

'You matter, we care'

Trust Board Meeting (Part 1)		Date: 17 th December 2014
Title:	Quality & Performance Report	
Item:	229	
Executive Director lead and presenter	Director of Operations	
Report author(s)	Director of Operations, Deputy Director of Operations, Head of Business Intelligence	
History:	Executive Team	
This report is for:		
Decision		
Discussion		
To Note		X

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified
Quality	Outlined in report
Privacy	None identified
Executive Summary of key issues	
<p>This report details that whilst there are pressures, particularly within the Trust bed base, performance across the quality domains within IQ remains positive:</p> <ul style="list-style-type: none"> • Supervision & appraisal above target this month, however sickness has increased. • Friends and family results remain positive • Clinical record quality, reported via Records Management, is positive • Key Monitor indicators have not triggered concern 	

This report addresses these Strategic Priorities:	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

1. Introduction

This report sets out results and commentary based on the Trust 'Information for Quality' system (IQ), with additional information provided for areas not directly reported via IQ.

2. Friends and Family, CQC Compliance and Records Management

There are no exceptions to report, in respect of the following indicators:

- Friends and Family test
- CQC Compliance
- Records Management

Key messages:

Friends and family test becomes mandated for Mental Health Trusts in 2015, with the first data collection period in January (to be reported in Feb 2015). This comes with an amended scoring approach, with the net promoter score dropped in favour of two new measures.

- the percentage of positive responses (extremely likely, and likely) and
- the percentage of negative responses (extremely unlikely, and unlikely).

The Trust will update IQ to present results in this new manner from February onwards.

Records management submission rates remain below 100% with two teams in Bristol (CPI and Crisis) and Recovery in Swindon failing to submit.

The **CQC compliance** element of IQ is due to be revised, as reported to Board last month, and whilst this work is undertaken, it is proposed to suspend completing the current process. The 'check and challenge' process is active across the organisation and provides internal and external assurance that the CQC actions are being progressed.

3. Key Quality Indicators

3.1. Monitor Dashboard (Appendix B, separate document)

The Board will note that 'concern' is triggered if performance is below target across nine consecutive months. As can be seen, as at November 2014, none of the indicators have been below target for this time. However:

'**CPA service users with a review**' is reported as amber for the second month in a row and relates to deteriorating performance in the Bristol Recovery service. This has been noted as linked to the transfer to the new service model. This is now being monitored weekly by the locality, with a focus on prospectively arranging reviews.

For '**Gatekeeping of admissions by CRHT**' it should be noted that whilst November is amber, October has moved from amber to green. This resulted from correction to the

RiO record following investigation. The November position will be investigated in a similar way and results will be reported to Board next month.

'Delayed Transfers of Care' continues above the 7.5% target. The Board is aware of the actions being taken both by localities and the Trust to address with commissioners and Local Authority partners.

The acute care pathway review is well underway and early findings will be presented to Finance and Planning Committee at its meeting on 15th December.

Locally agreed indicators

No contractual penalties are payable due to under performance. The Board should note that seven locally agreed indicators are now at either amber or red, an increase of two since November. The increasing number of indicators below target is principally associated with below expected performance in Bristol and Swindon. The following commentary is provided:

The impact of Bristol service redesign: since October, performance against a number of key indicators has deteriorated and is contributing to the worsening position at Trust level. The assessment & recovery service has identified a number of key actions that will ensure systematic improvement, including more effective caseload management and supervision, appointment of band 6 line managers and a six point set of team objectives.

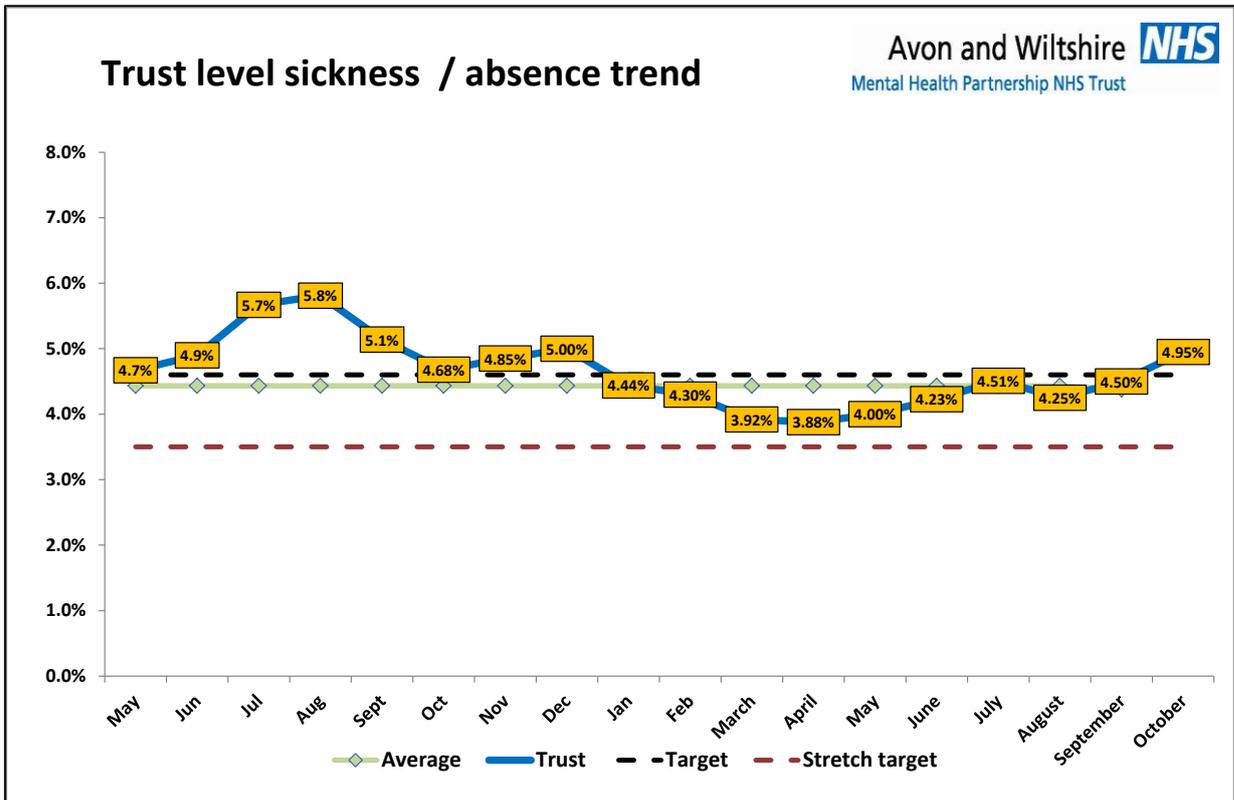
The crisis service has reviewed its triage and administrative processes, to ensure appropriate allocation and accurate recording of referrals and assessments.

