

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

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 31st July 2013</b>
<b>Report Title: Quality and Performance Report</b>	
<b>Agenda Item: BD/13/110</b>	<b>Enclosures:</b> Trust Scorecard M3 (Appendix A) Monitor Compliance Dashboard M3 (Appendix B)
<b>Sponsor: Director of Business Development</b>	<b>Presenter: Director of Business Development</b>
<b>Report Authors: Toby Rickard</b>	
<b>Report discussed previously at:</b>	

<b>Purpose of the Report and Action required</b>		
To report to the Board on the Trust's:  1. Month 3 performance position against each quality domain 2. Month 3 Monitor Compliance risk scores	Approval	
	Discussion	Y
	Information	Y

Confidential

## Quality and Performance Dashboard

### Executive Summary of Key Issues

Trustwide	12-13			13-14		
	Jan	Feb	Mar	Apr	May	Jun
<b>Friends and Family:</b>						
F&F Score				48	39	47
F&F Response Rate						2.8 %
<b>CQC Compliance</b>						
				82.8 %	88.0 %	89.6 %
<b>Records Management</b>						
			87.1 %	78.4 %	81.1 %	
<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 (Inpatient)						
<b>Staffing:</b>						
Supervision			3.7 %	46.6 %	47.5 %	46.8 %
Appraisal		86.6 %	85.9 %	86.3 %	86.7 %	86.8 %
<b>Total Sickness Absence</b>						
	5.5 %	5.3 %	5.1 %	4.7 %	4.6 %	
<b>Finance</b>						

**Completion of June CQC Compliance audit = 93% (May = 49%)**  
**Completion of June Records Management audit = 91% (May = 75%)**

### Which Strategic Objective does this paper address

A sustainable value for money business	Y
Excellent service user access and experience	Y
Excellent partnership working with other organisations	Y
Effective engagement and improvement in staff satisfaction	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 three 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)

### 2.1 The question asked

The Trust continues to seek feedback from service users in relation to the care the Trust has provided, with the 'friends and family' question asked at key stages in their care pathway (i.e. discharge or transfer from a team or ward, or as part of care plan review meetings).

All service users are asked if they wish to provide response to the following question:

**“How likely are you to recommend this service to friends and family if they needed similar care and treatment”** *[based on your most recent experience of the service]*

Six options are available:

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

### 2.2 Qualitative information

Service users are also asked if they'd like to provide a reason to support their response (either positive or negative) and as the feedback is provided anonymously, they are also asked to provide their gender, age group, ethnic category and disability status (all of which are optional).

### 2.3 Month 3 results

The results are analysed and the Friends & Family score is created and shown in IQ, which for June 2013 was 47 (where the range of possible scores is -100 to +100, where the more positive the score the better). Additionally however, local services are able to access the 'reason' information provided by their service users which areas are starting to review at local quality / governance meetings as a qualitative source of information on service quality.

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### 2.4 Response rates (incl. the numbers involved)

This month sees the inclusion of 'response rate' figures for the first time, which for June 2013 stands at 2.8% (based on the previous three months combined). Further analysis on this has been completed and the results are included as Appendix C.

This analysis provides the response rates for inpatient and community services separately, and split by LDU. As can be seen, the response rates within inpatient services are generally higher than within the community and whilst in the majority of cases the response rate falls below the 15% target, there are pockets of the Trust (e.g. Swindon inpatient services) where the response rate is higher than 15%. Further work within each LDU will now be required to understand these response rates and to consider ways in which they might be improved.

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

As can be seen in Appendix A the overall compliance score at Trust level is 89.6%, moving up marginally from 88% at month 2. As yet, the Trust is not RAG rating this indicator.

**The completion rate for the June audit was 93% (up from 47% at M2).**

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

The percentage of 'good quality' records audited during June has improved marginally when compared to the previous month, up 3%, and stands at 81% (green).

