

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 27 April 2016

**Title and Author of Paper:** Performance Report (Month 12)  
Lisa Quinn, Executive Director of Commissioning & Quality 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 March 2016. (page 5-6)
- Although the Q4 figure for EIP seen within 2 weeks is 65.41% this is for completed assessments and currently the At Risk Mental State (ARMS) and service users over the age of 35 are not currently included in these figures. These service users will start to be seen by the EIP team from April 2016 and it is therefore expected that once the caseload increases, due to these additional requirements, there will be a decrease in the 2 week achievement rates.
- 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 include data gathered from the Health Survey for England around Mental Health. This month the figures included in Clinical effectiveness are from the national MHSDS returns and highlights differences from internally recorded data ( which is being investigated to ensure future consistency). (page 7)
- Quality Dashboard – at M12 the Trust continues to have full compliance with all of the CQC fundamental standards. Two CQUIN schemes (physical health and CYPS) plus two 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 increased from 82.3% to 82.6% in the month. Sickness absence has decreased in February in line with expected seasonal variation (5.31% in the month) and the rolling 12 month average is now 5.42%. Many training courses have seen an improvement in the month, with Clinical Risk Training improving from 79.5% to 86.7%. (page 16)

- Finance Dashboard - At Month 12, the Trust had a risk rating of 4 and a surplus before exceptional items for the year of £4.2m which was £2.2m ahead of plan. However, the Trust still faced some key financial pressures during the year which had to be managed including staff costs in Specialist Care and achieving the savings required from the Financial Delivery Programme. The exceptional items for the year total -£7.6m and relate to the reversal of impairments resulting from asset valuation increases. The Trust's cash balance at the end of the year was £27.4m which was £5.6m above plan due to the surplus being higher than plan, capital spend being below plan and working capital being higher than plan. (page 17)
- Contract performance – dashboard summaries are provided for each CCG contract highlighting any indicators which have not been achieved in Month 12. (pages 18-23)

Principal Community Pathways Benefits Realisation dashboards have been revised to incorporate a range of quality indicators in line with the principles of the Service Model Review and the CQC Quality Framework. In addition information has been incorporated to enable triangulation with the current status of the service model implementation and current pathway capacity compared with planning assumptions. Please note that due to data migration issues it has not been possible to add 2013/14 baseline information for all metrics, and a commentary is still to be developed to support the data. (pages 24-31)

**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

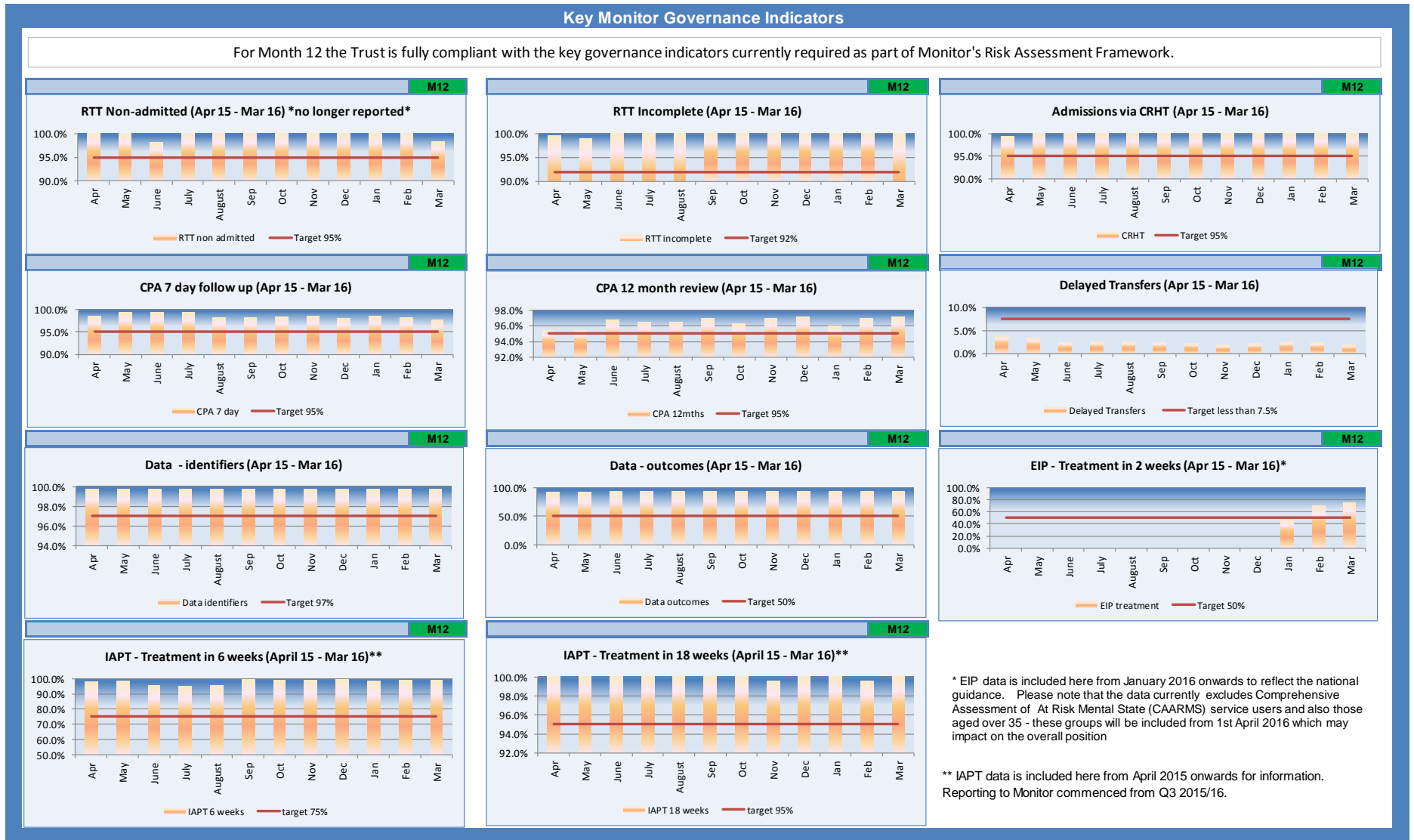
Monitor Compliance Dashboard						
Risk Assessment Framework	Target	Quarter 4 position	Current position (m12)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	—	●
Overall Financial Sustainability Risk Rating		4	4		—	4
Referral to treatment waiting times - incomplete	92%	100.0%	100.0%	●	—	100.0%
CPA 7 day follow up	95%	98.1%	97.7%	●	▼	98.1%
CPA review within 12 months	95%	97.2%	97.2%	●	▲	97.2%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	2.3%	2.0%	●	▲	2.3%
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%	65.4%	74.7%	●	▲	65.4%
IAPT treatment within 6 weeks of referral**	75%	98.8%	98.8%	●	▼	98.8%
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%	93.4%	93.5%	●	▲	93.4%
Self certification against LD access requirements	Green	Green	Green	●	—	Green
Clostridium Difficile - meeting the C Diff objective	0	0	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 12 all **current** Monitor Risk Assessment Framework governance requirements have been met.

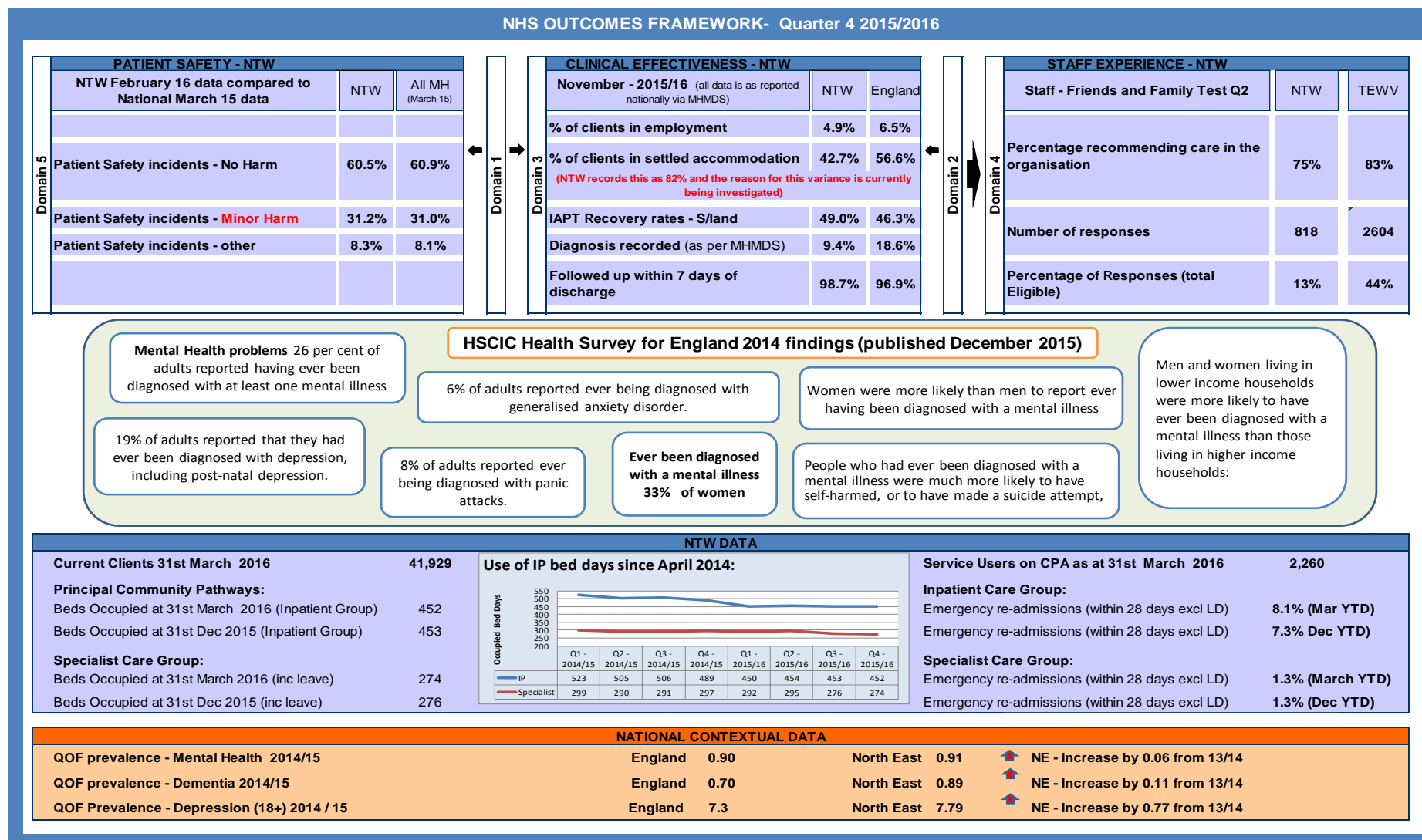
Please note that the EIP Quarter 4 data excludes Comprehensive Assessment of At Risk Mental State (CAARMS) service users and also those aged over 35 - these groups will be included from 1st April 2016 which may impact on the overall position.

