

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 29 April 2015

Title and Author of Paper: Performance Report (Month 12).
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 quarter 4 (**page 5**)
- Quality Dashboard – at M12 the trust continues to have full compliance with all of the CQC essential outcomes of quality and safety (**page 6**). All CQUIN indicators have been RAG rated green for M12 with the exception of CYPS South Tyneside (red) and Physical Health (amber).
- Serious Incidents – there were 12 Serious Incidents reported in the safety dashboard for Month 12 which is an increase from 3 the previous month
- (**page 6**)
- Complaints – there were 30 complaints received in the safety dashboard for Month 12 which is an increase from 18 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 15/16 onwards) (**page 7**)
- Workforce Dashboard – JDR/PDP rates have increased to 82.1% (78.6% last month) however this remains below the expected minimum of 90%. Sickness absence has decreased to 5.57% in March 2015 from 6.25% the previous month (**page 8**)
- Finance Dashboard - At Month 12, the Trust had a risk rating of 3 and a pre-audit surplus before exceptional items of £5.4m which was £4.2m ahead of plan. However, the Trust still faced some key financial pressures during the year including in-patient staffing overspends in Urgent Care (£3.1m) and overspends on medical staffing (£0.5m) as well as an in-year shortfall on savings required from the Financial Delivery Programme (£1.9m). These pressures were offset by non-recurring underspends. The Trust's cash balance at the year-end was £20.6m which was £3m above plan due to the higher than planned surplus (**page 9**)
- Contract performance – dashboard summaries are provided for each contract highlighting any indicators which have not been achieved in Month 12 (**pages 10-13**)

Outcome required: for information only



Integrated Performance And Assurance Report

Shining a light on the future



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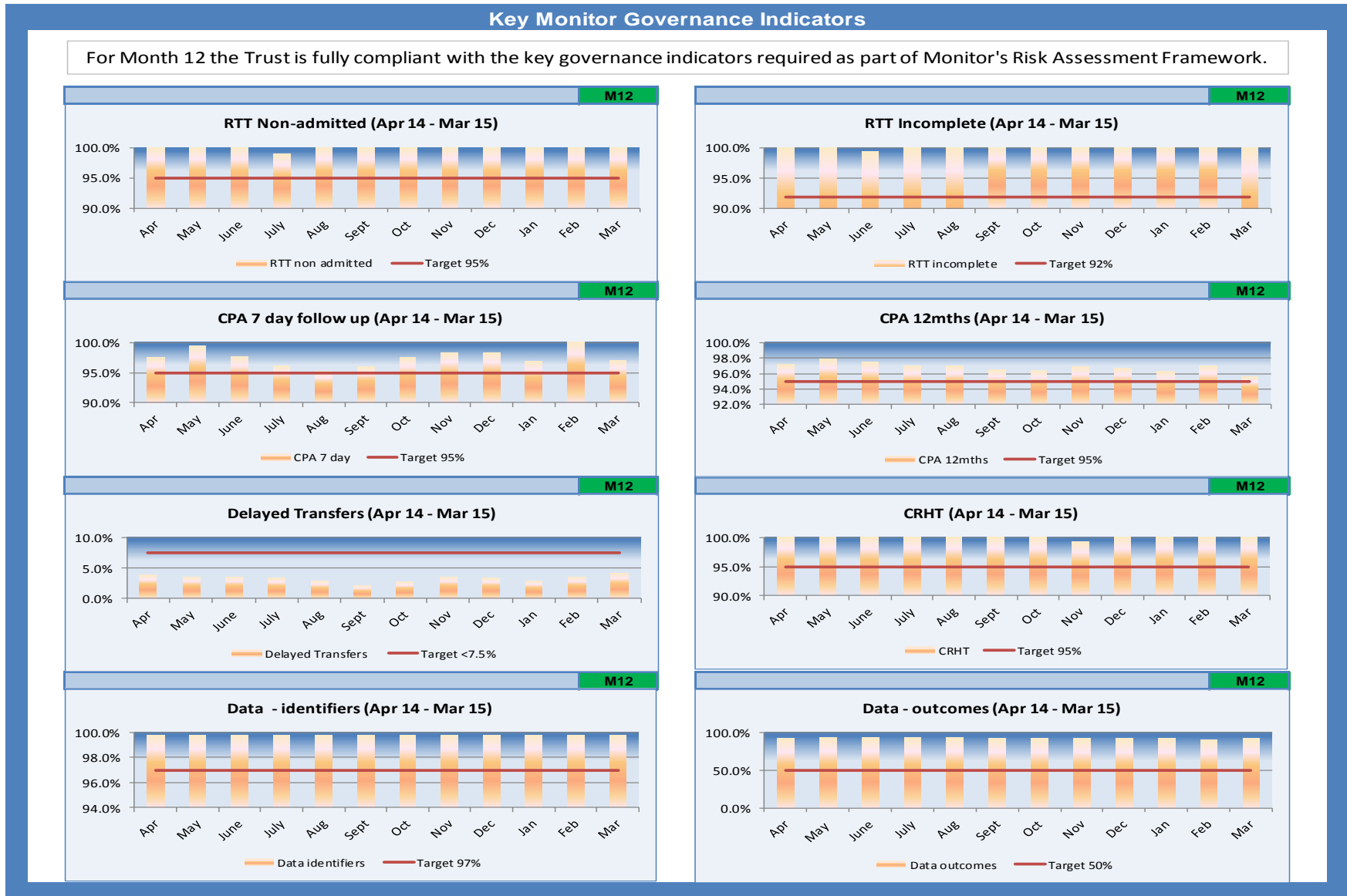
1. Monitor Risk Assessment Framework Requirements

Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 4 position	Current position (M12)	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%	100.0%	●	—	100.0%
CPA 7 day follow up	95%	98.0%	97.1%	●	▼	98.0%
CPA review within 12 months	95%	95.6%	95.6%	●	▼	95.6%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.1%	4.1%	●	▼	3.1%
Admissions to inpatient services had access to crisis resolution home treatment teams	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%	91.7%	91.7%	●	▲	91.7%
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	●	—	●

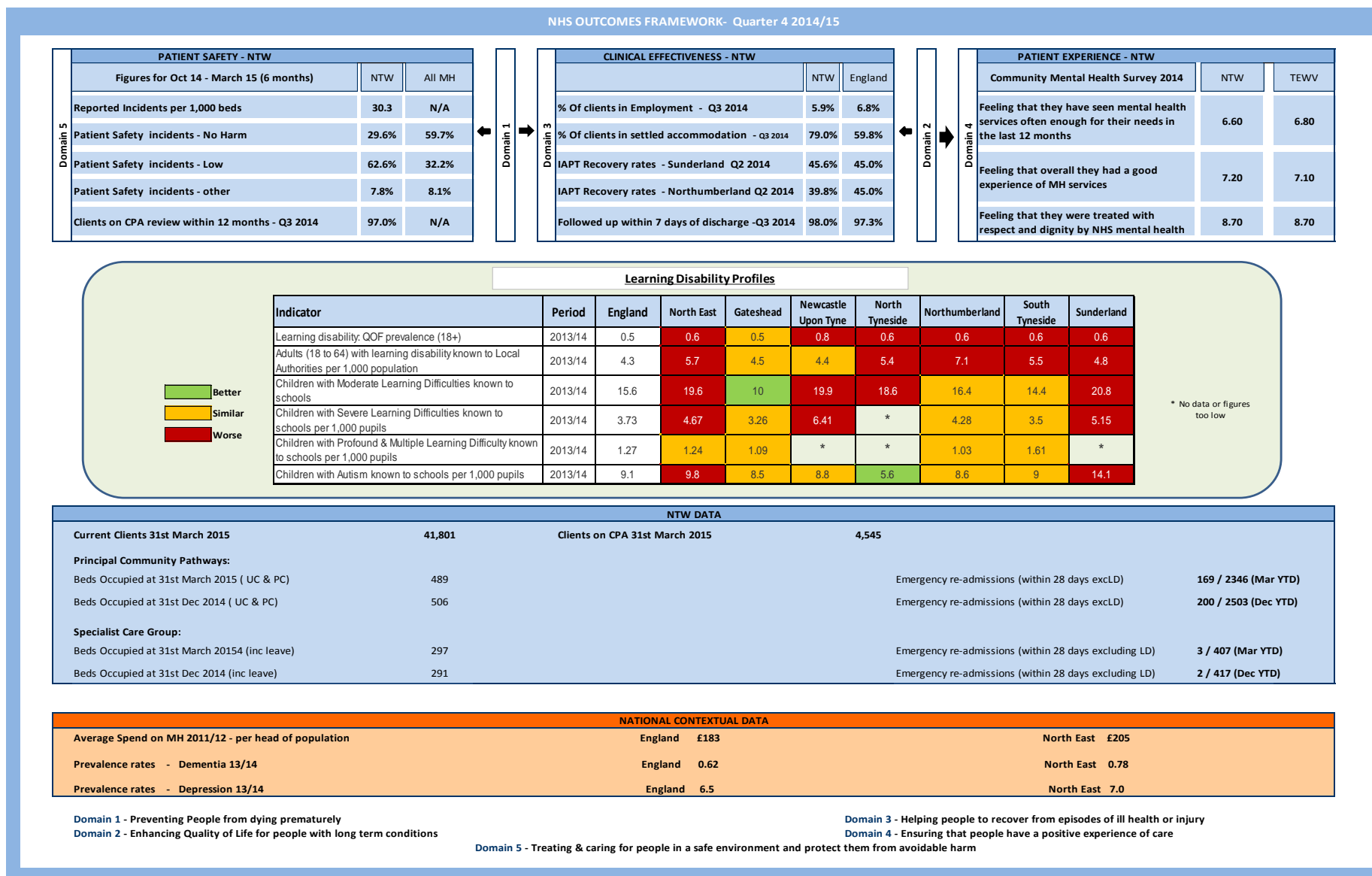
At Month 12 all Monitor Risk Assessment Framework governance requirements have been met.

