

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

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 26th June 2013</b>
<b>Report Title: Quality and Performance Report</b>	
<b>Agenda Item: BD/13/79</b>	<b>Enclosures:</b> Trust Scorecard M1 (Appendix A) Monitor Compliance Dashboard (Appendix B)
<b>Sponsor: Director of Business Development</b>	<b>Presenter: Director of Business Development</b>
<b>Report Authors: Toby Rickard, Sue Hall, Elaine Sheppard &amp; Kristin Dominy</b>	
<b>Report discussed previously at:</b>	

<b>Purpose of the Report and Action required</b>		
To <b>report to</b> the Board on the Trust's:  1. Month 2 performance position against each quality domain 2. Month 2 Monitor Compliance risk scores	Approval	
	Discussion	Y
	Information	Y

## Quality and Performance Dashboard

### Executive Summary of Key Issues

Trustwide	12-13			13-14		
	Dec	Jan	Feb	Mar	Apr	May
<b>Friends and Family:</b>						
F&F Score					48	39
F&F Response Rate						
<b>CQC Compliance</b>						
					82.7 %	87.9 %
<b>Records Management</b>						
			67.1 %	78.4 %		
<b>Contract and Monitor Compliance:</b>						
Key Performance Indicators	0	0	0	0	0	0
CQUIN Delivery						
Safety Thermometer						
Friends and Family Test						
CPA Practice Development						
Mencap Charter (Community)						
National Early Warning Score (NEWS)						
Patient Reported Outcome Measure (PROM)						
Physical Health Improvement (Community)						
<b>Staffing:</b>						
Supervision				3.6 %	46.2 %	46.7 %
Appraisal			66.6 %	65.9 %	66.3 %	66.7 %
<b>Total Sickness Absence</b>						
		5.5 %	5.3 %	5.1 %	4.7 %	
<b>Finance</b>						

**Completion of CQC Compliance audit for M2 = 47%**  
**Completion of Records Management audit M2 = 75%**

### Which Strategic Objective does this paper address

Consolidate	Y
Integrate	Y
Expand	Y

### Recommendation/Decision

The Board is recommended to **accept** the report

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# Quality and Performance Dashboard

## 1. Introduction

This report provides commentary on the month two position for each of the seven 'domains of quality' reported in the scorecard (and within the Trust's IQ system). Appendices A and B provide the Trust level scorecard and the Monitor Compliance Dashboard respectively for reference.

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

## 2. Friends and family (Quality & Safety Committee)

As can be seen in Appendix A, the overall Friends and Family score is 40 as at month 2. The Trust continues to report this information without a RAG status (hence the blue colour) to allow time for benchmarking and baseline setting. At this stage, concern should not be taken from the fact that month 2 shows a drop compared to month 1, as there is no precedent available for us to understand the natural fluctuations that may occur in this type of service user feedback (similarly, at this stage we've still not got an indicator of response rate to guide us either – which will come next month).

It should be noted that whilst the overall position drops between months, beneath this Trust level picture, there is considerable variance in the changes at a Local Delivery Unit level. At that level there are 2 areas improving, 3 areas deteriorating and one area remaining approximately the same (which gives some indication of the fluctuations that might be evident when analysing this information for a given team or ward).

This is further evidence that more time and data is needed before an improvement approach can be agreed and monitored.

## 3. CQC Compliance (Quality & Safety Committee)

As can be seen in Appendix A there's been improvement in the overall compliance score at Trust level (moving up from 83% to 88%), which reflects the work that frontline managers have undertaken in engaging with this new assurance tool and the detail that it contains. It should also be noted that this improving trajectory can be seen across all local delivery units, but importantly also across all 16 outcomes.

As with 'Friends and Family' the Trust is not yet RAG rating this indicator to allow time for staff to understand the new requirements and for some initial teething problems to be resolved. As noted last month, the new 'service specific' templates will go live in early June that allow teams and wards to make a submission that is right for them.

**By Q1, the completion rate for CQC compliance audits will be 100%, for M2, the rate was 47% (of teams expected to complete the process).**

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### 4. Records Management (Quality & Safety Committee)

The percentage of 'good quality' records audited for month 2 has improved when compared to month 1 (up 11% to 76%). Improvements have been seen across all geographic areas and across all 10 elements of the electronic record that are audited.

It should be noted that some of this improvement will be due to the Trust's decision to suspend the month 2 audit for some types of team (e.g. A&E Liaison teams) whilst more suitable audits are created. In this way, the responses presented this month are much more representative of the quality of the record, compared to last month's figures that were somewhat diluted by returns from teams where the audit was unsuitable.

