NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 25 February 2015

Title and Author of Paper: Performance Report (Month 10). 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 M10 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 M10 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. The carers CQUIN has also been rated amber in month 10 due to slight delays in completion of Q3 work however the year end forecast is green.
- Serious Incidents – there were 10 Serious Incidents reported in Month 10 which is an decrease from 17 the previous month **(page 6)**
- Complaints – there were 27 complaints received in Month 10 which is an increase from 25 the previous month **(page 6)**
- Waiting Times – a draft waiting times dashboard is included within the report, however this month the shadow contractual EIP and IAPT targets data has been removed due to a review of the methodology used . nb waiting times data will be provided at CCG level from April 2015 onwards **(page 7)**
- Workforce Dashboard – JDR/PDP rates are now at 80.3% and remain below the expected minimum of 90%. Sickness absence has increased to 7.27% in January 2015 from 7.22% the previous month **(page 8)**
- Finance Dashboard - At Month 10, the Trust had a risk rating of 4 and a surplus before exceptional items of £7.0m which was £3.0m ahead of plan. It is also forecasting a year-end surplus before exceptional items of £3.4m which is £2.3m ahead of plan. However, the Trust is still facing some key financial pressures including forecast in-patient staffing overspends in Urgent Care (£3.1m) and overspends on medical staffing (£0.5m) as well as a forecast in-year shortfall on savings required from the Financial Delivery Programme (£1.8m). 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 10 **(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