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

## 2. Monitor Indicator Trends



### 3. NHS Outcomes Framework (updated quarterly)



## 4. Quality Dashboard

Quality Dashboard

CQC Fundamental Standards	Target	M12 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	M12 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	M12 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)	●	●	—	●
<b>NHS ENGLAND only:</b>				
Physical healthcare (NHS England)	●	●	—	●
MH1 Secure services active engagement programme	●	●	—	●
MH3 Deaf recovery package	●	●	—	●
MH6 Perinatal specific involvements and support for partners/significant others	●	●	—	●
QIPP - Transforming Secure Adult Inpatient Services	●	●	—	●

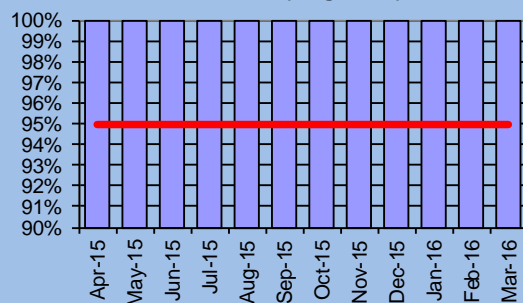
●	Performance on track and/or improved from previous month
●	Some improvements needed to achieve target
●	Not achieving target/performance deteriorating
▲	Trend improved from previous month
—	Trend the same as previous month
▼	Trend worse than previous month



## 5. Waiting Times Dashboard

### Waiting Times Dashboard - NHS England Commissioned Specialised Services

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

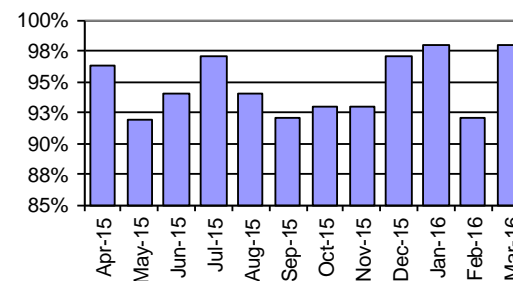


#### Month 12 narrative:

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

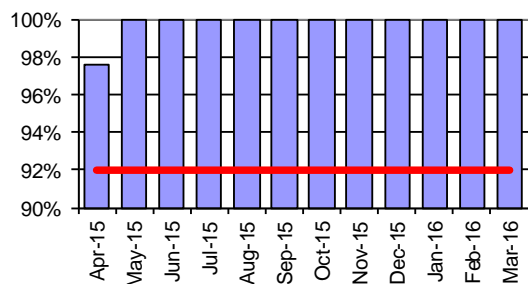
An action plan in relation to the Gender Dysphoria service has been shared with NHS England following additional investment. The waiting list growth has slowed in recent months as the plan is operationalised and currently stands at 410 patients (31.03.16)

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

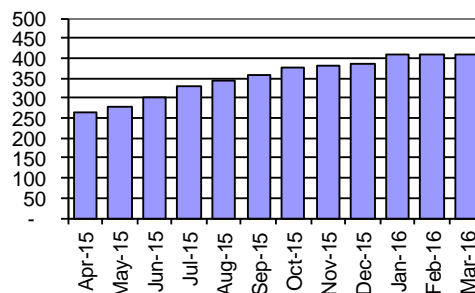


RTT services = neurological rehabilitation and neuropsychiatry

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

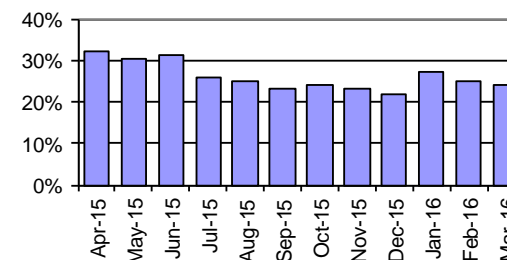


**Gender Dysphoria- Total waiting list at the end of the month**



^^ MDT wait data excludes gender dysphoria

**Gender Dysphoria waiting list - % waiting less than 18 weeks at the end of the month**



# Month 12 narrative:

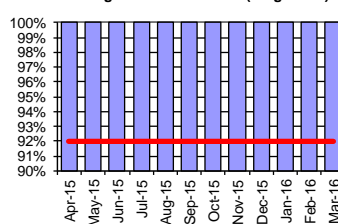
The RTT standard was achieved in the month at 100%. EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were sixteen patients entering treatment using this definition - fourteen of which were within 2 weeks of referral meeting the 50% target.

Waiting time by cluster for patients entering treatment in the quarter is included below. Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to reinforce the importance of prompting accurate clustering

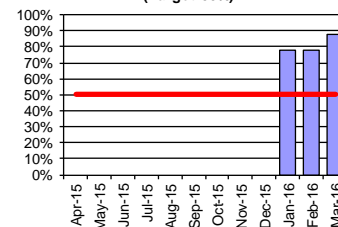
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks, although the figures have increased slightly this month

CYPs waiting times in the month have improved significantly meeting both targets.

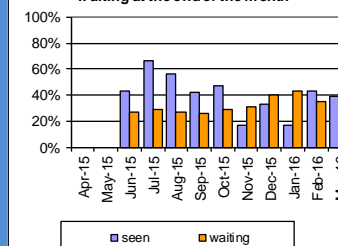
## RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



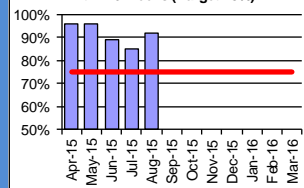
## EIP - % seen in treatment within 2 weeks (Target 50%)



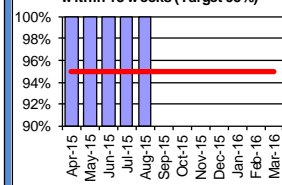
## Adult ADHD % seen in the month & % waiting at the end of the month



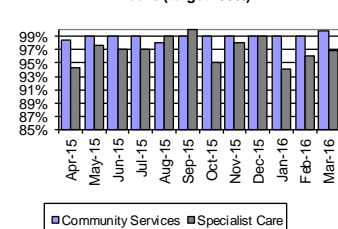
## Adult IAPT - % seen in treatment within 6 weeks (Target 75%)



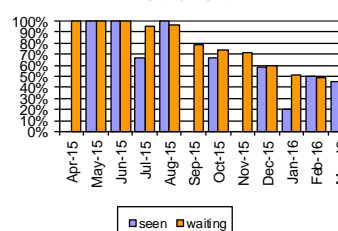
## Adult IAPT - % seen in treatment within 18 weeks (Target 95%)



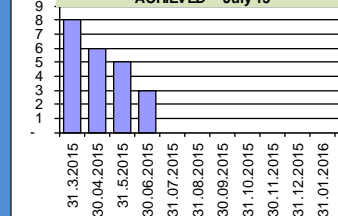
## Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



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

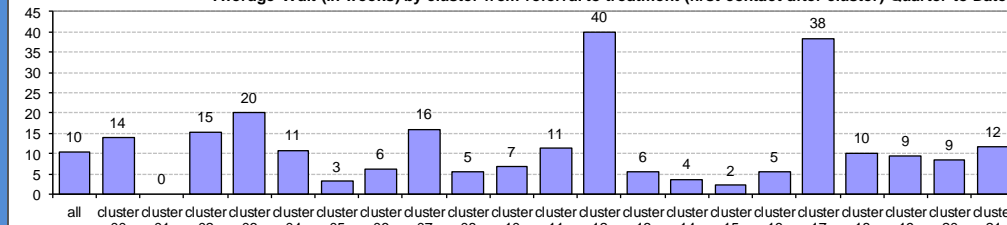


## Number of CYPs Throughput Waiters (to be zero by 30.9.15) \*\*ACHIEVED\*\* July 15

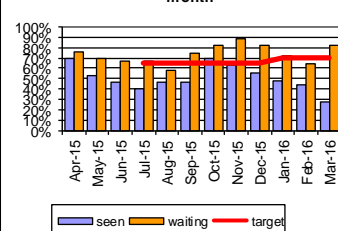


NB NTW ceased providing the IAPT service in Northumberland from Sept onwards

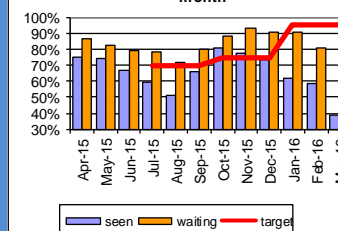
## Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



# Month 12 narrative:

The RTT standard was achieved in the month.

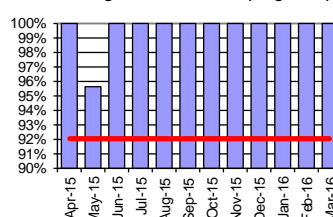
EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were six patients entering treatment using this definition - four of which were within 2 weeks of referral meeting the 50% target.

Waiting time by cluster for patients entering treatment in the quarter is included below: Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to re-inforce the importance of prompting accurate clustering.

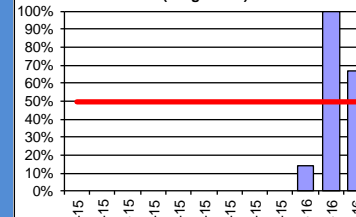
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks. This month the figures have continued to improve.