**By Q1, the completion rate for the audit will be 100%, for M2, the rate was 75% (of teams expected to complete the process).**

From the month 2 audit, it is clear that the following elements of care are being delivered to a good standard:

- Risk assessment up to date (91% judged as 'good')
- Care plans in place (93% judged as 'good')
- Progress notes complete (97% judged as 'good')

There are however areas that fall below the standards set, these are:

- Client / carer understanding of assessment (53% judged as 'good')
- Formulation / summary recorded (65.9% judged as 'good')
- Crisis, relapse and contingency plan (58% judged as 'good')

### 5. Contract / Monitor (Finance & Planning Committee)

#### Key Contractual Quality Indicators

The new IQ system has already been built to include a large number of the key quality indicators detailed in the Contract, see appendix C for details. Each indicator has been assigned a risk rating, with risk points allocated for 'below target' performance.

There remain a number of indicators that need to be built into the new system and scored accordingly; these are noted in Appendix D. These are all available for internal monitoring within the Trust via reports in the old structure, so M2 performance for those indicators is noted separately below (based on those reports).

#### Performance: indicators in IQ

As can be seen, M2 sees 0 risk points allocated as all indicators included in this section are on or above target.

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### Performance: indicators not yet in IQ

Of the 15 indicators in this group, 13 of them are on or above target at month 2. Two indicators are showing as amber (i.e. less than 5% off target) for this period, they are:

- **Discharge letters: GP and service users to receive a discharge summary:** as at month 2, 96% of discharges saw a completed discharge summary against a target of 98%.
- **Care clusters: timeliness of review:** as at month 2, 91% of current care cluster allocations had been reviewed within agreed timescales.

### Quality indicators for care clusters

The Contract also 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 is in the process of developing reports for each of these indicators, with a current estimate of a first run for Q1 (reported in early July 2013).

### Monitor Compliance

As can be seen in Appendix B, the Trust is compliant with all metrics in the Governance section and therefore has a risk rating of zero. For the Finance risk rating, the Trust's overall weighted score is 4, above the target of 3 – with all individual metrics also on or above the target threshold.

## 6. Supervision & Appraisal (Employee Strategy & Engagement Committee)

### Supervision

The new system (IQ) was introduced at the beginning of April 2013 to record supervision data. The report indicates a decline in the percentage of staff receiving monthly supervision compared to 2012-13 when the average monthly supervision rate was 63%. Reasons for the decline may be due to staff receiving supervision but it not being recorded, or not being recorded in a timely manner, or that staff are not being supervised. The importance of supervision for clinical and non-clinical staff is a recurring theme throughout the Trust and improved reporting of supervision is expected over the coming months.

### Appraisal

Appraisal rates are showing as 66% at Trust level; which falls below the Trust's 85% required standard. Annual appraisals are expected to be undertaken for all staff and they are undertaken around the time of joining the Trust or the anniversary dates of when staff moved into a new role. The 2012 National NHS Staff Survey results reported that staff receiving an appraisal rates stood at 87%, which was par for all Mental Health Trusts. It is anticipated that appraisal rates will rise over the year.

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### 7. Sickness / Absence (Employee Strategy & Engagement Committee)

The Trust level sickness / absence rate continues its downward trajectory over this financial year and is amber in April 2013 with 4.7%. The Trust's target sickness / absence rates have been reduced from 4.8% in 2012-13 to 4.6% for 2013-14. Current interventions are being reviewed to ensure that absence rates are appropriately managed.

### 8. Finance (Finance & Planning Committee)

As at May 2013, finance is reported as GREEN.

#### Appendix A & B (Trust Scorecard & Monitor Compliance Dashboard):

See separate documents

**Appendix C** - Indicators included in IQ for month 1 (including risk score allocated for non-delivery):

Name	Risk score
Never Events	4.0
Breaches of mixed sex accommodation	4.0
IAPT 'moving to recovery'	1.0
7 day FU to discharge	1.0
Annual reviews for service users on CPA	1.0
Delayed Transfers of Care	1.0
Gate-keeping by crisis services	1.0
New cases of Early Intervention	0.5
Data quality: completion of identifiers	0.5
Data quality: completion of outcomes	0.5
Access to health care for people LD	0.5

**Appendix D** - Indicators not yet included in IQ:

Name
% service users in employment
% service users in settled accommodation
4hr wait for crisis services
Referral to assessment
Referral to treatment
Criminal Justice Liaison Team: waiting time for assessment
Care clusters: completion
Care clusters: timeliness of review
Data quality: timeliness
Discharge protocols: summaries to be sent to patients and GPs
Service users with a review (non-CPA)
Total admissions of service users under the age of 16
% of carers with a carer assessment within 4 weeks
% of carers with a carer care plan within 4 weeks of assessment

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% of service user who have been asked if they have a carer
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### 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