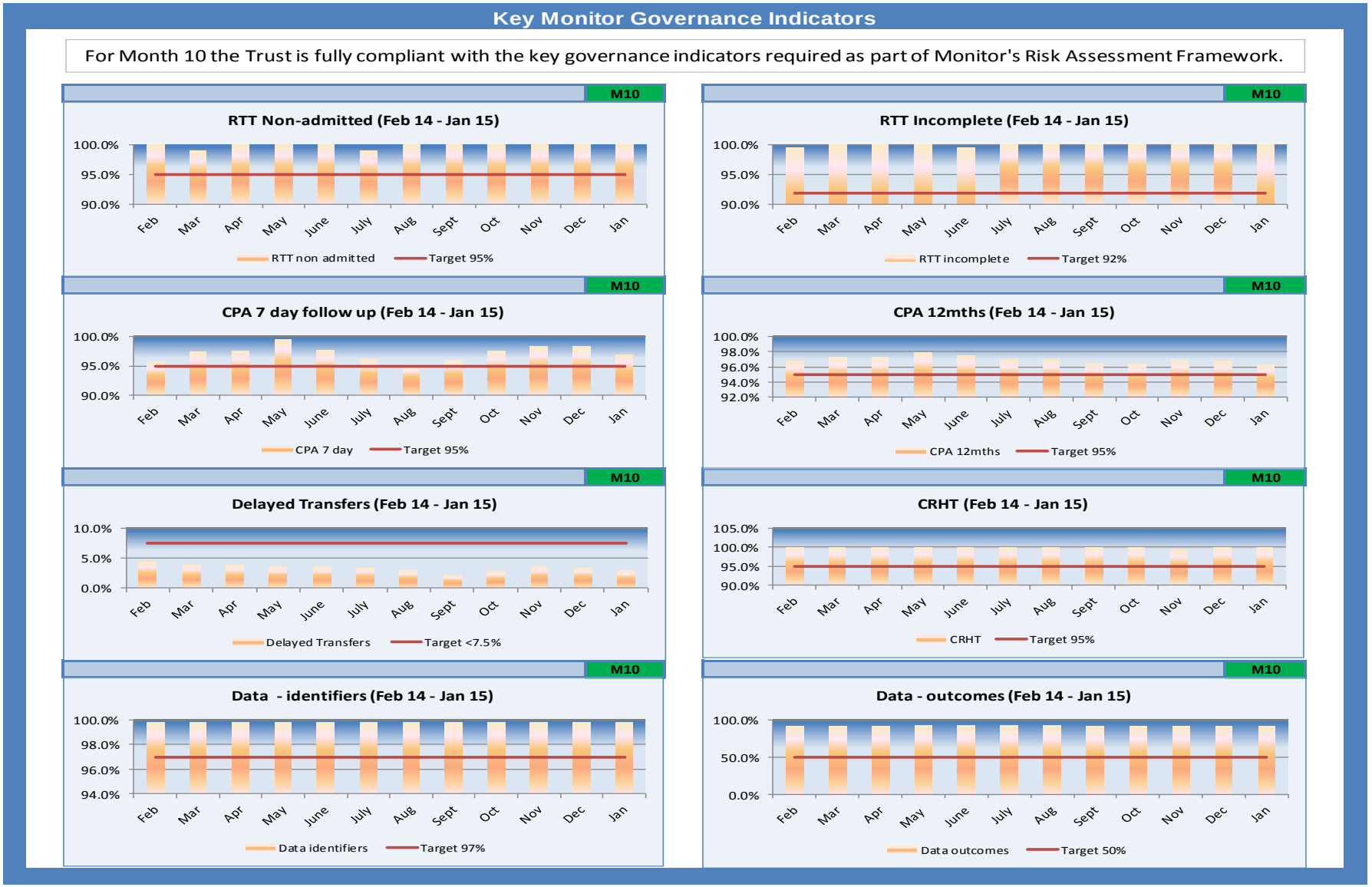
Monitor Compliance Dashboard

Risk Assessment Framework	Target	Quarter 3 position	Current position (M10)		Trend	Forecast position
Overall Governance Risk Rating	Green	Green	Green	●	–	●
Overall Finance Risk Rating		3	4		–	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%	97.8%	96.9%	●	▼	97.0%
CPA review within 12 months	95%	96.8%	96.3%	●	▼	97.0%
Minimising mental health delayed transfers of care (including social care)	≤7.5%	3.0%	2.9%	●	▲	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%	●	–	99.8%
Data Completeness: outcomes for patients on CPA (3 indicators)	50%	91.7%	91.3%	●	▼	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 10 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

NHS OUTCOMES FRAMEWORK- Quarter 3 2014/15

Domain 5

PATIENT SAFETY - NTW		
Figures for Apr - Sept 14 (6 months)	NTW	All MH
Reported Incidents per 1,000 beds	32.1	26.7
Patient Safety incidents - No Harm	29.6%	59.7%
Patient Safety incidents - Low	62.6%	32.2%
Patient Safety incidents - other	7.8%	8.1%
Clients on CPA review within 12 months - Aug 14	97.0%	97.3%

Domain 1

Domain 3

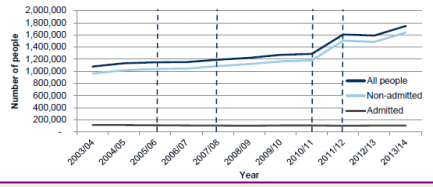
CLINICAL EFFECTIVENESS - NTW		
	NTW	England
% Of clients in Employment - Aug 14	9.8%	6.7%
% Of clients in settled accommodation - Aug 14	73.8%	58.9%
IAPT Recovery rates - Sunderland Q1 14	47.9%	45.0%
IAPT Recovery rates - Northumberland Q1 14	35.8%	45.0%
Followed up within 7 days of discharge -Q2 14	97.1%	97.3%

Domain 2

Domain 4

PATIENT EXPERIENCE - NTW		
Patient Experience Summary scores 2013	NTW	England
Experience of access & waiting	7.46	7.24
Safe , High Quality Patient care	6.98	6.74
Better information and more choice	6.74	6.54
Building closer relationships	8.43	8.11
Family & Friends test- Q2 at 30.9.14	71.8% Positive Response	

Figure 1.1: People in contact with mental health services by highest level of care and year 2003/4 – 2013/14



Patient Access & Demographics (MHMDS Annual Report Nov 14)

Figure 1.7: Standardised rates of people using mental health services and people who spent time in hospital by ethnic group, 2013/14

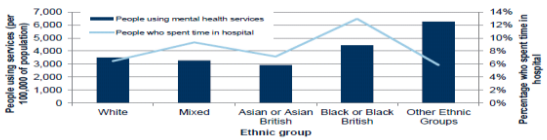
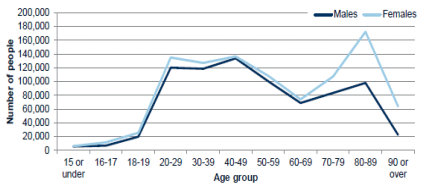


Figure 1.2: People in contact with mental health services by age and gender, 2013/14