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

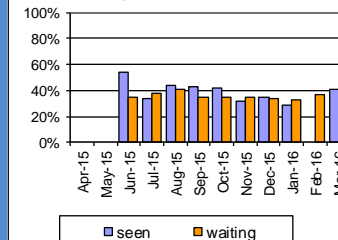
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



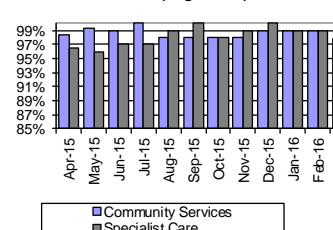
EIP - % seen in treatment within 2 weeks (Target 50%)



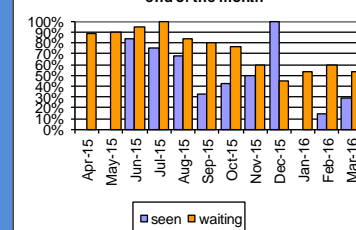
Adult ADHD % seen in the month & % waiting at the end of the month



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



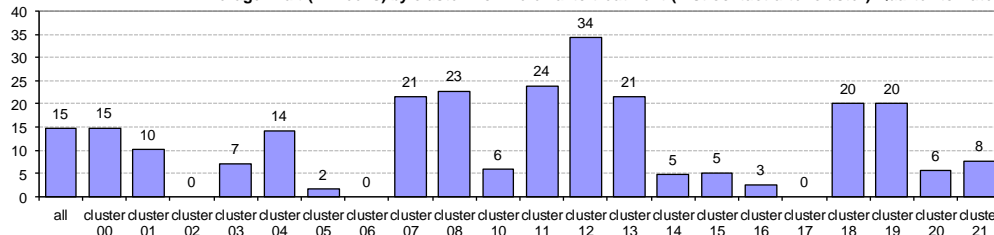
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



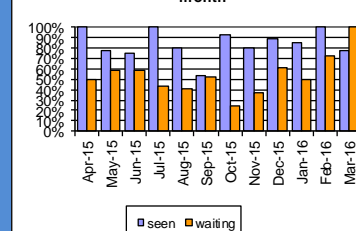
Note - community CYPS services provided to North Tyneside CCG are the CYPS Intensive Community Treatment service and the Eating Disorders Intensive Community Service.

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

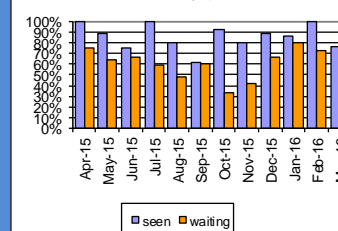
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



**Month 12 narrative:**

The RTT standard was achieved in the month.

EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were thirteen patients entering treatment using this definition - twelve of which were within 2 weeks of referral meeting 50% target.

Waiting time by cluster for patients entering treatment in the quarter is included below: Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to re-inforce the importance of prompting accurate clustering.

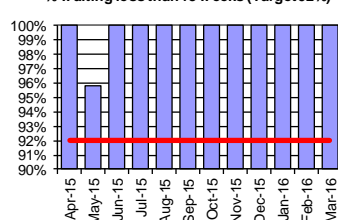
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks.

The adult autism diagnosis team incomplete waits deteriorated in the month.

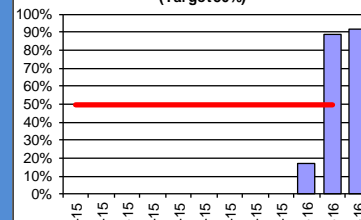
CYPS 9 and 12 weeks incomplete waiting times improved significantly in the month.

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

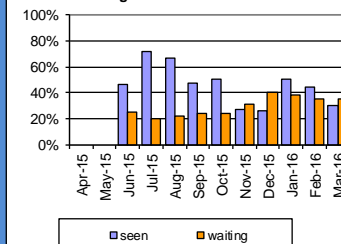
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



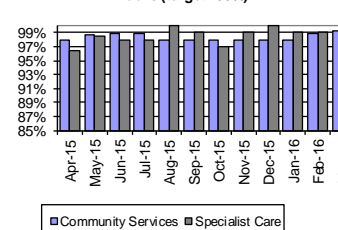
**EIP - % seen in treatment within 2 weeks (Target 50%)**



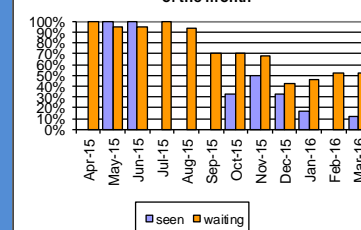
**Adult ADHD % seen in the month & % waiting at the end of the month**



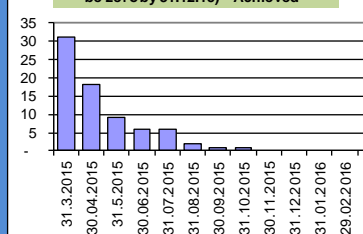
**Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)**



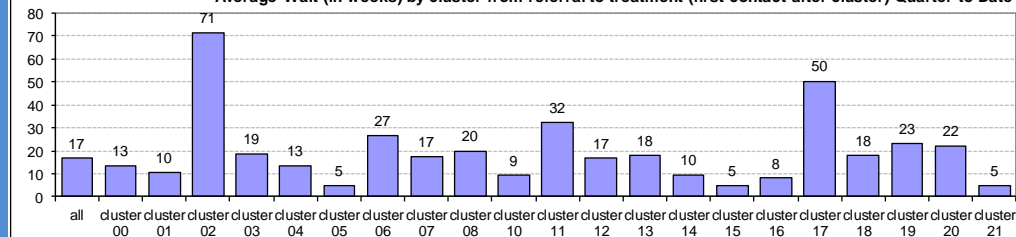
**Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month**



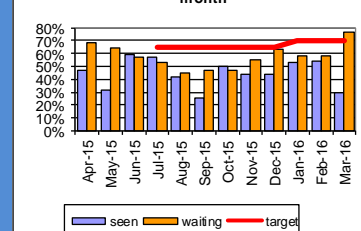
**Number of CYPS Throughput Waiters (to be zero by 31.12.15) \*\*Achieved\*\***



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



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



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



**Month 12 narrative:**

The RTT standard was achieved in the month.

EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were eight patients entering treatment using this definition - five of which were within 2 weeks of referral meeting the 50% target.

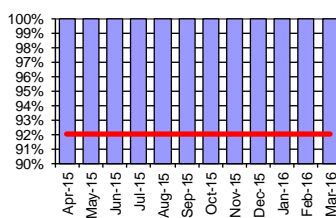
Waiting time by cluster for patients entering treatment in the quarter is included below: Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to re-inforce the importance of prompting accurate clustering.

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

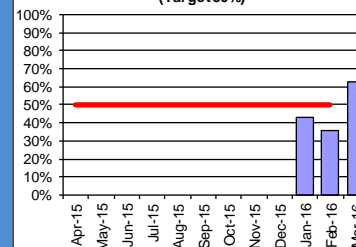
CYPS complete waiting times have improved significantly in March.

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

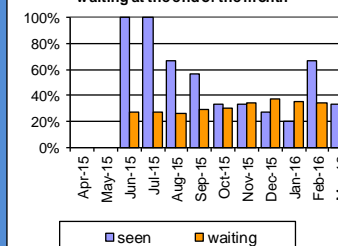
**RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)**



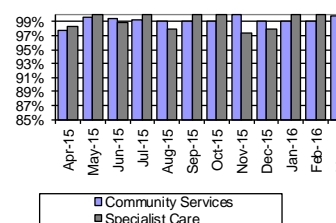
**EIP - % seen in treatment within 2 weeks (Target 50%)**



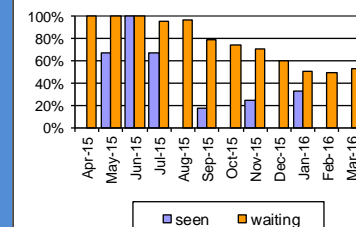
**Adult ADHD % seen in the month & waiting at the end of the month**



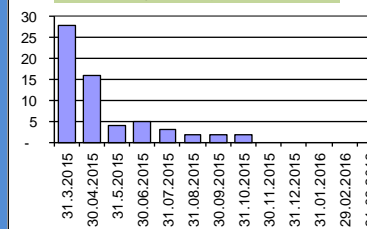
**Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)**



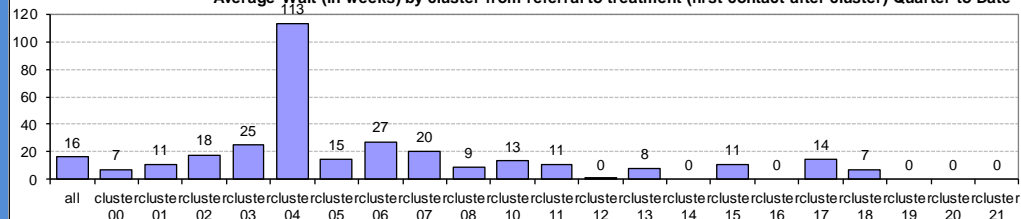
**Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month**



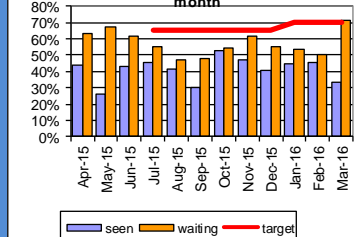
**Number of CYPS Throughput Waiters (to be zero by 31.12.15) \*\*ACHIEVED\*\***



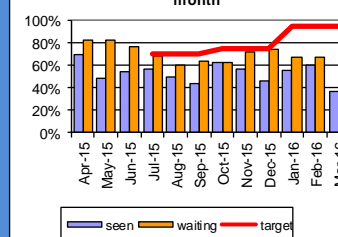
**Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date**



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



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



# Month 12 narrative:

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

EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were thirteen patients entering treatment using this definition - nine of which were within 2 weeks of referral meeting the 50% target.

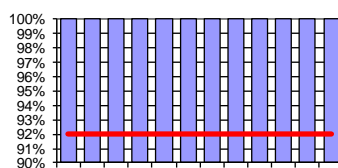
Waiting time by cluster for patients entering treatment in the quarter is included below: Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to re-inforce the importance of prompting accurate clustering

Adult ADHD waiting times data is included from June onwards. The waiting times this month have continued to improve.

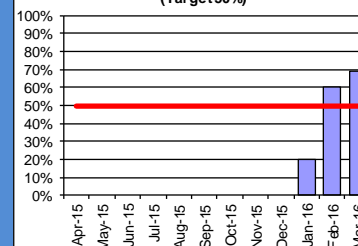
CYPS 9 and 12 week incomplete waiting times in the month have improved.

