

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 27 <sup>th</sup> November 2013
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<b>Title:</b>	Quality & Performance Report
<b>Item:</b>	BD/13/247

<b>Executive Director lead and presenter</b>	Director of Finance (Interim)
<b>Report author(s)</b>	Head of Information & Performance, Head of Quality Information & Systems

<b>History:</b>	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:		
<b>Passion</b>	Doing our best, all of the time	X
<b>Respect</b>	Listening, understanding and valuing what you tell us	X
<b>Integrity</b>	Being open, honest, straightforward and reliable	X
<b>Diversity</b>	Relating to everyone as an individual	X
<b>Excellence</b>	Striving to provide the highest quality support	X

## Executive Summary of key issues

Trustwide	13-14					
	May	Jun	Jul	Aug	Sep	Oct
<b>Friends and Family Score</b>	39	47	51	44	42	46
Response Rate		2.6 %	3.4 %	4.5 %	5.3 %	6 %
<b>CQC Compliance</b>	88.0 %	89.6 %	91.1 %	90.5 %	91.8 %	92.6 %
<b>Records Management</b>	81.1 %	81.6 %	82.2 %	83.4 %	86.4 %	
<b>Contract and Monitor Compliance:</b>						
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)						
<b>Staffing:</b>						
Supervision	51.7 %	50.5 %	52.1 %	53.9 %	62.7 %	70 %
Appraisal	66.7 %	66.8 %	67.4 %	67 %	66.6 %	66.6 %
<b>Total Sickness Absence</b>	4.67 %	4.90 %	5.67 %	5.81 %	5.14 %	4.68 %
<b>Finance</b>						

## 1. Introduction

This report provides commentary on the month seven 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
	6	6	7	Q3 forecast	
<b>Friends &amp; Family Score</b>	<b>44</b>	<b>42</b>	<b>46</b>	<b>Remains positive</b>	The result for Oct is +46, where the range of possible scores is -100 to +100. Community scores remain higher than those for inpatient services, with this split now reported within IQ.
Response Rate (Target 15%)	<b>4.5 %</b>	<b>5.3 %</b>	<b>6%</b>	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). No benchmark data from other MH Trusts has been published.</p> <p>The response rate is continuing to improve and services are sharing ideas / approaches where response rates are high. Rates in inpatient settings are higher than those received in the community, with this split now available for each locality in IQ.</p> <p>Actions (Quality Academy)</p> <ul style="list-style-type: none"> <li>Continuing to run workshops to support implementation and share good practice</li> <li>Pre-paid envelopes have been provided</li> </ul> <p>Actions (Localities)</p> <ul style="list-style-type: none"> <li>Identifying lead manager and administrator to support local teams / wards</li> <li>Review of comments by service users and develop action plans to address issues raised</li> <li>Sharing feedback with service users</li> </ul>
Community	<b>3.5 %</b>	<b>4.1 %</b>	<b>4.9 %</b>		
Inpatient	<b>20.4 %</b>	<b>24.8 %</b>	<b>25.3 %</b>		

### 3. CQC Compliance (Quality and Standards Committee)

Indicator	Month				Commentary
	5	6	7	Q3 forecast	
<b>CQC Compliance</b>	90.5 %	91.8 %	92.6 %	95%	Four outcomes stand out at Trust level as scoring lower than average on a consistent basis; however they remain on a slowly improving trajectory.
Outcome 1: respecting & involving people	82.6 %	87.8 %	89.6 %		<p>Actions (Quality Academy)</p> <ul style="list-style-type: none"> <li>• Providing advice / guidance to frontline teams on completing their submissions, including a programme of development days</li> <li>• Developing capability for mock inspections / peer review (to drive consistency at local level)</li> <li>• Expanding IQ to include 'question level' data; enabling greater insight into the underlying causes of improvement / deterioration</li> <li>• 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.</li> <li>• Continued 'mock inspections'</li> </ul> <p>Actions (Localities)</p> <ul style="list-style-type: none"> <li>• Reviewing IQ data, focusing on ward and team detail to identify local actions that will improve compliance scores</li> <li>• Compliance for outcome 7 is expected to improve rapidly as staff receive the level 3 training that has now been booked</li> </ul>
Outcome 2: consent to care and treatment	82.2 %	84.4 %	87%		
Outcome 7: safe guarding	83%	83%	84.1 %		
Outcome 21: Records	84.5 %	86%	90.3 %		