NTW DATA					
Current Clients 30th Dec 2014	**41,680**	**Clients on CPA 30th Dec 2014**	**4,762**		
Principal Community Pathways:					
Beds Occupied at 31st Dec 2014 (UC & PC)	506			Emergency re-admissions (within 28 days excLD)	**200 / 2503 (Dec YTD)**
Beds Occupied at 30th Sept 2014 (UC & PC)	505			Emergency re-admissions (within 28 days excLD)	**215 / 2621 (Sept YTD)**
Specialist Care Group:					
Beds Occupied at 31st Dec 2014 (inc leave)	291			Emergency re-admissions (within 28 days excluding LD)	**2 / 417 (Dec YTD)**
Beds Occupied at 30th Sept 2014 (inc leave)	290			Emergency re-admissions (within 28 days excluding LD)	**3 / 397 (Sept YTD)**

NATIONAL CONTEXTUAL DATA				
Average Spend on MH 2011/12 - per head of population	**England**	**£183**	**North East**	**£205**
Prevalence rates - Dementia 13/14	**England**	**0.62**	**North East**	**0.78**
Prevalence rates - Depression 13/14	**England**	**6.5**	**North East**	**7.0**

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

4. Quality Dashboard

Quality Dashboard

CQC Outcomes	Target	M10 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, availabilty 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	M10 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	M10 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	●	●	–	●

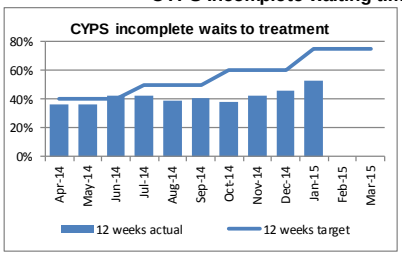
Patient Safety Indicators	M10 position
Number of Serious Incidents	10
Number of Complaints	27

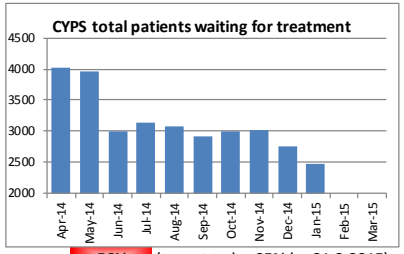
●	Performance on track and/or improved from previous month
●	Some improvements needed to achieve target
●	Not achieving target/performance deteriorating
▲	Trend improved from previous month
–	Trend the same as previous month
▼	Trend worse than previous month

5. Waiting Times Dashboard

Waiting Times Dashboard

CYPS Incomplete waiting times from referral to treatment



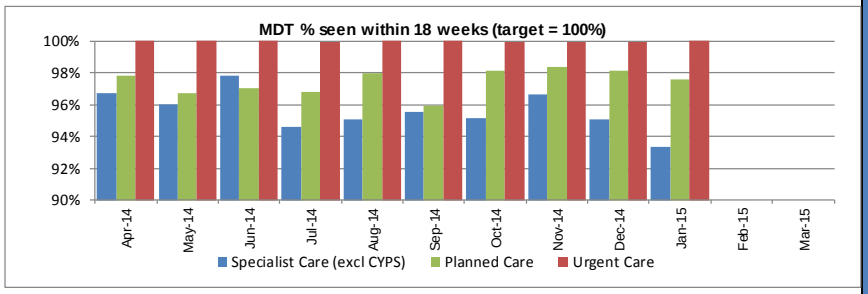


Percentage currently waiting less than 18 weeks = 56% (target to be 95% by 31.3.2015)

Commentary:

The CQUIN target is to be measured against performance as at 31st March 2015. It is anticipated that in the final quarter of 2014/2015, no patients entering treatment will have waited more than 12 weeks for treatment to commence.

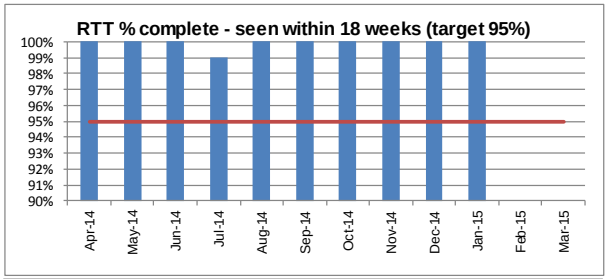
Referral to first contact - multidiciplinary teams (MDT)