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

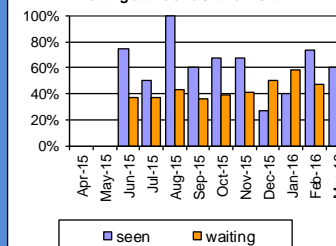
RTT (Consultant Led Services) waiting list - % waiting less than 18 weeks (Target 92%)



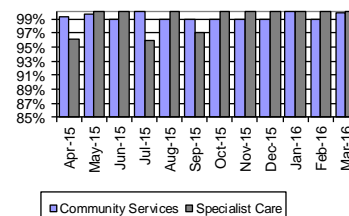
EIP - % seen in treatment within 2 weeks (Target 50%)



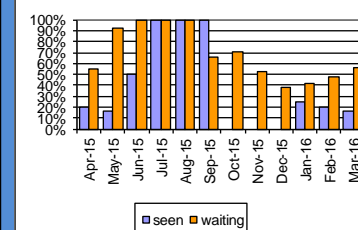
Adult ADHD % seen in the month & % waiting at the end of the month



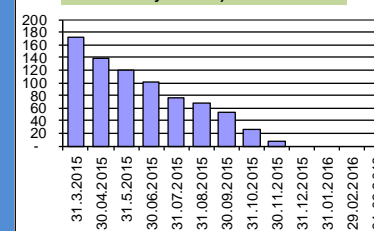
Multidisciplinary Teams (MDT) wait from referral to first contact - % seen within 18 weeks (target 100%)



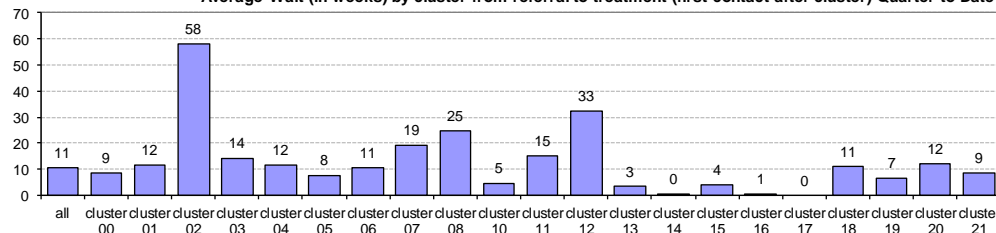
Adult Autism Diagnosis first contact within 18 weeks - % seen and % waiting at the end of the month



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



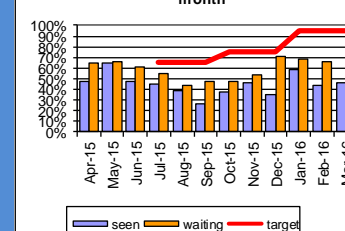
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



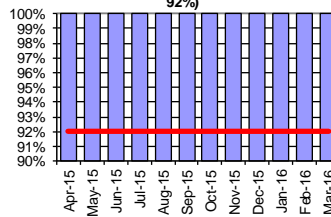
# Month 12 narrative:

The RTT and IAPT standards were achieved in the month. EIP wait is currently being measured from the date FEP was suspected to the completion of an assessment. In March 2016 there were fifteen patients entering treatment using this definition - nine of which were within 2 weeks of referral meeting the 50% target.

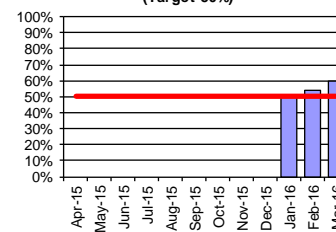
Adult ADHD waiting times data is included from June onwards, highlighting that most patients are waiting more than 18 weeks although have continued to improve in March. CYPS 9 and 12 week incomplete waiting times have continued to improve in the month. There are no longer any throughput waiters therefore this element of the CQUIN has been achieved.

Waiting time by cluster for patients entering treatment in the quarter is included below. Analysis has identified that waiting times can vary significantly in line with the time taken to initial cluster. Staff awareness sessions are in the process of being planned to reinforce the importance of prompting accurate clustering.

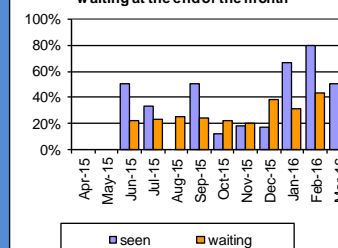
RTT (Consultant Led Services) waiting list  
- % waiting less than 18 weeks (Target 92%)



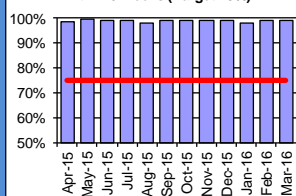
BP - % seen in treatment within 2 weeks  
(Target 50%)



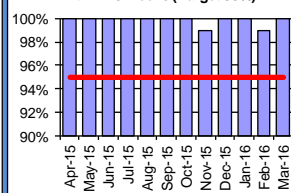
Adult ADHD % seen in the month &  
waiting at the end of the month



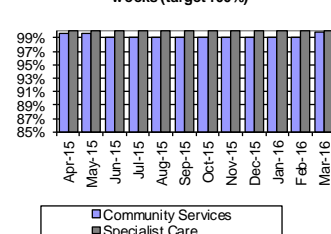
Adult IAPT - % seen in treatment  
within 6 weeks (Target 75%)



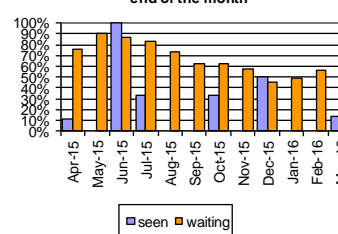
Adult IAPT - % seen in treatment  
within 18 weeks (Target 95%)



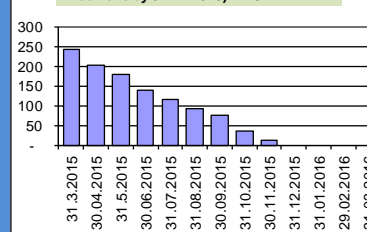
Multidisciplinary Teams (MDT) wait from  
referral to first contact - % seen within 18  
weeks (target 100%)



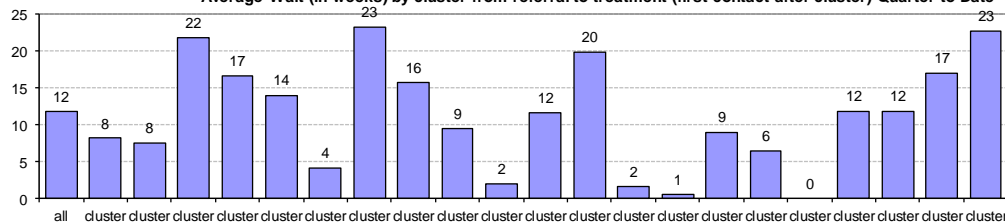
Adult Autism Diagnosis first contact within  
18 weeks - % seen and % waiting at the  
end of the month



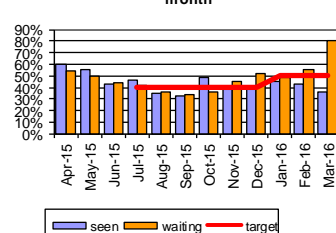
Number of CYPS Throughput Waiters (to  
be zero by 31.12.2015) \*\*ACHIEVED\*\*



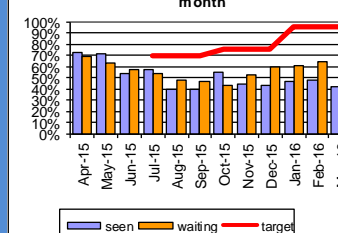
Average Wait (in weeks) by cluster from referral to treatment (first contact after cluster) Quarter to Date



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



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



## 6. Workforce Dashboard

### Workforce Dashboard

Training	Target	M12 position	Trend	Forecast position
Fire Training	90%	89.0%	●	89.0%
Health and Safety Training	90%	95.0%	●	95.0%
Moving and Handling Training	90%	95.3%	●	95.3%
Clinical Risk Training	90%	86.7%	●	86.7%
Clinical Supervision Training	90%	79.0%	●	79.0%
Safeguarding Children Training	90%	94.4%	●	94.4%
Safeguarding Adults Training	90%	93.1%	●	93.1%
Equality and Diversity Introduction	90%	93.5%	●	93.5%
Hand Hygiene Training	90%	92.4%	●	92.4%
Medicines Management Training	90%	89.5%	●	89.5%
Rapid Tranquilisation Training	90%	87.8%	●	87.8%
MHCT Clustering Training	90%	86.6%	●	86.6%
Mental Capacity Act Training	90%	88.3%	●	88.3%
Mental Health Act Training	90%	85.0%	●	85.0%
Deprivation of Liberty Training	90%	86.5%	●	86.5%
Seclusion Training (Priority Areas)	90%	95.9%	●	95.9%
Dual Diagnosis Training (80% target)	80%	85.3%	●	85.3%
PMVA Basic Training	90%	76.3%	●	76.3%
PMVA Breakaway Training	90%	77.0%	●	77.0%
Information Governance Training	90%	87.7%	●	87.7%
Records and Record Keeping Training	90%	97.6%	●	97.6%

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

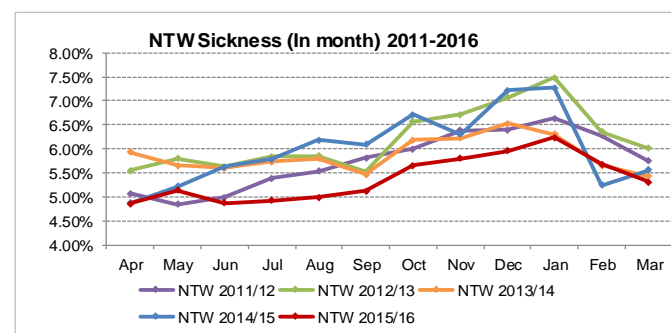
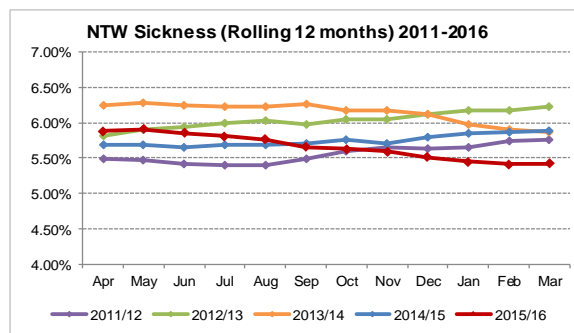
▲	Trend improving on previous month
▬	Trend the same as previous month
▼	Trend worse than previous month

Behaviours and Attitudes	Target	M12 position	Trend	Forecast position
Appraisals	90%	82.6%	●	90%
Disciplinaries (new cases since 1/4/15)		209		
Grievances (new cases since 1/4/15)		41		

Recruitment, Retention & Reward				
Corporate Induction	100%	100.0%	●	100%
Local Induction	100%	99.6%	●	97%
Staff Turnover	<10%	7.9%	●	<10%
Current Headcount		6121	N/A	N/A

Best Use of Resources				
Agency Spend		£1,566,000	●	
Admin & Clerical Agency (included in above)		£315,000	●	
Overtime Spend		£308,500	●	
Bank Spend		£701,000	●	

Managing Attendance				
In Month sickness	<5%	5.31%	●	
Short Term sickness (rolling)		1.32%		
Long Term sickness (rolling)		4.10%		
Average sickness (rolling)	<5%	5.42%	●	