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

Indicator	Month			Commentary	
	4	5	6	Q3 forecast	
<b>Records Management</b> (Target 75%)	82%	83%	86.4%	Green	The September audit was the first in which all ten elements achieved 75% or more at Trust level. The three areas noted previously as outliers, see left, continue to score lowest of the ten, but the gap is narrowing.
Client & carer understanding of assessment	70%	73%	77%		N Somerset remains an outlier at locality level, scoring 71% in the last audit. It was noted by the Managing Director that their clinical (instead of managerial) staff complete the audit and this leads to a more 'critical' review of the record.  Actions: <ul style="list-style-type: none"> <li>Senior nursing team reviewed a sample of records audited in Swindon. In general the results were concordant with the results 'self assessed' by Swindon staff. This work will continue of a monthly basis across different parts of the Trust.</li> <li>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.</li> <li>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.</li> <li>The Senior Nursing Team is considering options for competency assessment for all registered nurses in Assessment and Care Planning.</li> </ul>
Formulation / summary	72%	78%	81%		
Crisis, relapse and contingency plans	69%	73%	79%		

## 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	M2	M3	M4	M5	M6	M7	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	3	4	See separate Finance paper.	

*Monitor has updated its financial risk framework, M7 uses the new approach.*

## 5.2. Nationally and locally defined key quality indicators

14 of the 16 indicators in this section are on or above target. Key items to note are included below.

Indicator	Month				Commentary
	5	6	7	Q3 forecast	
4 hour wait for crisis assessment (Target 98%)	A	A	G	98%	This indicator is back above target following 4 months of under-performance. It will continue to be closely monitored to ensure that delivery is sustained.
Discharge Protocols: summaries to GP & service users (Target 98%)	A	A	A	98%	<p>M7 performance is 95% across the Trust.</p> <p>Only S Glos is above target, with the other five areas ranging between 92% and 97% (where the bottom end of the range has improved by 7% since last month).</p> <p>As noted previously, the management teams have been clear that improvement will be gradual over 2-3 months, owing to the three month rolling cohort used in this indicator. Trust level performance is not expected to be above target until December.</p> <p>N Somerset has provided additional training to their PCLS team where it was identified that summaries had not been uploaded into RiO correctly.</p>
Care clusters: timeliness of review (Target 95%)	R	R	R	90%	<p>The Trust's overall position has not moved since M6 and remains at 89%. Three delivery units, Specialised, North Somerset and South Glos are above target; however the remaining localities range between 84% (Swindon) and 94% (B&amp;NES).</p> <p>Work continues to discharge or transfer service users in placements to more appropriate services (e.g. GP or Care Home Liaison), which will reduce the negative impact caused by these cases. Also, the importance of re-clustering appropriately is being picked up with all teams identified as 'under-performing' at a locality level. These teams will also be identified at the Quality Huddle as part of the new 'top 5, bottom 5' approach (this approach will also be used for 'Discharge Letters' above).</p> <p>Forecast remains at amber for Q3.</p>

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

Measure	Month				Commentary
	5	6	7	Q3 forecast	
<b>Supervision</b>	53.9%	62.7%	70%	85%	<p>Performance continues to improve month on month, with October showing at amber for the first time (70%).</p> <p>Three LDUs (B&amp;NES, N Somerset &amp; S Glos) are above 85%, four are above 75% (Bristol, SDAS, Swindon and Wiltshire), leaving Secure and Specialised as the lowest performing, although both have shown improvement since September.</p> <p>The new supervision entry system is in the final stages of testing and will be released at the end of November and will make the process of monitoring / managing supervision easier.</p> <p>The Q3 forecast remains above 85%.</p>
<b>Appraisal</b>	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
	5	6	7	Q3 Forecast	
<b>Sickness</b>	5.81%	5.14%	4.68%	TBC next month	<p>The way IQ calculates sickness figures was updated in early November, following agreement at ET. The change moves away from a 3 month average, to the 'in month' percentage only. The figures have been back-dated to allow for comparison month on month.</p> <p>As can be seen, sickness levels are on a downward trajectory, with the October 2013 figure at 4.68% (amber). LDU colleagues are beginning to work with these revised figures and a Q3 forecast will be provided in next month's report.</p>

## 8. Finance (Finance & Planning Committee)

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

Measure	Month						Commentary
	2	3	4	5	6	7	
Finance	R	R	R	R	R		Actions are in place at locality and corporate level to deliver 2013-14 agreed budgets. The detail is included in the separate Finance report.