●	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 Outcomes	Target	M12 position	Trend	Forecast position
1. Respecting & involving people who use services	●	●	—	●
2. Consent to care and treatment	●	●	—	●
4. Care and welfare of people who use services	●	●	—	●
5. Meeting nutritional needs	●	●	—	●
6. Cooperating with other providers	●	●	—	●
7. Safeguarding people who use services from abuse	●	●	—	●
8. Cleanliness and infection control	●	●	—	●
9. Management of medicines	●	●	—	●
10. Safety and suitability of premises	●	●	—	●
11. Safety, availability and suitability of equipment	●	●	—	●
12. Requirements relating to workers	●	●	—	●
13. Staffing	●	●	—	●
14. Supporting staff	●	●	—	●
16. Assessing & monitoring the quality of service provision	●	●	—	●
17. Complaints	●	●	—	●
21. Records	●	●	—	●

Quality Priorities (Internal)	Target	M12 position	Trend	Forecast position
Goal 1 - Reduce Incidents of Harm to Patients				
1. To improve the assessment and management of risk	●	●	—	●
Goal 2 - Improve the way we relate to patients and carers				
1. Improve food for inpatients	●	●	—	●
2. To improve the referral process and waiting times for MDT's	●	●	—	●
Goal 3: Right services are in the right place at the right time for the right person				
1. Enhancing the quality of care in in-patient units	●	●	—	●
2. To widen the roll out of WRAP plans	●	●	—	●
3. To improve service user recovery using ImROC	●	●	—	●

CQUIN 2014/15	Target	M12 position	Trend	Forecast position
1a. Physical Healthcare (North)	●	●	—	●
1b. Physical Healthcare (South)	●	●	—	●
1c. Physical healthcare (NHS England)	●	●	—	●
2. NHS Safety Thermometer	●	●	—	●
3. Friends and Family Test	●	●	—	●
4a CYPS waiting times - South	●	●	▲	●
4b CYPS waiting times - North	●	●	▲	●
5a. Transformation programme - North	●	●	—	●
5b. Transformation programme - South	●	●	—	●
6. Carers (Alliance only)	●	●	▲	●
7. Diversity (Alliance only)	●	●	—	●
NHS ENGLAND only				
Improving Care Pathway Journeys	●	●	—	●
Enhancing Family Support	●	●	—	●
Collaborative Risk Assessment	●	●	—	●
Supporting Carer Involvement	●	●	—	●
Assuring appropriateness of unplanned admissions	●	●	—	●
Training & Supervision of clinical staff to deliver interventions to improve mother/infant relationships	●	●	—	●
Deaf recovery package	●	●	—	●
Improving the patient experience of gender identity clinics	●	●	—	●
Clinical Dashboards	●	●	—	●