## 7. Finance Dashboard

High Level Financial Targets	Current £'000	Forecast £'000
I&E – Position before exceptional items	(4,229)	(4,229)
EBITDA	(16,251)	(16,251)
Capital Spend/CRL	15,766	15,766
Efficiency Plan	10,234	10,234

### I and E Variance

Directorate	Current £'000	Forecast £'000
In-Patients	1,244	1,244
Community Services	(356)	(356)
Specialist Care	3,319	3,319
Indirect/Support Services Costs	(4,868)	(4,868)
Other/Reserves	(1,497)	(1,497)
Cost of Capital	(71)	(71)

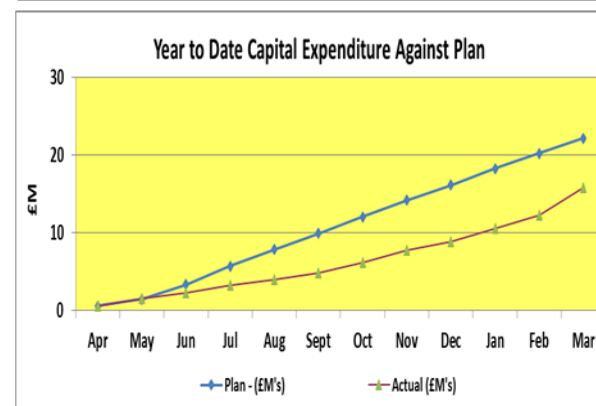
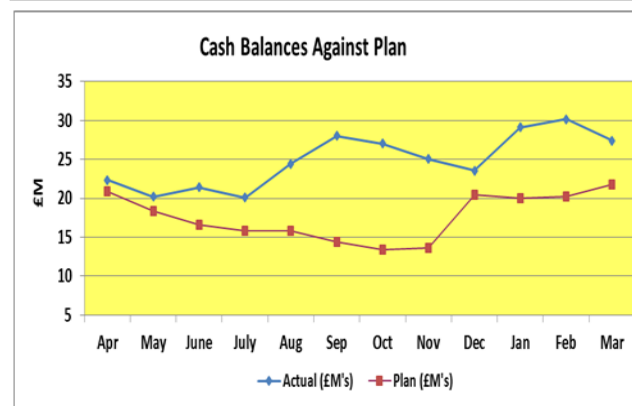
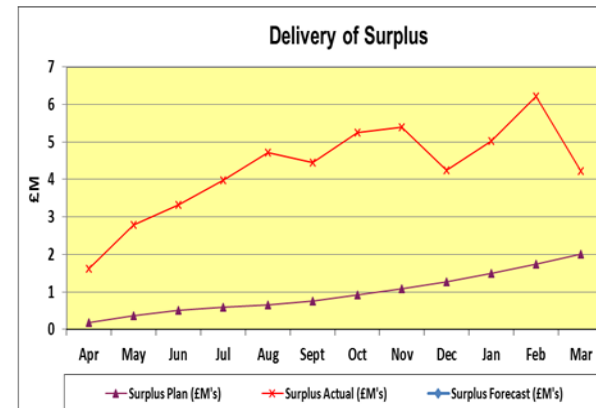
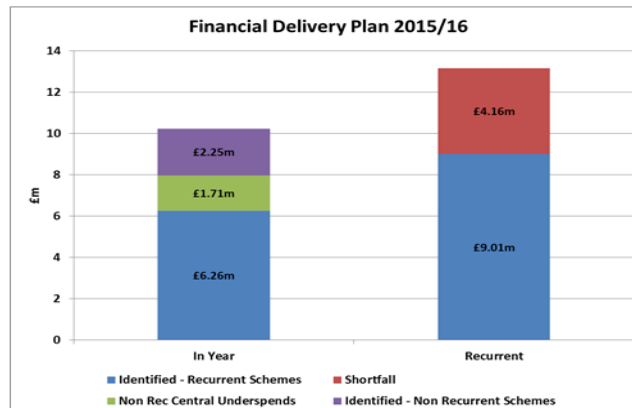
### Balance Sheet

Key Indicators	Current	Forecast
Cash	£27.4m	Green
Loans Drawn	£10.4m	Green
Loans Forecast	£10.4m	Green
Current Ratio	1.3	Green
BPPC	95.0%	Green

FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.26x	2
Liquidity Ratio	10.4 days	4
I&E Margin	1.38%	4
I&E Margin Variance	0.73%	4
<b>Overall Rating</b>		<b>4</b>

### Key Issues

- Risk rating is a 4.
- I&E surplus for 15/16 before exceptional items is £4.2m which is £2.2m above initial plan.
- The main pressures during the year were staff overspends in Specialist Care and achieving FDP savings.
- Exceptional items total -£7.6m and relate to the reversal of impairments resulting from asset valuation increases.
- Cash position at the year end is £27.4m which is £5.6m above plan.



## 8. Contract Summary Dashboards

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

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 requirements were met for March

### Areas for improvement

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

Report Date: 06/04/2016 13:35:09

Target Achievement in this period



Comments:

All requirements were met for March

Areas for improvement

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

Report Date: 06/04/2016 13:35:21

Target Achievement in this period

9 SOUTH TYNESIDE  
CCG (100.0%)



Comments:

All requirements were met for March

Areas for improvement

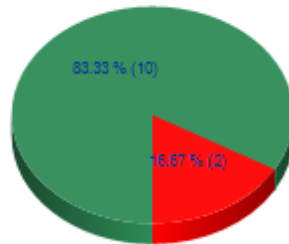
Metric ID	Ref	Metric Name
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Report Date: 06/04/2016 13:36:41

Target Achievement in this period

10  
2 SUNDERLAND  
CCG (83.3%)

Under Achievement Achievement



Comments:

The underperformance on 7 day follow up was due to two clients, one who was in an acute hospital so was seen informally.

Work continues on improvements within IAPT and from April an integrated service with Sunderland Counselling services will be in place which should ensure the access target is met.

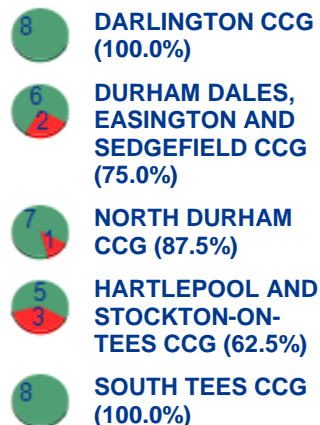
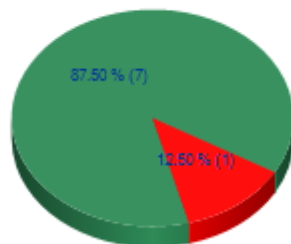
Areas for improvement

Metric ID	Ref	Metric Name	SUNDERLAND CCG	Overall
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	90.0% <span style="color: red;">✗</span>	90.0% <span style="color: red;">✗</span>
701042		IAPT KPI 4 Sunderland	475 <span style="color: red;">✗</span>	475 <span style="color: red;">✗</span>

Report Date: 06/04/2016 13:35:13

### Target Achievement in this period

Under Achievement Achievement



### Comments:

At a contract level all metrics were achieved in March with the exception of CPA reviews in the last 12 months, the under performance on this related to 3 clients.

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.

### Areas for improvement

Metric ID	Ref	Metric Name	DARLINGTON CCG	DURHAM DALES, EASINGTON	NORTH DURHAM CCG	HARTLEPOOL AND STOCKTON	SOUTH TEES CCG	Overall
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	92.3% ✗	95.5% ✓	100.0% ✓	100.0% ✓	96.6% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	100.0% ✓	87.5% ✗	100.0% ✓	66.7% ✗	100.0% ✓	95.7% ✓
7238		MHMDS Data Completeness, Current Service Users aged 18 and over with a valid NHS Number	100.0% ✓	100.0% ✓	100.0% ✓	96.0% ✗	100.0% ✓	99.8% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	100.0% ✓	93.3% ✗	0.0% ✗	100.0% ✓	92.3% ✗

Report Date: 06/04/2016 13:35:14

Target Achievement in this period



Comments:

All requirements were met for March

Areas for improvement

Metric ID	Ref	Metric Name
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Report Date: 06/04/2016 13:35:08

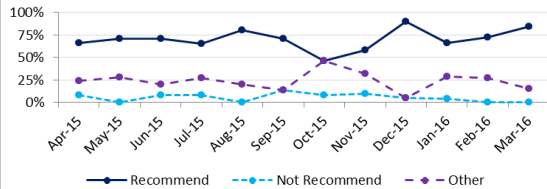
## 9. Principal Community Pathways Benefits Realisation Dashboards

### Benefits Realisation dashboard Sunderland Psychosis/Non-Psychosis

#### Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible

##### Friends and Family

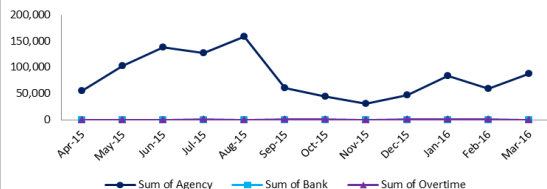


Comments

#### Safe

To get the right care, safely and easily from our flexible and skilled workforce

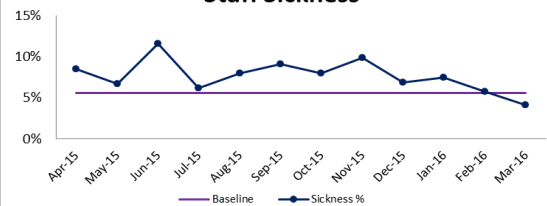
##### Bank, Agency and Overtime Costs



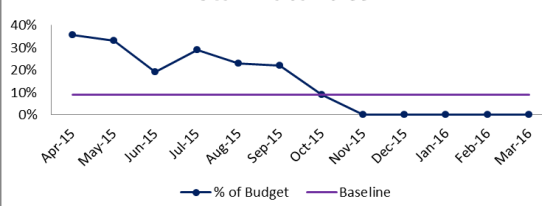
##### Incidents of Harm



##### Staff Sickiness



##### Staff Vacancies

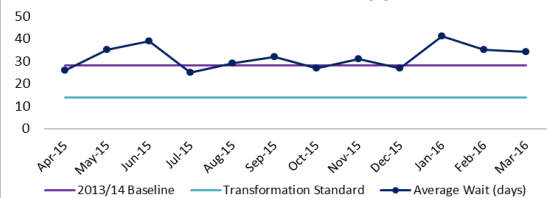


Comments

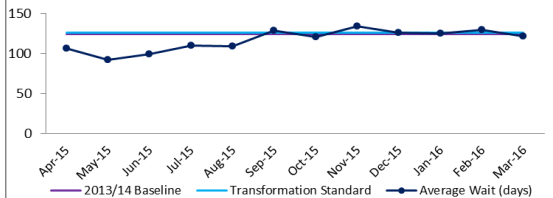
#### Responsive

You can reach us simply and quickly, the earlier the better

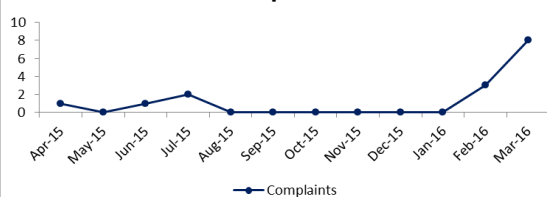
##### Wait from Referral to 1st Appointment



