

Enabling and empowering people to reach their potential and live fulfilling lives

Summary Report – Trust Board Meeting (Part 1)	Date: 29th May 2013
Report Title: Quality and Performance Report	
Agenda Item: 9	Enclosures: Trust Scorecard M1 (Appendix A) Monthly Reporting Cycle 13-14 (Appendix B) Committee Timeliness 13-14 (Appendix C)
Sponsor: Director of Business Development	Presenter: Director of Business Development
Report Author: Head of Information & Performance Management	
Report discussed previously at:	

Purpose of the Report and Action required		
To report to the Board on the Trust's: <ol style="list-style-type: none"> 1. Month 1 performance position against each quality domain 2. Month 1 Monitor Compliance risk scores 	Approval Discussion Information	 Y Y

Executive Summary of Key Issues
<p>Assurance Framework: The Assurance Framework requires Committees to scrutinise quality & performance information prior to Board. At present there remain a number of 'timing' issues that need to be resolved if this process is to operate smoothly.</p> <p>Monitor Compliance (as at month 1): Governance risk score = 0 (Green) Finance risk score = 4 (Green)</p> <p>CQC Compliance & Records Management: Teams and wards begun to submit data during April / May, but for some services the generic templates developed were not suitable. Bespoke templates are being created to allow all services to submit information that 'makes sense' for the work they do.</p> <p>Key Quality Indicators: Two key quality indicators are below target as at M1, action is underway to address.</p> <p>Supervision & sickness: Both indicators are below target; but are showing a month on month improvement.</p>

Quality and Performance Dashboard

Which Strategic Objective does this paper address	
Consolidate	Y
Integrate	Y
Expand	Y

Recommendations to other committees
n/a

Recommendation/Decision
The Board is recommended to accept the report

Quality and Performance Dashboard

1. Introduction

This report provides brief commentary on the first cut of the 2013-14 scorecard and details progress thus far. The scorecard has been consolidated for this year and is now organised around the seven 'domains of quality' defined during the latter part of 2012-13 (the M1 scorecard is included as appendix a).

It should be noted that for M1, a separate Monitor Compliance scorecard is not included as this is still in development; but will be available as a separate appendix from M2 onwards. Commentary on the Trust's M1 Monitor Compliance is included in section 6 below.

2. Assurance Framework: monthly reporting cycle

The Quality Assurance Framework now requires Board Committees to scrutinise the monthly results under each domain allocated to them and the monthly cycle for this is documented in appendices b and c. As can be seen, a number of issues arise from this process that will need to be addressed to ensure that Board receive timely information on a monthly basis that has been through the relevant Committee.

The body of this report is now organised under the seven domain headings.

3. Friends and family (Quality & Safety Committee)

The Trust now has an agreed approach to collecting service user experience using the Friends and Family test and some data has been gathered during April 2013 (see results in appendix a). At this early stage the Trust is not RAG rating the results and instead intends to gather a larger volume of data over the next 2-3 months before making a judgement about how to benchmark and target improvement.

For information, the scoring methodology (which mirrors the approach defined by the DH) allows for results ranging from -100, to +100, where a positive score is deemed to be good, the closer to +100, the better.

The Trust will also be implementing a 'response rate' metric to help monitor the volume of service users choosing to provide their views. This metric will be calculated based on three month's worth of responses, so will appear for the first time in the June dataset (reported in early July 2013).

4. CQC Compliance (Quality & Safety Committee)

This domain is new for 2013-14 and requires all front line teams and wards to self assess their compliance against the sixteen CQC quality outcomes. In administering the process for April 2013, it became clear that the 'one size fits all' template developed to capture the data was inadequate; as for some services, not all sixteen outcomes are relevant.

A solution is already underway which has seen the development of a number of bespoke templates for different services which will be available for use in June 2013. Once all teams

Quality and Performance Dashboard

and wards have completed a full submission on a template that is appropriate for their service, more detailed analysis of the results can begin.

5. Records Management (Quality & Safety Committee)

This domain is new for 2013-14 and requires all teams and wards to quality assess five clinical records (monthly) against a standard set of questions / criteria.

As with CQC Compliance, during the first run of the process it became clear that the standard ten questions agreed initially were not appropriate for all types of service (e.g. A&E Liaison teams do not routinely create care plans). This led to some confusion and in some cases prevented teams from submitting their returns (hence the low response rate of 70%), but also raises questions over the data some teams did submit.

