

‘You matter, we care’

Summary Report – Trust Board Meeting (Part 1)	Date: 28th August 2013
Report Title: Quality and Performance Report	
Agenda Item: BD/13/146	Enclosures: Trust Scorecard M4 (Appendix A) Monitor Compliance Dashboard M4 (Appendix B)
Sponsor; Director of Business Development	Presenter: Director of Business Development
Report Author: Head of Information & Performance Management	
Report discussed previously at: ET	<i>n/a</i>

Purpose of the Report and Action required		
To report to the Board on the Trust’s: 1. Month 4 performance position against each quality domain 2. Month 4 Monitor Compliance risk scores	Approval Discussion Information	 X

Executive Summary of Key Issues							
Trustwide	12-13			13-14			
	Feb	Mar	Apr	May	Jun	Jul	
Friends and Family:							
F&F Score	48	39	47	51			
F&F Response Rate	2.8 %	3.9 %					
CQC Compliance	82.8 %	88.0 %	89.6 %	91.1 %			
Records Management	67.1 %	78.4 %	81.1 %	81.6 %			
Contract and Monitor Compliance:							
Key Quality Indicators	0	0	0	0	0	0	
CQUIN Delivery	0	0	0	0	0	0	
Safety Thermometer	0	0	0	0	0	0	
Friends and Family Test	0	0	0	0	0	0	
CPA Practice Development	0	0	0	0	0	0	
Mencap Charter (Community)	0	0	0	0	0	0	
National Early Warning Score (NEWS)	0	0	0	0	0	0	
Patient Reported Outcome Measure (PROM)	0	0	0	0	0	0	
Physical Health Improvement (Inpatient)	0	0	0	0	0	0	
Staffing:							
Supervision	3.6 %	46.2 %	47 %	46.6 %	47.4 %		
Appraisal	66.6 %	65.9 %	66.3 %	66.7 %	66.8 %	67.4 %	
Total Sickness Absence	5.3 %	5.1 %	4.7 %	4.6 %	4.8 %		
Finance	0	0	0	0	0	0	

Completion of July CQC Compliance audit = 93%
Completion of July Records Management audit = 94%

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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 note the report

Quality and Performance Report

1. Introduction

This report provides commentary on the month four 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).

2.2 Month 4 results

The results are analysed and the Friends & Family score is created and shown in IQ, which for July 2013 was 51 (where the range of possible scores is -100 to +100, where the more positive the score the better). As can be seen in Appendix A, the Trust's score has remained relatively stable since the first set of results, with all four months showing a positive score. Further work is required to understand the 'response rate' figure, which for M4 was 3.9%, with members of the Nursing directorate engaging with the national working group to ensure the Trust's approach is consistent with other Trusts.

Additionally, the IQ system will be updated to provide the split between inpatient and community response rates. Current estimate has this update in place during M6.

3. CQC Compliance (Quality & Safety Committee)

As can be seen in Appendix A the overall compliance score at Trust level is 91.1%, the fourth month in a row that the level of compliance has improved. As yet, the Trust is not RAG rating this indicator; and following discussion at ET during August it was decided to postpone the development of a RAG rating system in the immediate future. This was based on a general concern that adding a RAG rating may engender a different type of engagement with the information (i.e. managers feeling pressure to 'get to green', rather than using the audit as a way of improving service quality) and that instead reviewing, comparing and discussing levels of compliance across the Trust, perhaps via the Huddle, would engender a more healthy interaction and a more positive outcome.

The completion rate for the July audit was 93%.

4. Records Management (Quality & Safety Committee)

The percentage of 'good quality' records audited during July remains consistent with the audit completed the month before, at 81.6% (green).

The completion rate for the July audit was 94%.

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

- Care plan shared with the service user (86% judged as 'good')
- Care plans in place (92% judged as 'good')
- Progress notes complete (98.4% judged as 'good')

However, there are some 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 (70% judged as 'good' – **up 8%**)
- Formulation / summary recorded (73% judged as 'good' – **up 3%**)
- Crisis, relapse and contingency plan (68% judged as 'good' – **up 3%**)
- Substance & alcohol misuse assessment (77% judged as 'good' – **down 2%**)

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 reported) and secondly those indicators that are either National requirements or those that were locally defined and agreed.

