraisals	90%	80.7%	●	88%
Disciplinarys (new cases since 1/4/14)		97	●	
Grievances (new cases since 1/4/14)		36	●	
CRB Checks	N/A	N/A	N/A	N/A

Recruitment, Retention & Reward	Target	M9 position	Trend	Forecast position
Corporate Induction	100%	100.0%	●	100%
Local Induction	100%	90.9%	●	90%
Staff Turnover	<10%	7.8%	●	<10%
Current Headcount		5960	N/A	N/A

Managing Attendance	Target	M9 position	Trend	Forecast position
In Month sickness	<5%	7.22%	●	
Short Term sickness (rolling)		1.60%		
Long Term sickness (rolling)		4.19%		
Average sickness (rolling)	<5%	5.79%	●	

Best Use of Resources	Target	M9 position	Trend	Forecast position
Agency Spend		£758,000	●	
Admin & Clerical Agency (included in above)		£163,000	●	
Overtime Spend		£196,000	●	
Bank Spend		£807,000	●	

7. Finance Dashboard

Financial Performance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(6,897)	(3,723)
EBITDA	(16,196)	(16,663)
Capital Spend/CRL	11,126	15,700
Efficiency Plan	4.837	7.449

I and E Variance

Directorate	Current £'000	Forecast £'000
Urgent Care	949	1,338
Planned Care	(260)	(107)
Specialist Care	(1,747)	(1,966)
Indirect/Support Services Costs	(3,264)	(2,719)
Other/Reserves	1,978	581
Cost of Capital	(48)	300

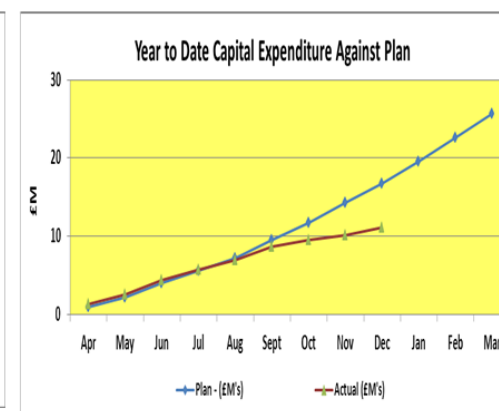
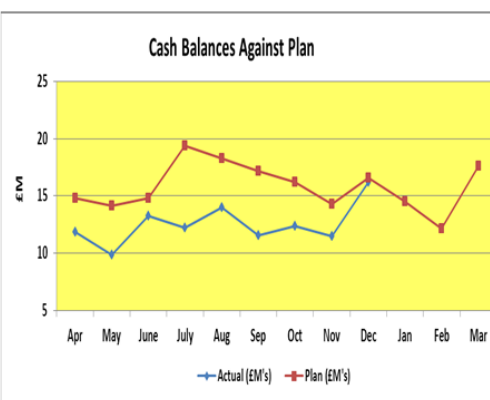
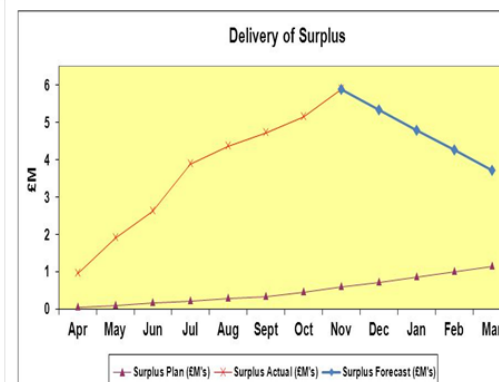
Balance Sheet

Key Indicators	Current	Forecast
Cash	£16.2m	Green
Loans Drawn	£0.0m	Green
Loans Planned	£14.7m	Green
Debtor Days	23.1	Green
Creditor Days	13.9	Green
Current Ratio	1.3	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.82x	3
Liquidity Ratio	9.2 days	4
Overall Rating		4

Key Issues

- Overall Trust I&E forecast position is ahead of plan
- Significant pressures continue re in-patient staffing overspends. These are currently being offset by underspends in other areas.
- Risk rating is a 4 at Mth09
- Cash position almost back in line with plan following completion of Northgate land sale.