**As noted in last month's report, the completion rate for the June audit was 75%, the completion rate for the July audit (results to be discussed in next month's report) was 91%.**

From the June audit, it is clear that the Trust continues to deliver the following elements of care to a good standard:

- Risk assessment up to date (90% judged as 'good')
- Care plans in place (92% judged as 'good')
- Progress notes complete (99% judged as 'good')

There are however areas that fall below the standards set, these are noted below, but as can be seen, in three of the four areas an improvement has been seen since last month.

- Client / carer understanding of assessment (63% judged as 'good' – **up 10%**)
- Formulation / summary recorded (71% judged as 'good' – **up 5%**)
- Crisis, relapse and contingency plan (65% judged as 'good' – **up 7%**)
- Substance & alcohol misuse assessment (74.5% judged as 'good' – **down 5%**)

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

For the purposes of this report, performance against this theme is split into two sections. Firstly, those indicators that are included in the Monitor Compliance Framework; so that the Trust's governance and financial risk ratings can be calculated and shared (which is also now available as a separate report in IQ) and secondly those that are either National requirements (outside Monitor) or those that were locally defined and agreed.

#### 5.1 Monitor Compliance Dashboard

##### 5.1.1 Governance & Finance Risk

The Trust's governance risk and finance risk scores are presented in Appendix B. As can be seen, for month 3, the governance risk is zero (green) and the overall finance risk is four (green), with all indicators within both areas on or above target.

*The finance risk score is separate to the finance domain within IQ, which is discussed in section 8 below.*

#### 5.2 National and locally defined Key Quality Indicators

In addition to the indicators detailed in the Monitor Compliance Framework, the Trust is also monitoring performance against a number of other national and local indicators (see Appendix D for the full list). For month 3, three of these indicators are below target, as follows:

##### 5.2.1 Care clusters: timeliness of review (Red)

The table below provides a breakdown of performance against this indicator. In order to tackle this under-performance Ops SMT ran a session in mid-July to explore care clustering and PbR matters, led by the Clinical Director for Wiltshire, at which this indicator was discussed.

Of particular interest is the tension between the clinical need for review and the prescribed 'cluster review period' which for some service users and clusters may be forcing clinically counter intuitive behaviours (e.g. cluster 19 has a maximum review period of 6 months, however for some services users an annual review is clinically appropriate).

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Table 1: Timeliness of cluster review performance, by LDU

Area	M1	M2	M3	Target
B&NES	83%	90%	93%	95%
Bristol	89%	91%	89%	
N Somerset	92%	94%	94%	
S Glos	96%	99%	99%	
Swindon	89%	86%	86%	
Wiltshire	83%	87%	86%	
<b>Trust</b>	<b>87%</b>	<b>90%</b>	<b>89.8%</b>	

### 5.2.2 Discharge protocols: GPs and Carers to receive a discharge summary (Amber)

The table below provides the area level breakdown for this indicator. As can be seen, overall performance is up 1% since M2, with the Trust now only 1% below target at 97%. Three of the seven LDUs are now above target, with all four others in the amber range.

Area	M2	M3	Target
B&NES	97%	95%	98%
Bristol	93%	99%	
N Somerset	95%	93%	
S Glos	97.9%	99%	
Swindon	97%	97%	
Wiltshire	96%	98%	
Specialised	96%	93%	
<b>Trust</b>	<b>96%</b>	<b>97%</b>	

### 5.2.3 Four hour wait for crisis assessment

This indicator is showing as Amber at Q1, with 11 service users not receiving their assessment with 4 hours (out of 360 referrals where this standard was applicable). Given the low numbers involved, percentages at LDU level can be misleading, however it should be noted that B&NES, N Somerset and S Glos assessed all service users within 4 hours, with the 11 breaches split between the other three areas.

### 5.2.4 New cluster indicators

Month 3 saw the release of new reports to allow the Trust to monitor the delivery of care clustering within the Trust. Targets have not been agreed for these indicators; however now that reporting is available the Trust will seek to agree targets with Commissioners during the latter part of Q2. *At present, these indicators are being shared internally and externally via*

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*excel spread sheet rather than via IQ as further data warehouse development is required in order to display them within IQ. The current estimate for the completion of this work is August 2013.*

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

#### **6.1 Supervision**

The new system was introduced at the beginning of April 2013 to record supervision data in a consistent way across the Trust. IQ figures suggest a decline in the percentage of staff receiving monthly supervision compared to 2012-13 when the average monthly supervision rate was 63%. Month on month, IQ is showing supervision rates at c47%.

