

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 30 th October 2013
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Title:	Quality & Performance Report
Item:	BD/13/213

Executive Director lead and presenter	Director of Business Development
Report author(s)	Head of Information & Performance, Head of Quality Information & Systems

History:	ET
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This report is for:	
Decision	
Discussion	
To Note	X

This report addresses these Strategic Objectives:	
Consolidate	X
Integrate	X
Expand	X

This report addresses these Values:		
Passion	Doing our best, all of the time	X
Respect	Listening, understanding and valuing what you tell us	X
Integrity	Being open, honest, straightforward and reliable	X
Diversity	Relating to everyone as an individual	X
Excellence	Striving to provide the highest quality support	X

Executive Summary of key issues

Trustwide

13-14

Apr May Jun Jul Aug Sep

Friends and Family:

F&F Score	48	39	47	51	44	42
F&F Response Rate			2.6 %	3.5 %	4.6 %	5.4 %

CQC Compliance

82.8 %	88.0 %	89.6 %	91.1 %	90.5 %	91.8 %
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Records Management

78.4 %	81.1 %	81.6 %	82.2 %	83.4 %	86.4 %
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Contract and Monitor Compliance:

Key Quality 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)						

Staffing:

Supervision	46.2 %	47 %	46.6 %	47.5 %	48.9 %	59.3 %
Appraisal	66.3 %	66.7 %	66.8 %	67.4 %	67 %	66.6 %

Total Sickness Absence

4.76 %	4.64 %	4.81 %	5 %	5.47 %	5.55 %
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Finance

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1. Introduction

This report provides commentary on the month six 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 for reference. The body of this report is organised under the seven domain headings.

2. Friends and Family Test (Quality and Standards Committee)

Service users are asked if they wish to respond to the following question: **“how likely are you to recommend this service to friends and family if they needed similar care and treatment”**

Indicator	Month				Commentary
	4	5	6	Q3 forecast	
Friends & Family Score	51	44	42	Remains positive	The result for Sept is +42, where the range of possible scores is -100 to +100. There is no current benchmark available for MH Trusts as very few organisations have implemented at this time. There is data available from Acute hospitals, where the average score is +70 with response rates c29%.
Response Rate	3.5 %	4.6 %	5.5 %	Overall rate forecasted to be c10% (however, differential targets may be agreed now IP and Community split is available)	<p>The Trust's methodology for calculating response rates remains experimental as national guidance is awaited (due in 2014). Again no benchmark data from other MH Trusts has been published.</p> <p>The response rate is continuing to improve and services, via the Quality Huddle, are beginning to share ideas / approaches where response rates are high. As can be seen, responses in inpatient settings are higher than those received in the community. This information will be made available within IQ in the late October. The Quality Academy is also:</p> <ul style="list-style-type: none"> • Running workshops to support implementation and share good practice • The staff bulletin has an article and associated splash screen to promote the survey • Pre-paid envelopes will be provided shortly • The Engagement Steering Group will discuss FFT at the next meeting (including the Involvement Coordinators and the HoPPs) to consider local and Trust level actions to improve the scores and response rate.
Community	2.7 %	3.5 %	4.2 %		
Inpatient	18 %	21 %	26%		

3. CQC Compliance (Quality and Standards Committee)

Indicator	Month				Commentary
	4	5	6	Q3 forecast	
CQC Compliance	91%	91%	92%	95%	The submission rate for the core community and inpatient services is at 95%.
Outcome 1: respecting & involving people	85%	83%	88%		<p>Four outcomes stand out at Trust level as scoring lower than average on a consistent basis; however as can be seen, all have improved since April. Further improvement is expected in the next three months (see forecast), supported by the work of the Academy, as follows:</p> <ul style="list-style-type: none"> • Providing advice / guidance to frontline teams on completing their submissions, including a programme of development days • Developing capability for mock inspections / peer review • Expanding IQ to include 'question level' data; enabling greater insight into the underlying causes of improvement / deterioration • Maintaining a 'bird's eye view' of the data to pick up specific issues that are impacting on compliance; focusing on how these can be addressed. • Supporting the development of a new approach in inpatient services, based on the '15 steps' approach, led by service users and carers.
Outcome 2: consent to care and treatment	82%	82%	84%		
Outcome 7: safe guarding	84%	83%	83%		
Outcome 21: Records	84%	85%	86%		