Patient Safety Indicators	M12 position
Number of Serious Incidents	12
Number of Complaints	30

●	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	M12 position	Trend	Forecast position
Fire Training	90%	88.7%	● ▲	89%
Health and Safety Training	90%	92.2%	● ▲	92%
Moving and Handling Training	90%	94.4%	● ▲	94%

Job Related Essential Training	Target	M12 position	Trend	Forecast position
Clinical Risk Training	90%	91.4%	● ▲	91%
Clinical Supervision Training	90%	84.6%	● ▲	85%
Safeguarding Children Training	90%	96.2%	● ▲	96%
Safeguarding Adults Training	90%	95.0%	● ▲	95%
Equality and Diversity Introduction	90%	91.9%	● ▲	92%
Hand Hygiene Training	90%	90.8%	● ▲	91%
Medicines Management Training	90%	83.4%	● ▼	83%
Rapid Tranquilisation Training	90%	83.7%	● ▲	84%
MHCT Clustering Training	90%	95.0%	● ▲	95%
Mental Capacity Act Training	90%	80.3%	● ▼	80%
Mental Health Act Training	90%	79.9%	● ▼	80%
Deprivation of Liberty Training	90%	79.8%	● ▼	80%
Seclusion Training	90%	94.6%	● ▲	95%
Dual Diagnosis Training (80% target)	80%	85.7%	● ▼	86%
PMVA Basic Training	90%	76.0%	● ▲	76%
PMVA Breakaway Training	90%	66.9%	● ▼	67%
Information Governance Training	90%	89.0%	● ▲	89%
Records and Record Keeping Training	90%	97.6%	● ▲	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	M12 position	Trend	Forecast position
Appraisals	90%	82.1%	● ▲	82%
Disciplinarys (new cases since 1/4/14)		148	● —	
Grievances (new cases since 1/4/14)		52	● —	
CRB Checks	N/A	N/A	N/A	N/A

Recruitment, Retention & Reward	Target	M12 position	Trend	Forecast position
Corporate Induction	100%	100.0%	● —	100%
Local Induction	100%	92.3%	● ▲	90%
Staff Turnover	<10%	8.2%	● ▼	<10%
Current Headcount		5954	N/A	N/A

Managing Attendance	Target	M12 position	Trend	Forecast position
In Month sickness	<5%	5.57%	● ▲	
Short Term sickness (rolling)		1.72%		
Long Term sickness (rolling)		4.17%		
Average sickness (rolling)	<5%	5.88%	● ▼	

Best Use of Resources	Target	M12 position	Trend	Forecast position
Agency Spend		£1,439,000	● ▼	
Admin & Clerical Agency (included in above)		£314,000	● ▼	
Overtime Spend		£309,000	● ▼	
Bank Spend		£676,000	● ▲	

7. Finance Dashboard

Financial Performance Dashboard (Out-Turn)

High Level Financial Targets	Current £000	Forecast £'000
I&E – Position before exceptional items	(5,392)	(5,392)
EBITDA	(17,723)	(17,723)
Capital Spend/CRL	15,853	15,853
Efficiency Plan	7,179	7,179

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.47x	2
Liquidity Ratio	10.3 days	4
Overall Rating		3