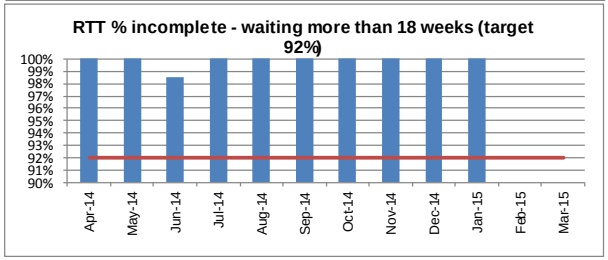


Commentary:

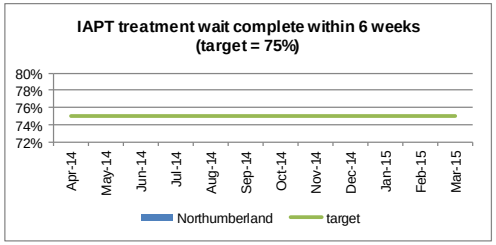
The Specialist Care Group figures above exclude CYPS.
Hotspots remain Gender Dysphoria (ongoing discussions with commissioners) and Adult Autism Diagnosis (improving trend).

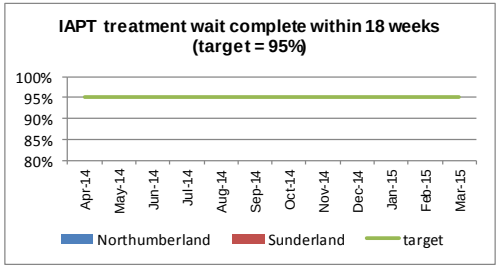
Referral to first contact - consultant led services (RTT)





Shadow Contract Waiting Times





Currently these metrics are under review due to ongoing national changes to the methodology.

EIP treatment wait complete within 2 weeks (target 50%)	Entered treatment Jan 14	Number within 2 weeks	% within 2 weeks
EIP Newcastle & North Tyneside			
EIP Northumberland			
EIP South Tyneside and Gateshead			
EIP Sunderland			
Grand Total			

6. Workforce Dashboard

Workforce Dashboard

Statutory and Mandatory Training	Target	M10 position		Trend	Forecast position
Fire Training	90%	87.7%			90%
Health and Safety Training	90%	89.3%			90%
Moving and Handling Training	90%	92.1%			92%

Job Related Essential Training					
Clinical Risk Training	90%	89.9%			90%
Clinical Supervision Training	90%	83.1%			83%
Safeguarding Children Training	90%	96.7%			98%
Safeguarding Adults Training	90%	95.2%			97%
Equality and Diversity Introduction	90%	92.1%			92%
Hand Hygiene Training	90%	91.0%			92%
Medicines Management Training	90%	85.4%			85%
Rapid Tranquilisation Training	90%	84.0%			85%
MHCT Clustering Training	90%	93.1%			95%
Mental Capacity Act Training	90%	82.1%			85%
Mental Health Act Training	90%	81.1%			85%
Deprivation of Liberty Training	90%	81.6%			85%
Seclusion Training	90%	92.1%			92%
Dual Diagnosis Training (80% target)	80%	86.2%			85%
PMVA Basic Training	90%	74.6%			75%
PMVA Breakaway Training	90%	70.1%			75%
Information Governance Training	90%	85.4%			90%
Records and Record Keeping Training	90%	97.8%			98%

Behaviours and Attitudes	Target	M10 position		Trend	Forecast position
Appraisals	90%	80.3%			88%
Disciplinaries (new cases since 1/4/14)		104			
Grievances (new cases since 1/4/14)		39			
CRB Checks	N/A	N/A		N/A	N/A

Recruitment, Retention & Reward					
Corporate Induction	100%	100.0%			100%
Local Induction	100%	89.2%			90%
Staff Turnover	<10%	7.8%			<10%
Current Headcount		5970	N/A	N/A	N/A

Managing Attendance					
In Month sickness	<5%	7.27%			
Short Term sickness (rolling)		1.68%			
Long Term sickness (rolling)		4.17%			
Average sickness (rolling)	<5%	5.84%			

Best Use of Resources					
Agency Spend		£919,000			
Admin & Clerical Agency (included in above)		£168,000			
Overtime Spend		£173,000			
Bank Spend		£726,000			

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

	Trend improving on previous month
	Trend the same as previous month
	Trend worse than previous month