Work has been completed since this issue was raised in early May and through a collaborative workshop appropriate 'service specific' questions has been agreed and will be built into the system during May / June. This will lead to much more meaningful results in July, when more detailed analysis will be undertaken.

6. Contract / Monitor (Finance & Planning Committee)

6.1 Monitor Compliance

As noted in the introduction above, a Monitor Compliance scorecard will be included as an appendix to this report from M2 onwards. For M1, it should be noted that the Trust's Governance Risk Score is 0 (Green), and the Financial Risk Score is 4 (Green).

6.2 Key Quality Indicators (reported via IQ)

As can be seen from appendix a, the Trust's risk score within the Contract / Monitor domain is 1 (amber). This relates to below target performance against the IAPT 'moving to recovery' indicator. Since release of this information in early May, a meeting has taken place that identified an underlying issue in the data file used to generate the M1 numbers. This is being corrected and will be in place by M2; with early indications suggesting a shift in performance to green).

6.3 Key Quality Indicators (not yet available via IQ)

There remain a number of indicators that have not yet been built into IQ, and continue to be reported via existing ReportZone reports (see appendix d below of which indicators are reported where). These will be built into IQ during June, but for M1 and M2 will be reported and discussed separately.

For M1, all but one of these indicators is on or above target. The indicator that is below target is the Care Clusters 'timeliness of review' indicator, where the target is 95% and the M1 position is 89%.

6.4. Quality Indicators for care clustering (supporting PbR)

The 2013-14 Contracts defined a number of new quality indicators to support understanding of care clusters and cluster quality; these indicators are noted in appendix e. The Trust has consulted with the Department of Health regarding definitions for these new indicators (as they were proposed in the 2013-14 PbR guidance) and has now received some documentation. Work is underway to develop reporting for each of these new indicators, and

Quality and Performance Dashboard

the current estimate is that all six will be available during June; ready for reporting in early July 2013.

7. Supervision & Appraisal (Employee Strategy & Engagement Committee)

7.1 Supervision

The Trust now has in place a new tool for services to record their supervision sessions, and uptake since its release has been excellent. The scorecard shows that only 3.6% of staff received supervision in March, which leapt to 46% in April (at the time of writing, the 'month to date' position for May is 81%).

The Trust does not consider either figure to be truly representative of the volume of supervision undertaken in those months – it is representative of usage of the tool. Moreover, the significant organisational restructure in recent months has led to some concern that a number of business systems are not fully up to date with the changes; which may impact on how results are being calculated at team and area level. This is recognised within the IQ Project and will be worked through during May and June 2013. *This issue is likely to impact on Appraisal and Sickness/Absence results too.*

7.2 Appraisal

Appraisal rates are showing as 66% at Trust level; which falls below the standard set at 85%.

8. Sickness / Absence (Employee Strategy & Engagement Committee)

The Trust's level of sickness / absence for March 2013 stands at 5.1%, an improvement on the two months prior (5.5% in Jan and 5.3% in Feb). The IQ system now provides the split between short term and long term sickness, which for March 2013 are 2.3% and 2.7% respectively.

9. Finance (Finance & Planning Committee)

As at March 2013, finance is reported as GREEN.

Quality and Performance Dashboard

Appendix D

Name	Location of reports
Never Events	IQ
Breaches of mixed sex accommodation	IQ
IAPT 'moving to recovery'	IQ
7 day FU to discharge	IQ
Annual reviews for service users on CPA	IQ
Delayed Transfers of Care	IQ
Gate-keeping by crisis services	IQ
New cases of Early Intervention	IQ
Data quality: completion of identifiers	IQ
Data quality: completion of outcomes	IQ
Access to health care for people LD	IQ
% service users in employment	ReportZone
% service users in settled accommodation	ReportZone
4hr wait for crisis services	ReportZone
Referral to assessment	ReportZone
Referral to treatment	ReportZone
Care clusters: completion	ReportZone
Care clusters: timeliness of review	ReportZone
Data quality: timeliness	ReportZone

Appendix E

New care cluster quality indicators

Name
% compliance with red rules
% compliance with transition protocols
% on CPA with a crisis plan (14 and 15 only)
% with an ICD 10 code
% with ethnicity recorded
% with accommodation status recorded