



5<sup>th</sup> May 2016

Item No 13

# Council of Governors: Summary Sheet

**Title of Paper:** Performance Report

**Presented By:** Jason Rowlands

**Action Required:**

For Information	<input checked="" type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input type="checkbox"/>
For Feedback	<input type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	x
Monitoring the Trust's performance against its targets and strategic aims	

**How does this item support the functioning of the Council of Governors?**

The performance report gives governors an overview of the Trust's performance in a number of key areas and assurance about how performance is being managed and monitored by the Trust's internal control systems.

**Author of Report:** Jason Rowlands

**Designation of Author:** Director of Planning, Performance and Governance

**Date:** 19<sup>th</sup> April 2016



**BOARD OF DIRECTORS MEETING – 13<sup>th</sup> APRIL 2016  
DOCUMENT FRONT SHEET**

<b>TITLE OF PAPER</b>	Performance Report – period ending February 2016
<b>TO BE PRESENTED BY</b>	Clive Clarke - Deputy Chief Executive

<b>OUTCOME</b>	For the Board to be assured that the Trust is delivering the required standards of care, and that plans are in place to ensure on-going performance.
<b>TIMETABLE FOR DECISION</b>	The Board should note the reported position at its April meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	None highlighted
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC</b>	Service quality targets and indicators within this report are also identified as KPI's for the CCG and Sheffield City Council  NHS Constitution: Patients <input type="checkbox"/> Public <input type="checkbox"/> Staff <input type="checkbox"/> HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality Act 2010 <input type="checkbox"/>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	While the overall governance rating has remained Green the Trust had failed to achieve the Delayed Transfer of Care indicator for Quarter 1 & 2 . Improvements have been reported during the 3 <sup>rd</sup> Quarter and have continued into Quarter 4.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Non highlighted

<b>Author of Report</b>	Jason Rowlands
<b>Designation</b>	Director of Planning, Performance and Governance
<b>Date of Report</b>	6 April 2016



## SUMMARY REPORT

**Report to:** Board of Directors  
**Date of meeting:** 13<sup>th</sup> April 2016  
**Date of report:** 6<sup>th</sup> April 2016  
**Subject:** Performance Report – period ending February 2016  
**Author:** Jason Rowlands – Director of Planning, Performance and Governance  
**Approved by:** Clive Clarke - Deputy Chief Executive

---

### 1. Purpose

To report to the Board the current performance position as of the end of February 2016, across a range of key performance indicators as identified through the monthly board reporting process.

### 2. Context

The monthly performance report has been structured to reflect the following areas in relation to performance:

- Quality and Safety – this dashboard has been developed to provide more information relating to quality and safety issues.
- Workforce
- Service delivery
- Social Inclusion
- Finance
- Regulation and compliance

### 3. Summary

#### 3.1 Exception issues regarding performance at the end of January

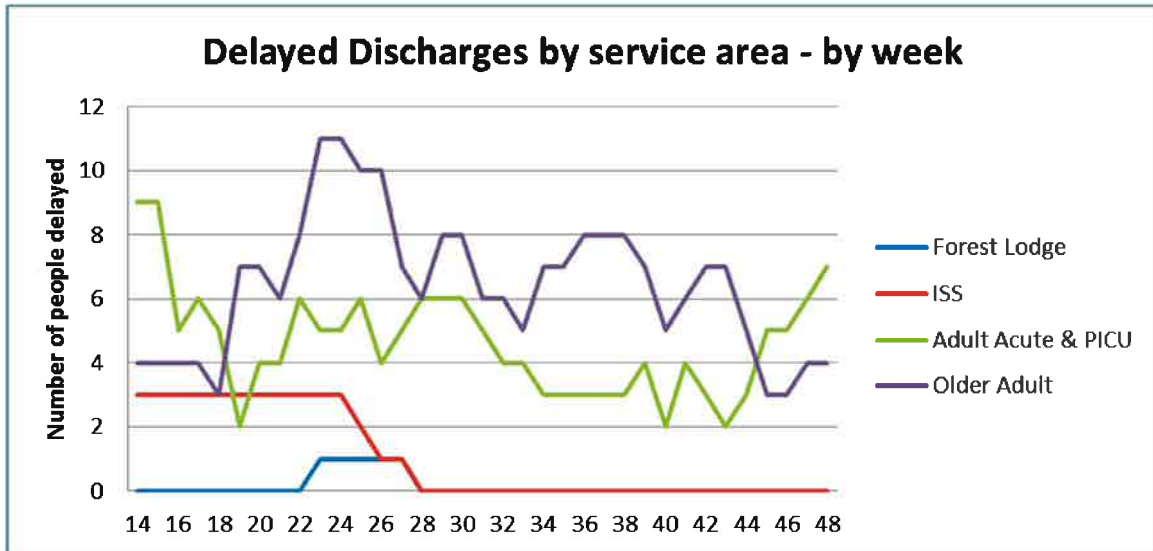
##### 3.2.1 Delayed Discharges

The progress made in reducing rates of delayed transfer of care during Quarter 3 have been continued through January and February. The position in Quarter 3 was 6.8%, compared to 8.6% and 8.1% over the first two quarters. In January the position was 5.3% and for February 5.2%, giving a quarter 4 to date average of 5.2%. Generally numbers of patients experiencing delays have reduced over the 3<sup>rd</sup> quarter across all service areas however they remain higher within the older adult inpatient service areas, Daleside and G1, and within this mainly on G1 Ward. In February reduced numbers of delays are noted across the older adult wards, while there has been an increase within the adult wards, although the overall Trust wide position remains the same.

