

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 18 <sup>th</sup> December 2013
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<b>Title:</b>	Quality & Performance Report
<b>Item:</b>	BD/13/277

<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					
	Jun	Jul	Aug	Sep	Oct	Nov
Friends and Family Score	47	51	44	42	46	45
Response Rate	2.6 %	3.5 %	4.5 %	5.4 %	6.1 %	7.2 %
CQC Compliance	89.6 %	91.1 %	90.5 %	91.8 %	92.9 %	93.2 %
Records Management	81.6 %	82.2 %	83.4 %	86.4 %	87.1 %	
<b>Contract and Monitor Compliance:</b>						
Key Quality Indicators	0.25	0.25	0.25	0.25	0.25	0.5
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	45.7 %	46.1 %	47.2 %	54.6 %	59.7 %	61.4 %
Appraisal	66.8 %	67.4 %	67 %	66.6 %	66.6 %	68 %
Total Sickness Absence	4.90 %	5.67 %	5.81 %	5.14 %	4.68 %	
Finance						

## 1. Introduction

This report provides commentary on the month eight 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	7	8	Q3 forecast	
<b>Friends &amp; Family Score</b>	<b>42</b>	<b>46</b>	<b>45</b>	<b>Remains positive</b>	The result for Nov is +45, 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>5.3 %</b>	<b>6%</b>	<b>7.2 %</b>	Overall forecast revised down to c9% based on steady improvements in the last 6 months  (it is recommended that separate targets be agreed for IP and Community services)	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.  The response rate is continuing to improve at approximately 1% per month. With inpatients improving significantly more quickly (up 6% in the last month).  Actions (Quality Academy), as noted last month <ul style="list-style-type: none"> <li>Continuing to run workshops to support implementation and share good practice</li> <li>Further guidance published to support services to access their data and comments, advice on ways to approach service users to encourage their feedback, and templates for presenting feedback and scores in wards and waiting areas.</li> </ul>
Community	<b>4.1 %</b>	<b>4.9 %</b>	<b>5.8 %</b>		
Inpatient	<b>24.8 %</b>	<b>25.3 %</b>	<b>31.4 %</b>		
					<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>

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

Indicator	Month				Commentary
	6	7	8	Q3 forecast	
<b>CQC Compliance</b>	91.8 %	92.6 %	93.2 %	c95%	Four outcomes stand out at Trust level as scoring lower than average on a consistent basis.
Outcome 1: respecting & involving people	87.8 %	89.6 %	89.9 %		<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	84.4 %	87%	84%		
Outcome 7: safe guarding	83%	84.1 %	84.2 %		
Outcome 21: Records	86%	90.3 %	90.2 %		

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

Indicator	Month			Commentary	
	5	6	7	Q3 forecast	
<b>Records Management</b> (Target 75%)	83%	86.4%	87.1%	Green	<p>The October audit saw all ten elements achieve 75% or more at Trust level. The three areas noted previously as outliers, see left, continue to score lowest of the ten.</p> <p>There remains variance between localities (Bristol 78%, SDAS 96%), but all areas continue to focus on the results and work with teams / wards to root out underlying issues. Additionally, all areas are developing 'peer review' processes to provide assurance that their 'self-assessment' process is truly reflective of record keeping and care delivery.</p> <p>In November's report, North Somerset was a noted outlier at 71.7%. In this most recent audit, their overall result moves to 86.4%, which is in-line with all other localities.</p> <p>Actions:</p> <ul style="list-style-type: none"> <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>A workshop is being planned in February, led by the Clinical Director for S Glos and the Quality Academy, for senior practitioners, clinicians and specialist leads to improve self-assessment practice and assurances offered for both RM and CQC elements of IQ. The outputs of this session will be provided in detail to the Q&amp;S Committee and to the Board.</li> </ul>
Client & carer understanding of assessment	73%	77%	81.2%		
Formulation / summary	78%	81%	81.4%		
Crisis, relapse and contingency plans	73%	79%	79.4%		

## 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	M3	M4	M5	M6	M7	M8	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		See separate Finance paper.	

## 5.2. Nationally and locally defined key quality indicators

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

Indicator	Month				Commentary
	6	7	8	Q3 forecast	
4 hour wait for crisis assessment (Target 98%)	A	G	G	98%	This indicator is above target for the second month in a row.  Some residual issues remain where some referrals are being incorrectly allocated as 'emergency' (where 4hr applies) rather than 'urgent'. These are being dealt with case by case to ensure care and clinical risk were managed appropriately – for all cases in month 8, this was the case.
Discharge Protocols: summaries to GP & service users (Target 98%)	A	A	A	96%	In all areas performance is good, overall 95% of discharge letters are sent in a timely fashion. S Glos is above target, with the other five areas ranging between 88% and 96%.  In those five areas, a handful of teams continue to be outliers and bring the overall result down. In some areas, for example N Somerset, senior managers are working directly with team managers to ensure systems are in place to meet the standard as a matter of course. In other areas, such as Wiltshire, poorer performing teams are being buddied with strong performing teams to share good practice and provide tangible support.  As noted previously, the management teams have been clear that improvement will be gradual, owing to the three month rolling cohort used in this indicator, and this month the forecast is revised down to 96% at Q3. With further improvement into Q4.
Care clusters: timeliness of review (Target 95%)	R	R	R	90%	The Trust's overall position at M8 is 90%. Four delivery units, B&NES, Specialised, North Somerset and South Glos are above target; however the remaining areas range between 84% (Swindon) and 87% (Bristol).  Across the Trust, inpatient services perform at c98%.  Therefore, the under-performance is within community teams. There, 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.  Forecast remains at amber for Q3.
Service users in settled accommodation (Target 70%)	G	A	A	n/a	Performance has dipped for this indicator (a drop of 0.6% between months). This indicator is a measure of social inclusion and therefore this drop does not represent a direct clinical risk to service users.  Initial analysis suggests the net decrease stems from marginal drops in B&NES and North Somerset, which will need to be explored further to understand if this will be a continuing trend.

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

Measure	Month				Commentary
	6	7	8	Q3 forecast	
<b>Supervision</b>	54.6%	59.7%	61.4%	80%	<p>The new supervision entry system went live on the 2<sup>nd</sup> December, and anecdotal feedback thus far has been positive.</p> <p>Monthly results have been corrected as part of the release, re-parenting staff to the right team and removing staff not listed on ESR, so in some cases performance (notably at Trust level) is less than previously reported.</p> <p>Despite this, five delivery units remain either green, or amber and improvements in the rest are expected during December and into the new calendar year.</p> <p>Performance will be monitored weekly during December to ensure that managers understand how to use the new system; resolving issues quickly. The Q3 forecast is adjusted to amber, with 85% performance expected in January.</p>
<b>Appraisal</b>	67%	67%	68%	68%	<p>The Trust's compliance with annual appraisal remains consistent month on month.</p> <p>The Executive Team have agreed to implement a new approach to gathering appraisal data as confusion persists in the current methodology. This will be developed in December / January and will be similar in principle and design to the new supervision system (with similar benefits).</p> <p>The forecast for Q3 is revised to red, c68%.</p>

## 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>As Board is early in December, the M8 sickness / absence results are not available. Reported position remains unchanged.</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	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.