Key Issues

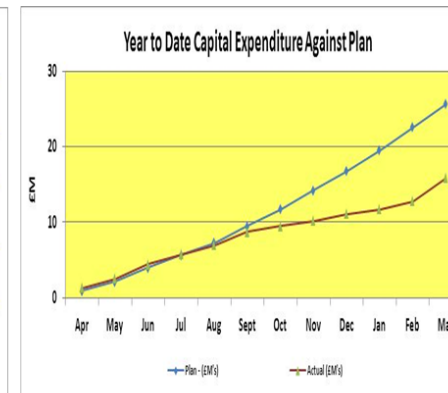
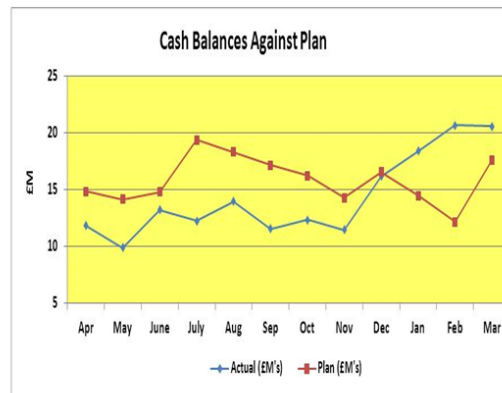
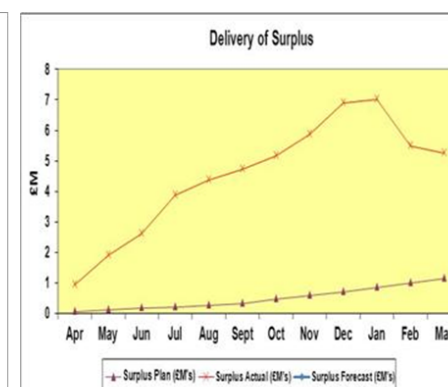
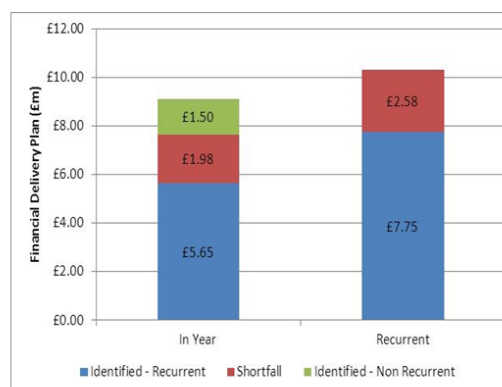
- Overall Trust I&E surplus £4.2m above plan due to slippage on transformation spend.
- Significant pressures during the year re in-patient staffing overspends. These were offset by underspends in other areas.
- Risk rating is a 3 at the year-end
- Cash position is £3m ahead of plan.

I and E Variance

Directorate	Current £'000	Forecast £'000
Urgent Care	586	586
Planned Care	(471)	(471)
Specialist Care	(1,225)	(1,225)
Indirect/Support Services Costs	(4,103)	(4,103)
Other/Reserves	1,280	1,280
Cost of Capital	(308)	(308)

Balance Sheet

Key Indicators	Current	Forecast
Cash	£20.6m	Green
Loans Drawn	£4.6m	Green
Loans Forecast	£4.6m	Green
Debtor Days	20.3	Green
Creditor Days	13.6	Green
Current Ratio	1.3	Green
BPPC	95.0%	Green

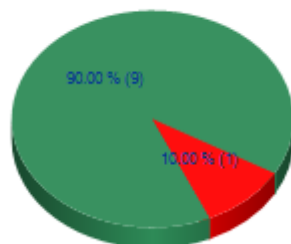


8. Contract Summary Dashboards

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

Target Achievement in this period

Under Achievement Achievement



GATESHEAD CCG (90.0%)



NEWCASTLE NORTH AND EAST CCG (70.0%)



NEWCASTLE WEST CCG (90.0%)



CUMBRIA CCG (55.6%)

Comments:

The Alliance contract overall has one area of underperformance for March :

> CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan which has deteriorated by 0.1% in the month.

The majority of the Cumbria contract underperformance is in relation to service users who are care co-ordinated by non-NTW services, and the high level of delayed discharge days continues to relate to a single patient.