5.1. Monitor Compliance Dashboard

- Governance Risk

The Trust's governance risk score is presented in Appendix B. As can be seen, for month 4, the Trust's risk score is zero (green)

- Finance Risk

The Trust's finance risk score for month 3 is also presented in Appendix B and as can be seen, the Trust is compliant with all five measures (green). *This risk score is separate to Theme 7 within IQ, which is discussed below.*

5.2. National and locally defined Key Quality Indicators

The full list of indicators in this category is included in Appendix C below and as at M4; all but three are on or above target. The details of those 'below target', are as follows:

5.2.1. Care clusters: timeliness of review (Red)

Performance on this indicator remains below the 95% target. On investigation it has been found that the drop in performance seen coincided with the Trust reverting to the nationally defined 'maximum review periods' for several clusters (e.g. cluster 19) in April as part of the 2013-14 contract round. For 2012-13, the Trust had agreed with Commissioners to monitor against locally agreed maximum review periods for some

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clusters where there were concerns about the nationally defined approach. This issue was discussed with Commissioners at the Contract and Performance Management Group (CPMG) meeting in August at which the Trust committed to provide more detailed analysis of the caseload, split by cluster, to determine the exact impact of this issue. This analysis will be completed in the coming weeks and will be presented back to CPMG in September so that consideration can be given to reverting to the local agreed review periods used in 2012-13 – an approach that Commissioners were open to.

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

The overall Trust performance remains slightly below the 98% target as at month 4. This is not deemed to be of significant concern as the overwhelming majority of discharge / transfer summaries are provided to GPs and service users within the required timescales.

5.2.3. Four hour wait for crisis assessment

This indicator is showing as Amber at M4, the second month in a row where performance was below the 98% target. The under-performance relates to 11 service users not receiving their assessment within 4 hours (out of 419 referrals where this standard was applicable). A disproportionate number of the breaches occurred in the Swindon Intensive service, 5 out of 11, and the local management team are working to understand the issues that led to these breaches and if there is a cause for concern.

In addition, on investigation of the figures this month, there appears to be varied practice across the Trust in the way in which referrals are categorised by the Intensive teams (i.e. those that are recorded as emergency vs. those that are either urgent or routine). This leads to very different proportions of referrals where the 4 hour waiting time is applicable and work is required to understand this. The Academy will pick up this work and ensure that both the standard operating procedure is clear on how referrals are categorised and that teams are following this appropriately.

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 now live and allows frontline staff to 'drill' into their team / ward percentages so that managers can be sure that all staff receive appropriate supervision. The IQ Project Group has also provided clarification as to what constitutes supervision in this context to ensure that all types of supervision are recorded (e.g. return to work, group, one to one, management etc.).

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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 rose for the first time since May 2013, to 4.8%. Early sight of July information sees the Trust level figure drop to 4.1% (Green), this information was not available at the time of scorecard publication earlier in August.

8. Finance (Finance & Planning Committee)

This indicator within IQ shows the budget variance month on month; and results in services being rated as follows:

- Green are considered to have favourable variance
- Amber have a small adverse variance (e.g. less than the larger of 5% or £500, but less than £5000)
- Red have a large adverse variance (e.g. greater than the larger of 5% or £500, but more than £5000)

During August, following feedback from a number of LDU colleagues, it became clear that IQ was displaying incorrect RAG ratings at both Trust and LDU level for this indicator (team and ward level figures were correct). This was investigated and an update made to the system to correct the results, with internal colleagues briefed on the change and Commissioners updated via the Contract and Performance Management Group meeting.

Previously, the Trust's position has been reported as green, however since the update, the result is now red (this is the June figure as July will be become available until later in August). This figure represents the unadjusted position as at June; with more detailed information being available on the full year forecast within the separate finance paper.

9. Forecasting improvements

It has been noted that this report needs to be more forward looking and provide a forecast for when improvements in relation to quality and performance issues will be delivered. This aspect will be incorporated into the September report and will be supported by evidence collated by the Contract and Performance Management meeting (PaCMAN).

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

See separate documents

Appendix C - 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

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