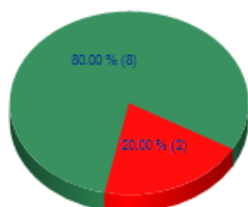
8. Contract Summary Dashboards

NTW Quality and Performance
Group: Alliance
Period: 2014/15 December

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

Target Achievement in this period

Under Achievement Achievement



GATESHEAD CCG (90.0%)



NEWCASTLE NORTH AND EAST CCG (70.0%)



NEWCASTLE WEST CCG (80.0%)



CUMBRIA CCG (77.8%)

Comments:

The Alliance contract overall has two areas of underperformance for December as follows:

- > CPA service users with a risk assessment in the last 12 months, and
- > Inpatient discharges followed up within 7 days (3 service users).

The Cumbria contract underperformance is in relation to service users who are care co-ordinated by non-NTW staff.

Newcastle North & East CCG has seen delayed transfers of care increase to 7.8% in the month – work is ongoing to review these.

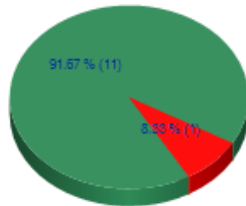
Areas for improvement

Metric ID	Ref	Metric Name	GATESHEAD CCG	NEWCASTLE NORTH AND EAST CCG	NEWCASTLE WEST CCG	CUMBRIA CCG	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	98.6% ✓	96.8% ✓	97.2% ✓	84.2% ✗	97.3% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	97.5% ✓	93.8% ✗	93.7% ✗	90.0% ✗	94.6% ✗
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	91.7% ✗	93.8% ✗	90.9% ✗		92.3% ✗
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	5.4% ✓	7.8% ✗	4.2% ✓	0.0% ✓	5.7% ✓

Report Date: 08/01/2015 14:47:04

Target Achievement in this period

Under Achievement Achievement



NORTHUMBERLAND CCG (91.7%)



NORTH TYNESIDE CCG (100.0%)

Comments:

The IAPT metrics for Northumberland continue to be the only areas of underperformance at a contract level.

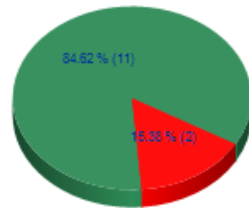
Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMBERLAND CCG	NORTH TYNESIDE CCG	Overall
701078		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Northumberland	33.3%		33.3%

Report Date: 08/01/2015 15:12:30

Target Achievement in this period

Under Achievement Achievement



10

SOUTH TYNESIDE CCG (100.0%)

11

SUNDERLAND CCG (84.6%)

Comments:

The areas of underperformance for December 2014 both relate to the specific IAPT metrics for Sunderland only.

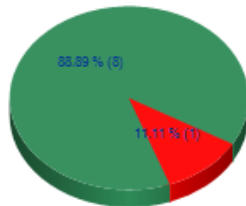
Although below required levels, metric 701079 has improved in the month from 47.1% to 47.6%.

Areas for improvement

Metric ID	Ref	Metric Name	SOUTH TYNESIDE CCG	SUNDERLAND CCG	Overall
701042		IAPT KPI 4 Sunderland		314 ✗	316 ✗
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland		47.6% ✗	47.4% ✗

Target Achievement in this period

Under Achievement Achievement



DARLINGTON CCG (88.9%)



**DURHAM DALES, EASINGTON AND
SEDGFIELD CCG (66.7%)**



NORTH DURHAM CCG (88.9%)



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



SOUTH TEES CCG (100.0%)

Comments:

The majority of patients have their care co-ordination function carried out by non-NTW staff which affects the percentage of CPA users recorded as having a risk assessment in the last 12 months.

As per previous months the delayed discharge relates to one patient where Social Services are still looking for suitable alternative accommodation.

Under recording on ethnicity is due to small numbers of clients over a number of services.

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	85.7% ✗	89.8% ✗	93.8% ✓	90.9% ✓	100.0% ✓	91.8% ✓
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	89.5% ✗	90.9% ✗	100.0% ✓	100.0% ✓	93.3% ✗
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	0.0% ✓	25.0% ✗	0.0% ✓	0.0% ✓		7.5% ✓

Report Date: 08/01/2015 15:00:30

9. Additional Items to be received by Trust wide Quality and Performance Committee

In addition to this performance report the following agenda items were considered by the Trust wide Quality and Performance Committee for Month 9/Quarter 3:

- CQUIN Update
- Quality Priority Update
- Patient and Carer Experience Report
- Incident Report
- Complaints Report
- Claims Report
- Infection Control Report
- Controlled Drugs Summary
- Monitor Return
- Patient Safety Group Update
- Workforce Performance Report