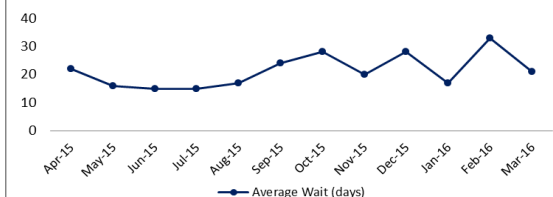
##### Wait from Referral to Treatment



##### Complaints



##### Wait from Assessment to Treatment

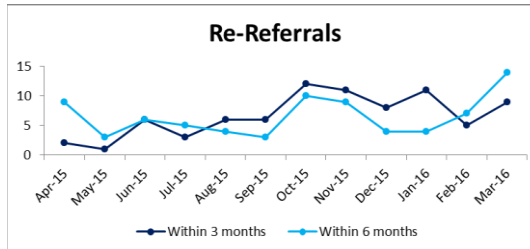
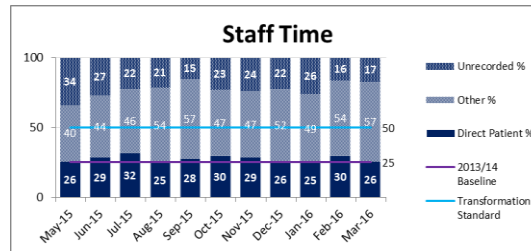
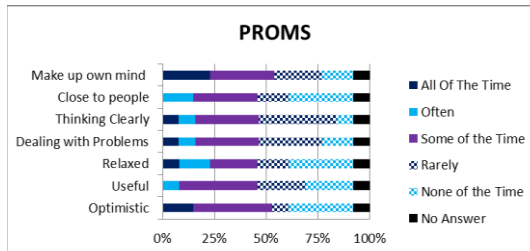
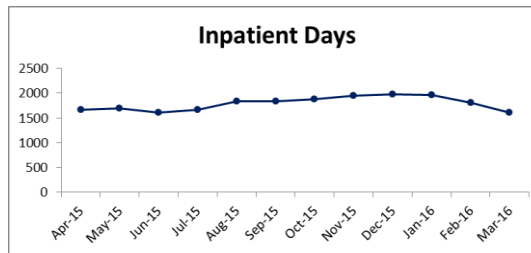
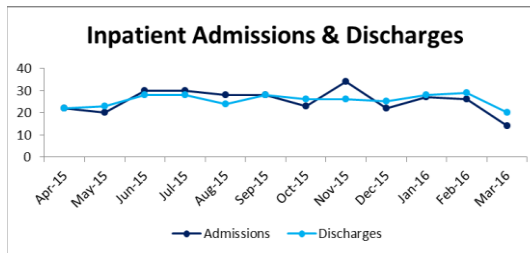


Comments



## Effective

To get the right care, safely and easily



HoNOS Factor	Score change within the period	Sunderland Psychosis/Non-Psychosis	%	
Personal	No Change	44	50%	88 100%
	Improved	23	26%	
	Deteriorated	21	24%	
Emotional	No Change	27	31%	88 100%
	Improved	19	22%	
	Deteriorated	42	48%	
Social	No Change	39	44%	88 100%
	Improved	22	25%	
	Deteriorated	27	31%	
Severe Disturbance	No Change	42	48%	88 100%
	Improved	15	17%	
	Deteriorated	31	35%	

Comments

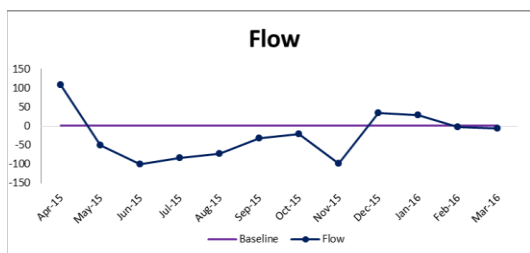
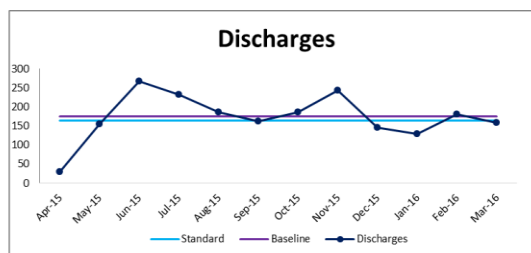
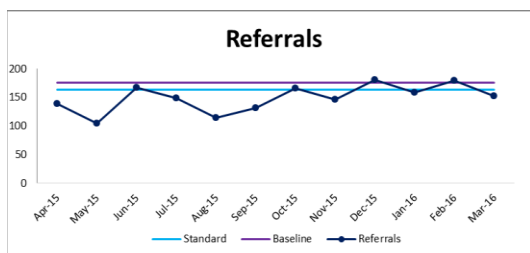
## Transformation Implementation

Project	Status	Comment
Staffing	● ● ●	
IT	● ● ●	
Standard Work	● ● ●	
Accommodation	● ● ●	
Pathway Functions	● ● ●	
Clinical Pathway/Interventions	● ● ●	

Key: ● Action Completed ● In Progress ● To Commence

Comments

## Capacity



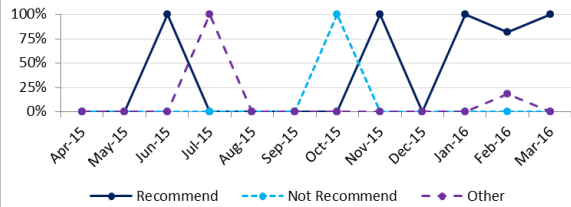
Comments

## Benefits Realisation dashboard Sunderland Older People

### Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible

#### Friends and Family

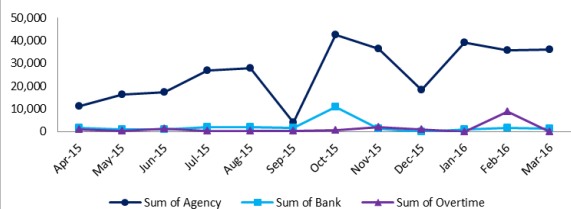


Comments

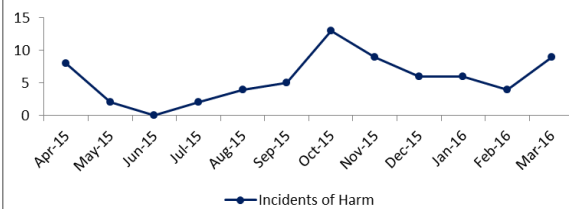
### Safe

To get the right care, safely and easily from our flexible and skilled workforce

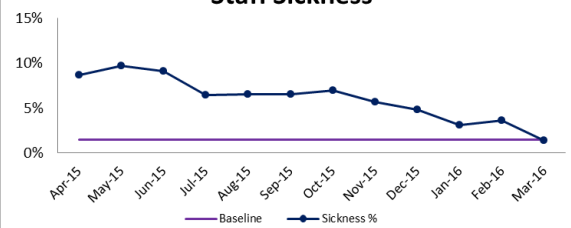
#### Bank, Agency and Overtime Costs



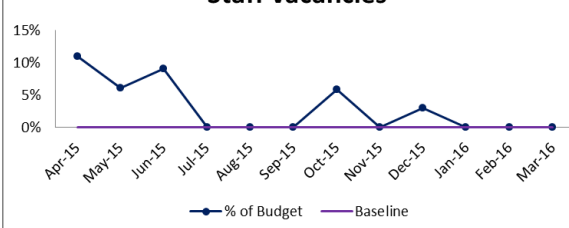
#### Incidents of Harm



#### Staff Sickness



#### Staff Vacancies

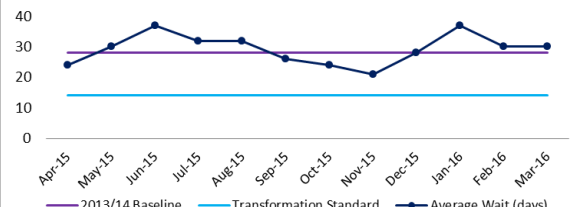


Comments

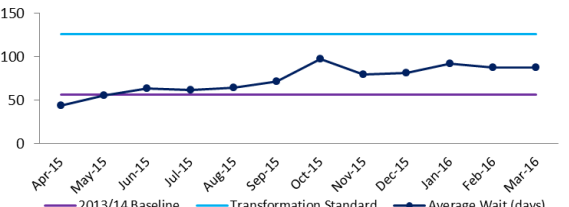
### Responsive

You can reach us simply and quickly, the earlier the better

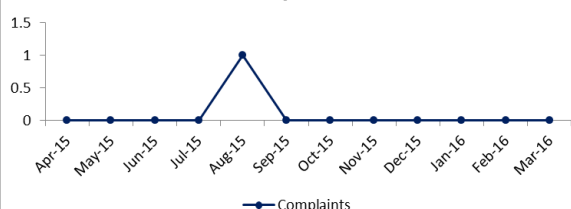
#### Wait from Referral to 1st Appointment