7. Finance Dashboard

Financial Performance Dashboard

High Level Financial Targets	Current £000	Forecast £'000
I&E – Position before exceptional items	(7,032)	(3,426)
EBITDA	(17,393)	(16,088)
Capital Spend/CRL	11,683	15,149
Efficiency Plan	5.644	7.305

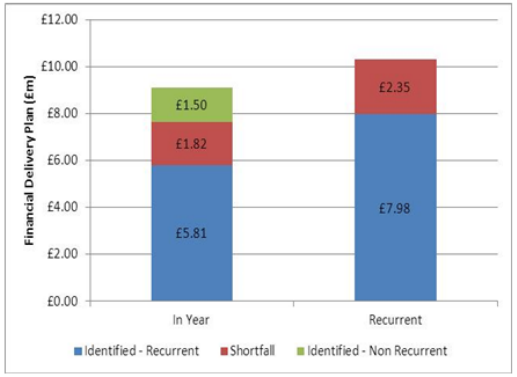
FT Risk Ratings	Achieved YTD	RR YTD
Capital Service Capacity	1.82x	3
Liquidity Ratio	10.1 days	4
Overall Rating		**4**

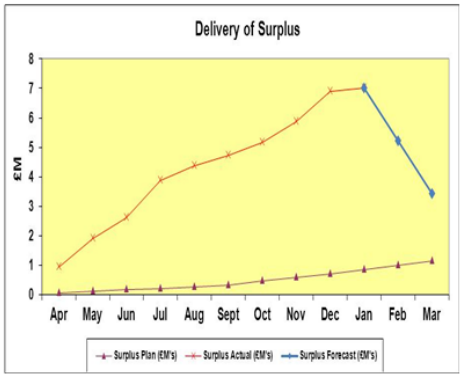
Key Issues

- 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 Mth10
- Cash position ahead of plan.

I and E Variance

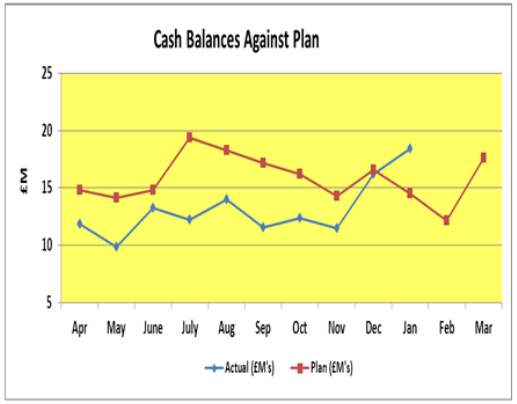
Directorate	Current £'000	Forecast £'000
Urgent Care	997	1,301
Planned Care	(448)	(120)
Specialist Care	(2,142)	(2,430)
Indirect/Support Services Costs	(3,379)	(2,918)
Other/Reserves	2,005	1,868
Cost of Capital	(64)	22

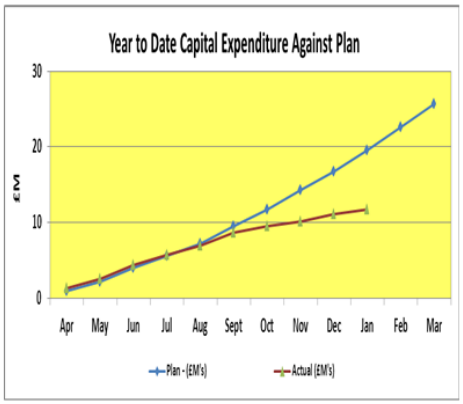




Balance Sheet

Key Indicators	Current	Forecast
Cash	£18.4m	Green
Loans Drawn	£0.0m	Green
Loans Forecast	£4.6m	Green
Debtor Days	21.3	Green
Creditor Days	11.4	Green
Current Ratio	1.4	Green
BPPC	95.0%	Green



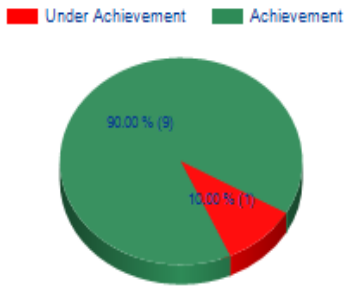


8. Contract Summary Dashboards

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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