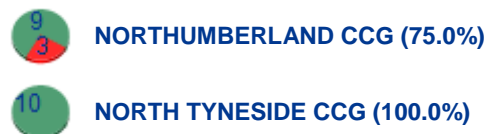
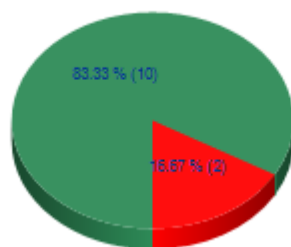
Areas for improvement

Metric ID	Ref	Metric Name	GATESHEAD CCG	NEWCASTL E NORTH AND EAST	NEWCASTL E WEST CCG	CUMBRIA CCG	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	97.5% ✓	97.1% ✓	96.3% ✓	89.5% ✗	97.0% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	94.3% ✗	93.9% ✗	94.9% ✗	91.7% ✗	94.3% ✗
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	100.0% ✓	93.3% ✗	100.0% ✓		97.8% ✓
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	2.1% ✓	7.1% ✓	1.5% ✓	33.3% ✗	4.3% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	97.8% ✓	93.8% ✗	95.9% ✓	90.0% ✗	95.5% ✓

NTW Quality and Performance
Group: North
Period: 2014/15 March

Target Achievement in this period

■ Under Achievement ■ Achievement



Comments:

The two IAPT metrics for Northumberland continue to underperform at contract level.

- Metric 701078 “moving to recovery” has deteriorated from 48.1% to 41.9% in the month.
- Metric 7947 “outcome scores recorded” has improved from 85.7% to 86.2% in the month.

The Northumberland underperformance on Crisis & Contingency plans relates to small numbers of patients across a number of Community teams.

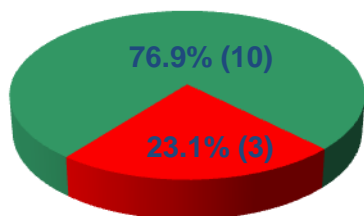
Areas for improvement

Metric ID	Ref	Metric Name	NORTHUMB ERLAND CCG	NORTH TYNESIDE CCG	Overall
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	94.0% ✗	98.0% ✓	95.5% ✓
7947		Percentage of IAPT service users with at least two outcome scores recorded	86.2% ✗		86.2% ✗
701078		The number of people who have completed treatment during the reporting period and who are ‘moving to recovery’ - Northumberland	41.9% ✗		41.9% ✗

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Target Achievement in this period

 Under Achievement  Achievement



SOUTH TYNESIDE CCG (70.0%)



SUNDERLAND CCG (84.6%)

Comments:

Ethnicity recording has dropped slightly further in March (from 91.2% to 90.8%) due to a number of patients who accessed IRS services (but did not go on to further treatment) where the ethnicity was not recorded. Work is ongoing to ensure this information is captured.

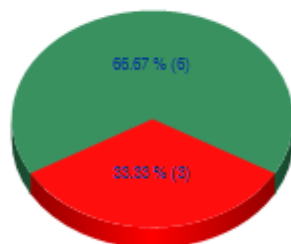
Work continues to improve the quality of IAPT data and this is expected to have an impact on the achievement rates over the coming months.

Areas for improvement

Metric ID	Ref	Metric Name	SOUTH TYNESIDE CCG	SUNDERLAND CCG	Overall
7017		Current Service Users with valid Ethnicity completed MHMDS only	88.7%	92.0%	90.8%
7102		CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	93.0%	99.2%	96.9%
7947		Percentage of IAPT service users with at least two outcome scores recorded		83.4%	83.2%
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	90.6%	95.2%	93.5%
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland		45.6%	45.6%

Target Achievement in this period

Under Achievement Achievement



- 8 DARLINGTON CCG (88.9%)
- 6 DURHAM DALES, EASINGTON AND SEDGEFIELD CCG (66.7%)
- 8 NORTH DURHAM CCG (88.9%)
- 8 HARTLEPOOL AND STOCKTON-ON-TEES CCG (88.9%)
- 9 SOUTH TEES CCG (100.0%)

Comments:

The majority of patients have their care co-ordination function carried out by non-NTW staff which impacts on the percentage of CPA users recorded as having a review 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 different clinical 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	80.8% ✗	83.9% ✗	94.0% ✓	100.0% ✓	100.0% ✓	89.9% ✗
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	93.8% ✗	92.0% ✗	85.7% ✗	100.0% ✓	93.5% ✗
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	0.0% ✓	31.2% ✗	0.0% ✓	0.0% ✓	0.0% ✓	9.9% ✗

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