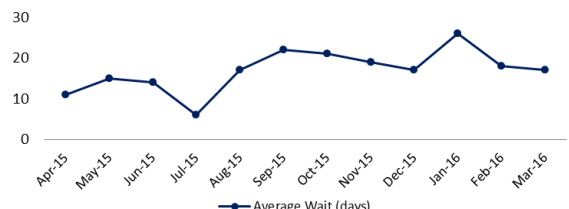
#### Wait from Referral to Treatment



#### Complaints

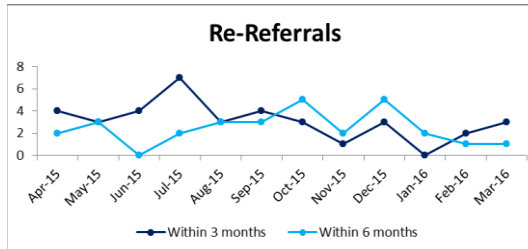
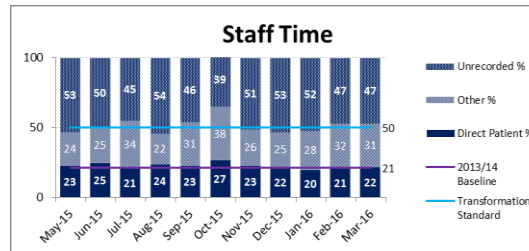
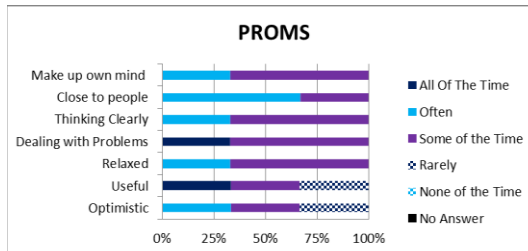
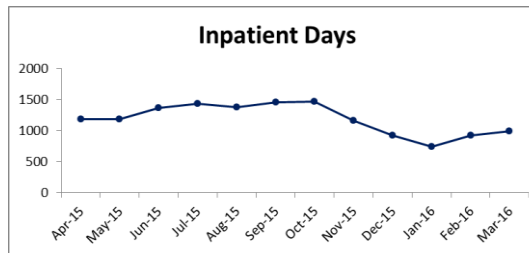
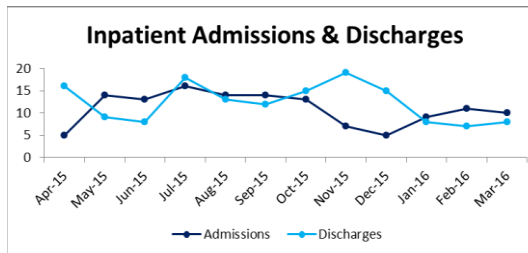


#### Wait from Assessment to Treatment



## Effective

To get the right care, safely and easily



HoNOS Factor	Score change within the period	Sunderland Older People	%
Personal	No Change	35	60%
	Improved	14	24%
	Deteriorated	9	16%
Emotional	No Change	39	67%
	Improved	7	12%
	Deteriorated	12	21%
Social	No Change	46	79%
	Improved	7	12%
	Deteriorated	5	9%
Severe Disturbance	No Change	35	60%
	Improved	9	16%
	Deteriorated	14	24%

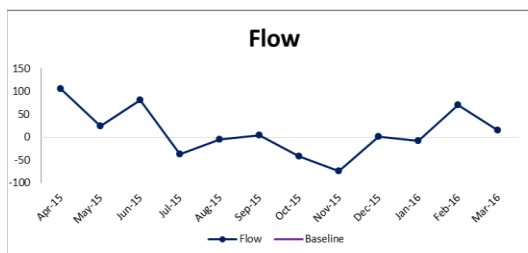
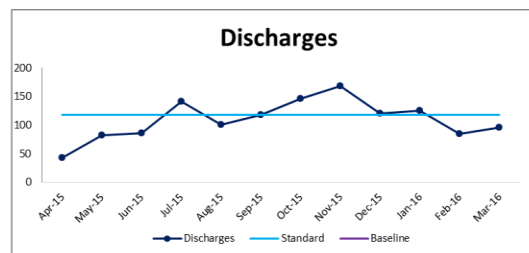
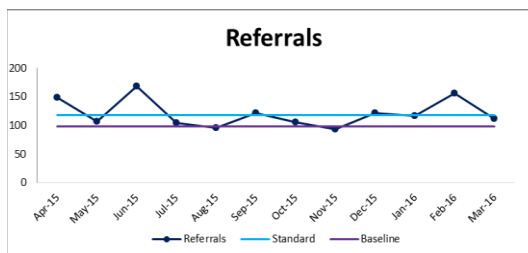
Comments

## Transformation Implementation

Project	Status	Comment
Staffing	● ● ●	
IT	● ● ●	
Standard Work	● ● ●	
Accommodation	● ● ●	
Pathway Functions	● ● ●	
Clinical Pathway/Interventions	● ● ●	

Comments

## Capacity

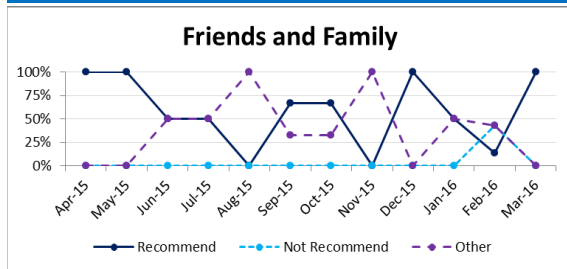


Comments

## Benefits Realisation dashboard South Tyneside Psychosis/Non-Psychosis

### Caring

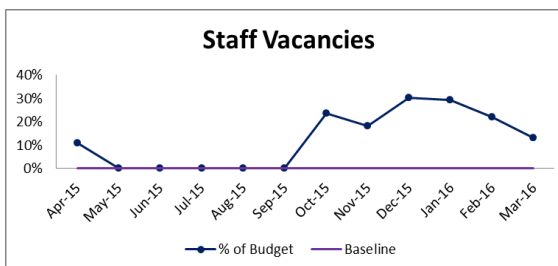
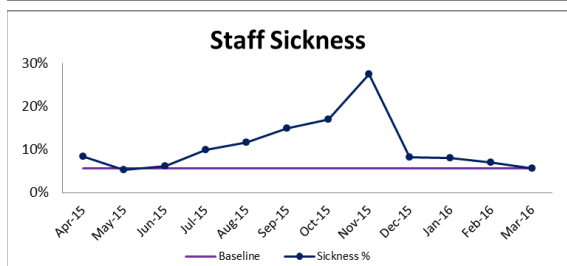
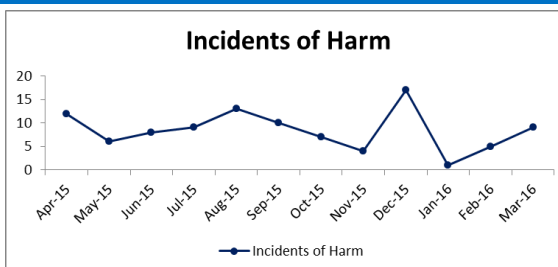
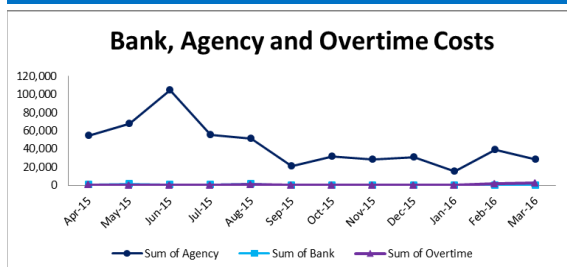
In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible



Comments

### Safe

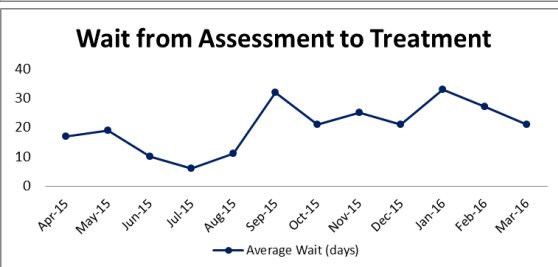
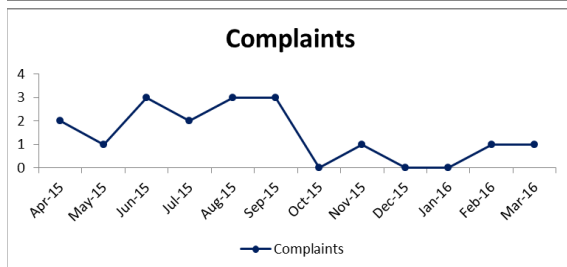
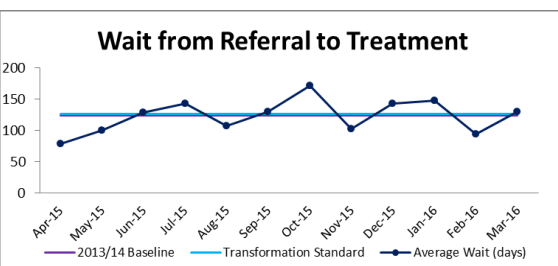
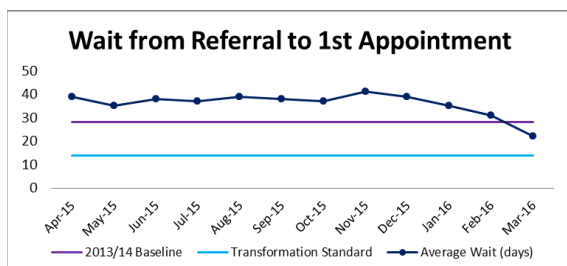
To get the right care, safely and easily from our flexible and skilled workforce



Comments

### Responsive

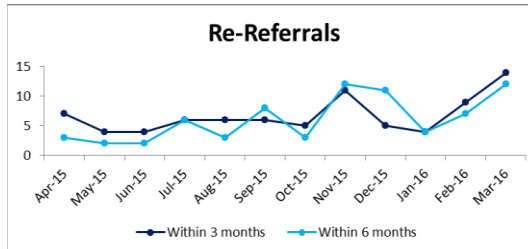
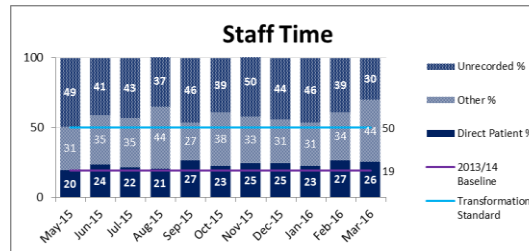
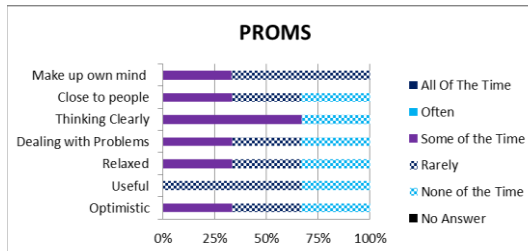
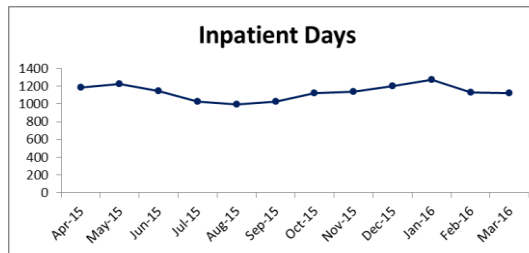
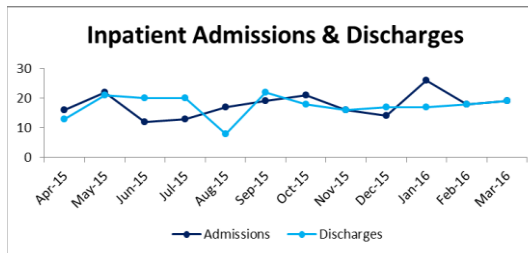
You can reach us simply and quickly, the earlier the better