4. Records Management (Quality & Standards Committee)

Indicator	Month			Commentary	
	4	5	6	Q3 forecast	
Records Management	82%	83%		Green	<p>The submission rate for the most recent audit was 94%.</p> <p>Three areas stand out as scoring lower than average on a consistent basis; however as can be seen, all have improved since April.</p> <p>Improvement actions:</p> <ul style="list-style-type: none"> Revised CPA and Risk Training launched in August 2013, covering explicitly the importance of involving the carer in assessments and care planning and listening to carer concerns. The 'Working in Partnership with Family Members and Carers' training was also recently re-launched. However: The recent decision to limit training to stat/man only has led to the 'Working in Partnership with Family Members and Carers' training being cancelled. This may also be the case for the 'Assessment, Formulation and Care Planning' training due in the New Year. There are clearly risks to these training sessions being postponed in terms of Trust Wide support for localities to improve service quality in these areas. The Clinical Toolkit is being developed by Nursing and Quality, to include guidance on best practice in relation to Risk Assessment, Core Assessment, Mental and Behavioural State Examination, Crisis and Contingency Planning, Care Planning, Formulation and Physical Health Monitoring. Due to be approved by Professional Council in November. The Senior Nursing Team is considering options for competency assessment for all registered nurses in Assessment and Care Planning.
Client & carer understanding of assessment	70%	73%			
Formulation / summary	72%	78%			
Crisis, relapse and contingency plans	69%	73%			

5. Contract / Monitor (Finance & Planning Committee)

For the purposes of this report, performance is split into two sections. Firstly, those indicators that are included in the Monitor Compliance Framework and secondly those indicators that are either National requirements or those that were locally agreed.

5.1. Monitor Compliance Dashboard

The Trust's most recently published governance and financial risk scores are noted below. Detailed breakdown is included as appendix B.

Area	M1	M2	M3	M4	M5	M6	Q3 forecast	Commentary
Governance risk score	0	0	0	0	0	0	0	All indicators on or above target
Finance risk score	4	4	4	4	4	3	n/a (see comment below)	The overall risk score has dropped from 4 to 3. This is due to the on-going deterioration in Trust financial performance.

Monitor has updated its financial risk framework. The new framework will be in place from M7 onwards and included in this report.

5.2. Nationally and locally defined key quality indicators

13 of the 16 indicators in this section are on or above target. Details of the three below the line are included in the table below, with the forecasted position at the end of Q3 and details of actions agreed to address.

Indicator	Month				Commentary
	4	5	6	Q3 forecast	
Discharge Protocols: summaries to GP & service users	A	A	A	98%	<p>M6 performance is 95%. One area, S Glos, is above target, with the other five areas ranging between 85% and 97%.</p> <p>In B&NES, North Somerset and Wiltshire, the issue is with PCLS and guidance has been provided to each team to reinforce the importance of this standard. Bristol has identified one of their wards as the main concern and senior management input is being provided.</p> <p>In all these areas, the management teams have been clear that (owing to the three month rolling cohort used in this indicator) improvement will be gradual over 2-3 months. Trust level performance is not expected to be above target until December.</p>
Care clusters: timeliness of review	R	R	R	90%	<p>The Trust has agreed a way forward in cases where the service user's clinical need for review is at odds with the nationally defined cluster review period. This will involve either discharge to primary care, or transfer to Care Home Liaison. An estimate of the timeframes for completing this work will be provided in next month's report. This action will solve part of the performance gap, but not all.</p> <p>So in addition, it should be noted that performance is above target in two out of six areas (B&NES and S Glos). Wiltshire's management team have cited lack of capacity in some teams as a contributing factor, as well as lack of prioritisation of this indicator – this will be addressed during October. North Somerset's issue lay with CIT and Memory teams and action has already addressed the gap, performance now shows 99%. Finally, Bristol's issue is with Recovery teams and additional training and support from the Clinical Academy is being provided to improve results.</p>
4 hour wait for crisis assessment	A	A	A	98%	<p>M6 performance is below target with 10 breaches, where Swindon remains an outlier with 5 out of the 10. Management action in Swindon is having positive impact with only 1 of the 5 breaches occurring in September. This puts Swindon in line with the rest of the Trust, so Trust level performance is forecasted to be above 98% from month 7.</p>

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

Measure	Month				Commentary
	4	5	6	Q3 forecast	
Supervision	48%	49%	59%	85%	<p>The September result of 59% continues the improving trajectory, as all services focus on this indicator. One LDU (B&NES) is now at 90%, three are above 75% (N Somerset, S Glos and Wiltshire) and many others are improving (notably Bristol and Secure Services, both up c15% compared to last month).</p> <p>The improved supervision entry system is currently being tested and will be available for use in November, which will make the process of monitoring / managing supervision easier than the current system. This is expected to support continued improvement once released.</p>
Appraisal	67%	67%	67%	85%	The Trust's compliance with annual appraisal remains consistent month on month.

7. Sickness / absence (Employee Strategy & Engagement Committee)

Measure	Month				Commentary
	4	5	6	Q3 Forecast	
Sickness	5%	5.5%		4.8%	Sickness / absence rates continue to deteriorate. All areas report focussed management action of both short-term and long-term sickness in order to reduce the overall percentages.

8. Finance (Finance & Planning Committee)

This indicator within IQ shows the budget variance month on month.

Measure	Month						Commentary
	1	2	3	4	5	6	
Finance	R	R	R	R	R		This result is the unadjusted position as at the end of each month, with the most recent position, that of August, showing red. More detailed information on the full year forecast is included in the separate finance paper.