In order to support improvement, a new report within IQ is being developed that will allow frontline staff to 'drill' into their team / ward percentages so that managers can be sure that all staff receive appropriate supervision and importantly, that this is correctly recorded on the system. This report is due to be released in the last week of July 2013.

#### **6.2 Appraisal**

Appraisal rates are showing as 67% at Trust level; which falls below the Trust's 85% required standard. IQ has now been updated to allow frontline managers to 'drill' into their percentage and identify the staff members that are showing as not having had an appraisal. This allows for greater ownership of the information at the frontline and a means by which action can be taken to ensure improvement.

### **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 May 2013 at 4.6%. This represents the 4<sup>th</sup> month in a row where the sickness rate reduced, a net improvement of 0.9%.

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

As at May 2013, finance is reported as GREEN.

## Quality and Performance Dashboard

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

See separate documents

### Appendix C: Friends & Family response rate (figures and percentages)

LDU	Total Discharges	Total Reviews	Total F&F Responses	% Response rate
<b>BANES Services</b>	930	674	20	1.2%
Community	829	674	14	0.9%
Inpatient	101	0	6	5.9%
<b>Bristol Services</b>	2,343	1,419	101	2.7%
Community	2,082	1,401	67	1.9%
Inpatient	261	18	34	12.2%
<b>N.Somerset Services</b>	1,111	839	65	3.3%
Community	1,002	839	37	2.0%
Inpatient	109	0	28	25.7%
<b>Operations</b>	108	134	0	0.0%
Community	108	134	0	0.0%
<b>S.Gloucestershire Services</b>	995	515	83	5.5%
Community	988	506	83	5.6%
Inpatient	7	9	0	0.0%
<b>Specialised Services</b>	984	284	28	2.2%
Community	889	183	13	1.2%
Inpatient	95	101	15	7.7%
<b>Swindon Services</b>	1,262	998	84	3.7%
Community	1,185	993	49	2.2%
Inpatient	77	5	35	42.7%
<b>Unknown</b>	0	0	22	n/a
Community	0	0	22	n/a
<b>Wiltshire Services</b>	2,571	1,956	74	1.6%
Community	2,344	1,956	57	1.3%
Inpatient	227	0	17	7.5%
<b>Inpatient total</b>	<b>9,427</b>	<b>6,686</b>	<b>342</b>	<b>2.1%</b>
<b>Community total</b>	<b>877</b>	<b>133</b>	<b>135</b>	<b>13.4%</b>
<b>Grand Total</b>	<b>10,304</b>	<b>6,819</b>	<b>477</b>	<b>2.8%</b>

## Quality and Performance Dashboard

### Appendix D - Indicators not included in the Monitor Compliance Framework:

Area	Name
Access	4hr wait for crisis services
Access	Referral to assessment
Access	Referral to treatment
Access	Criminal Justice Liaison Team: waiting time for assessment
Effective	% service users in employment
Effective	% service users in settled accommodation
Personalised	Discharge protocols: summaries to be sent to patients and GPs
Personalised	Service users with a review (non-CPA)
Safe	Total admissions of service users under the age of 16
Users & carers	% of carers with a carer assessment within 4 weeks
Users & carers	% of carers with a carer care plan within 4 weeks of assessment
Users & carers	% of service user who have been asked if they have a carer
Care clusters	% compliance with red rules
Care clusters	% compliance with transition protocols
Care clusters	% on CPA with a crisis plan (clusters 14 and 15 only)
Care clusters	% with an ICD 10 code (clusters)
Data Quality	% with ethnicity recorded (clusters)
Data Quality	% with accommodation status recorded (clusters)
Data quality	Care clusters: completion
Data quality	Care clusters: timeliness of review
Data quality	Data quality: timeliness