Comments

## Effective

To get the right care, safely and easily



HoNOS Factor	Score change within the period	South Tyneside Psychosis/Non-Psychosis	%	
Personal	No Change	22	55%	
	Improved	9	23%	
	Deteriorated	9	23%	40 100%
Emotional	No Change	20	50%	
	Improved	7	18%	
	Deteriorated	13	33%	40 100%
Social	No Change	20	50%	
	Improved	10	25%	
	Deteriorated	10	25%	40 100%
Severe Disturbance	No Change	19	48%	
	Improved	10	25%	
	Deteriorated	11	28%	40 100%

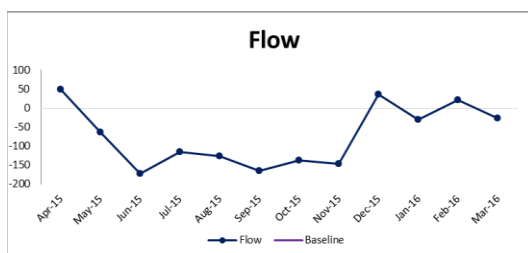
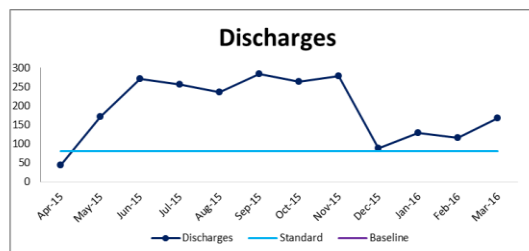
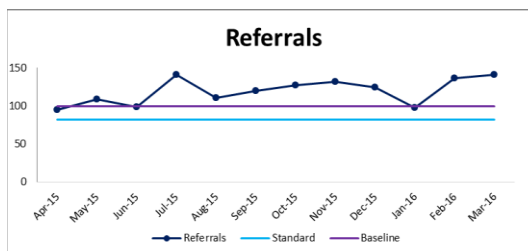
Comments

## Transformation Implementation

Project	Status	Comment
Staffing	● ● ●	
IT	● ● ●	
Standard Work	● ● ●	
Accommodation	● ● ●	
Pathway Functions	● ● ●	
Clinical Pathway/Interventions	● ● ●	

Comments

## Capacity



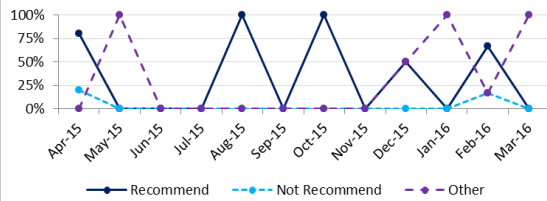
Comments

## Benefits Realisation dashboard South Tyneside Older People

### Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible

#### Friends and Family

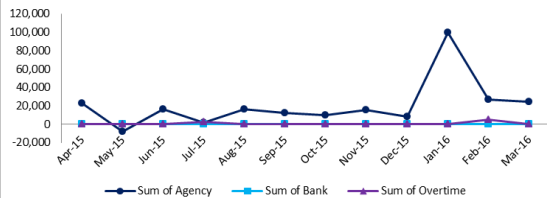


Comments

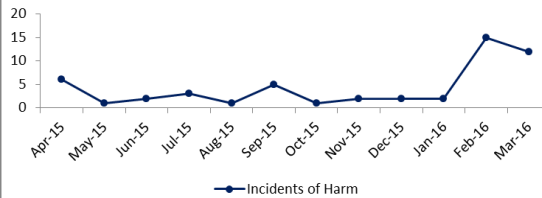
### Safe

To get the right care, safely and easily from our flexible and skilled workforce

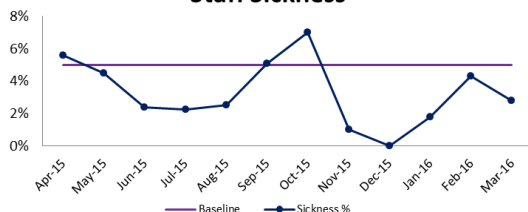
#### Bank, Agency and Overtime Costs



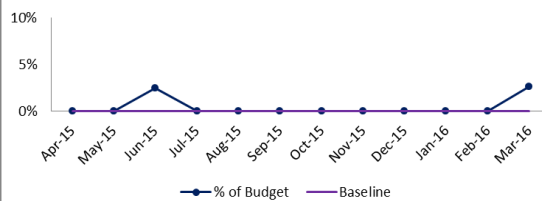
#### Incidents of Harm



#### Staff Sickness



#### Staff Vacancies

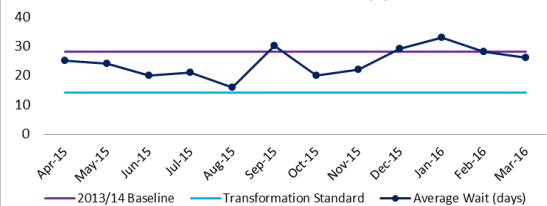


Comments

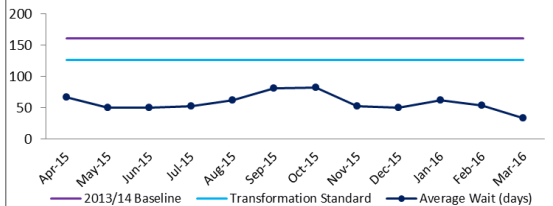
### Responsive

You can reach us simply and quickly, the earlier the better

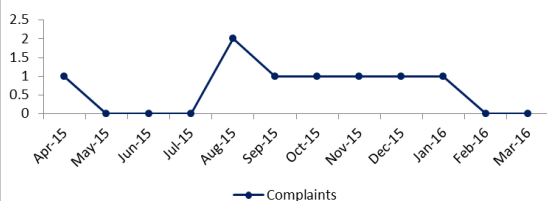
#### Wait from Referral to 1st Appointment



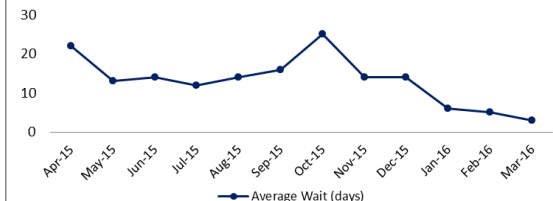
#### Wait from Referral to Treatment



#### Complaints



#### Wait from Assessment to Treatment

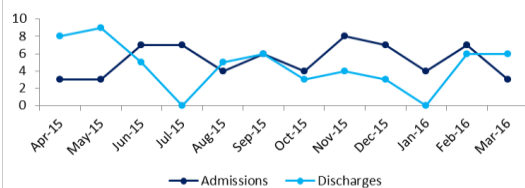


Comments

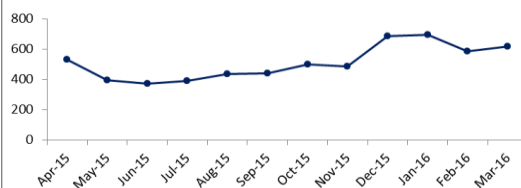
## Effective

To get the right care, safely and easily

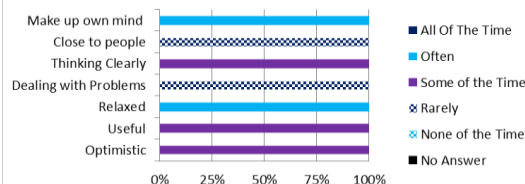
### Inpatient Admissions & Discharges



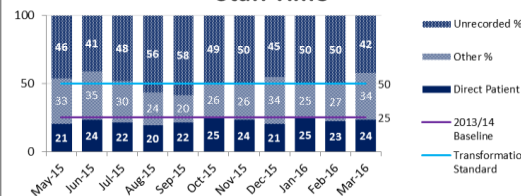
### Inpatient Days



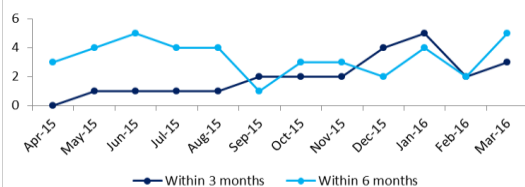
### PROMS



### Staff Time



### Re-Referrals



HoNOS Factor	Score change within the period	South Tyneside Older People	%		
Personal	No Change	31	70%		
	Improved	6	14%		
	Deteriorated	7	16%	44	100%
Emotional	No Change	33	75%		
	Improved	3	7%		
	Deteriorated	8	18%	44	100%
Social	No Change	35	80%		
	Improved	2	5%		
	Deteriorated	7	16%	44	100%
Severe Disturbance	No Change	26	59%		
	Improved	5	11%		
	Deteriorated	13	30%	44	100%

Comments

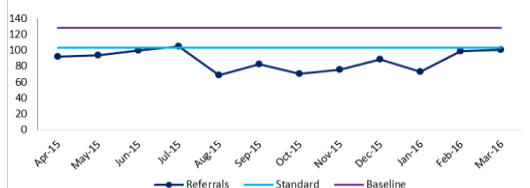
## Transformation Implementation

Project	Status	Comment
Staffing	<span style="color: green;">●</span>	
IT	<span style="color: orange;">●</span>	
Standard Work	<span style="color: orange;">●</span>	
Accommodation	<span style="color: orange;">●</span>	
Pathway Functions	<span style="color: orange;">●</span>	
Clinical Pathway/Interventions	<span style="color: orange;">●</span>	

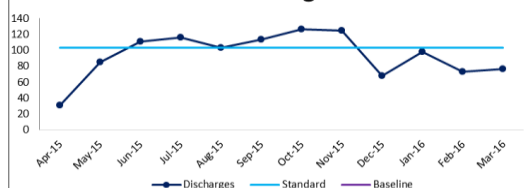
Comments

## Capacity

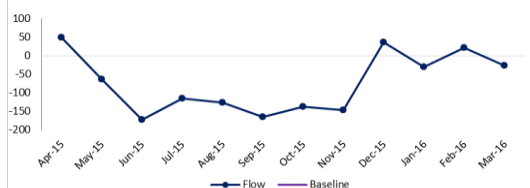
### Referrals



### Discharges



### Flow



Comments