In **Swindon** the management team have reviewed performance across all indicators locally and have identified a number of issues within the administrative process that have now been corrected. Additionally, the team have also been working to ensure that their CQC action plans deliver across all key quality standards.

4. Staffing (supervision, appraisal and sickness)

As can be seen in Appendix A, two of three staffing metrics were on or above target in November 2014 (supervision and appraisal). Sickness rates moved to 4.95% from 4.50% reflecting seasonal increases associated with this time of year. Localities are very aware of the increase in sickness levels and active sickness management in response to the increase is in hand.

The chart below shows the trend in sickness rates in the last 18 months and shows a similar pattern in 2013. On this basis, the rate can be expected to drop back in the early part of 2015.



5. Bed pressure and safer staffing

5.1. Bed pressure

There remains pressure within the bed base, key facts:

- Occupancy of open beds: 95% in Adult and 93.6% in Older People
- DTOC: 9.4% (7.5% target)
- Out of locality placements continue in Older People with 17 as at the end of November.
- Out of locality placement in adult services improved following repatriation programme started in August, rates remains close to zero.
- Out of Trust placements continue, however the number is reducing from an average of 46 in October, to 29 as at 5th December 2014.

The improving position is largely as a result of increased and focused activity by the localities in collaboration with commissioners and Local Authority partners. It is however too soon to be sure that this reduction will be sustained as we move into winter pressures. Actions taken to date:

- Fortnightly 'check and challenge process' now underway.
- Localities have systems in place to work with commissioners and Local Authority partners to address the specific factors affecting capacity within the locality. These actions to date have not had sufficient impact to address DTOCs in the most challenged localities.
- The Acute Care Pathway Diagnostic programme now underway.

- Monthly bed pressure report now shared with Commissioners via CQPM, showing daily usage as per Appendix D.
- Business case for block purchasing beds from a private provider being developed to increase capacity in the local area at reduced cost.
- The cost of out of area to date is detailed in the Finance report.

5.2. Safer Staffing

The Trust's result for the November period has not yet been submitted, due for submission on the 15th December so will be reported to Quality and Standards Committee in January.

6. CQC Quality Improvement Plan

The monthly paper detailing progress and exceptions will be presented to Quality and Standards Committee at its meeting on 15th December 2014.

2 issues have been escalated by the Director of Operations to the Executive Team, since the report to Board on 28th November 2014 to resolve in month. These were:

- The difficulties in identifying sufficient applicants for vacancies in Secure services and Wiltshire locality continue.
- Pharmacy challenges in relation to vacant posts.

This has meant that an appropriate level of oversight and prompt decision making on key issues has taken place.

7. Areas of greatest focus

Currently the areas of greatest focus are listed below and current position against each area is detailed.

Local Delivery Unit	Service name / type	Trigger	Update
North Somerset	Juniper Ward	Serious Incidents	Project group established to address all issues identified by the CQC inspection process. Group meeting fortnightly and progress all issues in relation to environment and quality. Immediate work to improve lines of sight, ligatures and the garden complete by 7 th November 2014. Planned improvements now being developed as part of Phase 2.
B&NES	Sycamore (Adult Acute ward)	2 x serious incidents	Actions either completed or in hand to address all issues identified through the CQC inspection process. Monitored both by the Triumvirate and by the Trust wide processes detailed above.
Secure Services	All services	Re-design consultation closing, sickness levels, appraisal levels	Process now complete and new structures are being embedded.
Secure Services	All services	Staffing numbers	Wellow ward closed on 23 rd October and staff redistributed to remaining wards. This constituted 31 staff redistributed across the rest of the wards. Recruitment is on-going but remains a challenge.
Trustwide	On-going bed pressure across the Trustwide bed base	Continued high levels of occupancy. Continued high levels of DTOC in Wilts and Swindon, and increasingly high in B&NES.	Detailed actions outlined above. Paper taken to contract and quality performance meeting with commissioners regarding block purchasing additional bed capacity. Agreed in principle and due diligence checking to be undertaken.
Bristol	All retendered services	Scale of Transition required	Implementation of new service model being managed via transition plan.

8. Recommendations

The Board is asked to **NOTE** the report.