Engagement and escalation processes across the system wide 'Flow' groups continues to provide a mechanism for the Trust to monitor issues with partner agencies.

As reported previously, as the trust continues with its reconfiguration programmes the volume of inpatient care continues to reduce. This may result in challenges in the future in respect of 'rates' of delayed transfer, although the overall numbers of patients delayed may be reduced.

The graph below summarises the numbers of people experiencing a delay each week to the period ending 28th February 2016.



### 3.2.2 Improving Access to Psychological Therapies

As previously reported there are 2 methods of reporting performance against the Access Standards.

Based on measuring waiting times for people as they start their treatment the service has achieved the new Access Standard during Quarter 3 with 84.3% of people accessing treatment within 6 weeks of referral, and 99% within 18 weeks. Both the 6 week and 18 week target was also achieved in each month during Q1 & Q2.

During January this had reduced to 73%, which is below the 75% target threshold. The reason behind the drop in performance levels during January is considered to be peoples wish not to start treatment over the Christmas holiday period (as indicated with a drop in new starters in December), which has resulted in some delays being experienced into January. Alongside this there was a delay within one practice in the forwarding of a number of referrals which meant that when they were received by the service significant time had elapsed. This has had an impact on the January performance position.

These changes that impacted on performance in January are not expected to continue and previous performance levels are expected for February onwards. The service undertook extensive efforts to ensure the drop in performance in January was recovered over the Quarter 4 period. Additional clinics, telephone assessment activities and effective referral management and allocation systems were used to great effect and the initial figures for March indicate that the Quarter 4 average will have been sustained at above 80% (links to Cquin improvement goals)

Based on measuring waiting times for people as they finish their treatment the service has achieved the new Access Standard during Quarter 3 with 76.7% of those people accessing treatment within 6 weeks of referral and 97% within 18 weeks. The service did not achieve both the targets for the Q1 & Q2 periods (see tables below). Initial figures for March indicate that the service has achieved this target for Quarter 4 with 75.1% seen within 6 weeks and 98.1% within 18 weeks. However these figures will change slightly over the coming weeks and the final position will be reported at the next Board meeting.

From previous reports the Board is aware of the different methods of reporting waiting times based on when treatment starts and when treatment ends. An update of the latest assessment is provided below.

Waiting times - based on start of treatment – showing above target achievement for the year.

	Target	Q1	Q2	Q3	Jan	Feb	Mar (provisional)	Q4 to date
Treatment in 6 weeks	75%	81.2%	83%	84.5%	76%	82.2%	82.6%	80.3%
Treatment in 18 weeks	95%	98%	99.2%	99.1%	99.3%	99.6%	99.6%	99.5%

Waiting times – based on completion of treatment

This method, the national KPI for access targets, is based on measuring clients when their treatment ends. A client ending treatment in March 2016, will have their waiting time from (for example) September 2015) reported. It is not as reflective of current/ actual service performance.

Using this measure there is a gradual increase in performance through the year as the impact of service improvements introduced at the beginning of the year have taken effect. The benefits of this in reporting terms is delayed, but through the year there is a continued closer alignment of both methods of reporting which is what we would expect.

Current performance in respect of Q4 is just above the 75% threshold and final analysis through April of final March performance will be confirmed in the next report.

	Target	Q1	Q2	Q3	Jan	Feb	Mar (provisional)	Q4 to date
Treatment in 6 weeks	75%	64.1%	70.9%	76.7%	75.3%	75.4%	74.6%	75.1%
Treatment in 18 weeks	95%	92.2%	95.9%	97%	98.1%	98.5%	97.6%	98.1%

### 3.2.3 Access targets – Early intervention Services

The Trust has been developing its access and care pathway arrangements to support the delivery of the national access targets for Early intervention Services.

The target is to ensure all new referrals access treatment within 2 weeks of referral. The Executive Directors Group reviews and monitors progress against the service development plan. For Trust reporting purposes the Trust will commence reporting against this indicator to Monitor during Q4 and performance against the target will be monitored and assessed under the Risk Assessment Framework from the new financial year. Performance against the target needs to be considered alongside the fact that the service is experiencing much higher demand/ new referrals than modelled for and provided for within the national guidance. The longer term impact and consequences of this will be reviewed with Commissioners.

Current *provisional* assessment of performance during March indicates that the Trust is currently performing close to the threshold target which puts the service in a good position for next year. This will be confirmed in the next Board report.

	Total clock stops	Stopped in 2 weeks	Stopped over 2 weeks	% within 2 weeks
January	14	7	7	50%
February	19	8	11	42%
March	19	10	9	52%
Q4 to data	52	25	27	48%

**4. Required Actions**

For the Board to receive and note the content of the monthly performance report.

**5. Monitoring Arrangements**

The further development of the monthly performance report will be co-ordinated through the EDG & Quality Assurance Committee.

**6. Contact Details - for further information contact**

Jason Rowlands, Director of Planning, Performance and Governance (0114 226 3417)