- 9 / 1 — **GATESHEAD CCG (90.0%)**
- 9 / 1 — **NEWCASTLE NORTH AND EAST CCG (90.0%)**
- 8 / 2 — **NEWCASTLE WEST CCG (80.0%)**
- 7 / 2 — **CUMBRIA CCG (77.8%)**

Comments:
The Alliance contract overall has one area of underperformance for January :

> CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan

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

The underperformance on 7 day follow up in Gateshead related to 1 patient

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	98.8% ✓	96.8% ✓	96.8% ✓	90.0% ✗	97.2% ✓
7102	28	CPA Service users with identified risks who have at least a 12 monthly crisis and contingency plan	97.5% ✓	92.2% ✗	93.8% ✗	90.9% ✗	94.1% ✗
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	94.7% ✗	100.0% ✓	100.0% ✓		98.0% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	98.1% ✓	96.4% ✓	94.2% ✗	100.0% ✓	96.1% ✓

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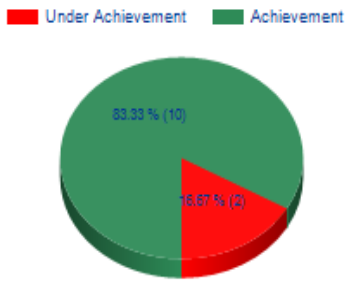
NTW Quality and Performance
Group: North
Period: 2014/15 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



NORTHUMBERLAND CCG (75.0%)

NORTH TYNESIDE CCG (90.0%)

Comments:

The two IAPT metrics for Northumberland are the only areas of underperformance at a contract level.

- Metric 701078 "moving to recovery" has increased from 33.3% to 36.1% in the month

The underperformance on 7 day follow up related to two clients –one of which was followed up on day 8.

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	94.7% ✗	97.6% ✓	95.8% ✓
7127	6	Number of Inpatient discharges from adult mental illness specialties followed up within 7 days	100.0% ✓	85.7% ✗	95.0% ✓
7947		Percentage of IAPT service users with at least two outcome scores recorded	86.0% ✗		86.0% ✗
701078		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Northumberland	36.1% ✗		36.1% ✗

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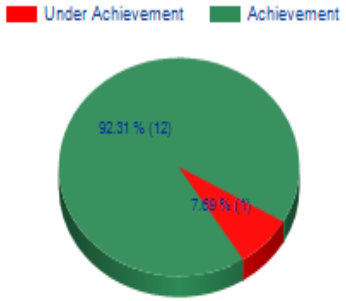
NTW Quality and Performance
Group: South
Period: 2014/15 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period



SOUTH TYNESIDE CCG (90.0%)

SUNDERLAND CCG (92.3%)

Comments:

There is one area of underperformance for January 2015 :

- IAPT "moving to recovery" - Although just below required levels, metric 701079 has improved in the month from 47.6% to 49.3%.

Areas for improvement

Metric ID	Ref	Metric Name	SOUTH TYNESIDE CCG	SUNDERLAND CCG	Overall
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	93.7% ✗	98.1% ✓	96.4% ✓
701079		The number of people who have completed treatment during the reporting period and who are 'moving to recovery' - Sunderland		49.3% ✗	49.3% ✗

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NTW Quality and Performance
Group: Durham and Tees
Period: 2014/15 January

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Target Achievement in this period

- DARLINGTON CCG (88.9%)
- DURHAM DALES, EASINGTON AND SEDGEFIELD CCG (77.8%)
- NORTH DURHAM CCG (77.8%)
- HARTLEPOOL AND STOCKTON-ON-TEES CCG (100.0%)
- SOUTH TEES CCG (100.0%)

Comments:

There are no under performing areas aat a contract level.

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 & recording of reviews 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	86.4% ✗	91.4% ✓	94.9% ✓	92.9% ✓	100.0% ✓	92.9% ✓
7101	21	CPA Service users with a risk assessment undertaken/reviewed in the last 12 months	100.0% ✓	94.1% ✗	91.7% ✗	100.0% ✓	100.0% ✓	95.0% ✓
7298	11	Current Delayed Transfers of Care days (Incl Social Care)	0.0% ✓	25.0% ✗	0.0% ✓	0.0% ✓		7.3% ✓
70034		Current Service Users, aged 18 or over, on CPA Reviewed in the Last 12 Months	100.0% ✓	100.0% ✓	93.8% ✗	100.0% ✓	100.0% ✓	97.5% ✓

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