

Council of Governors: Summary Sheet

2nd March 2016
Item No 8

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:	15 th February 2016

SUMMARY REPORT

Report to: Council of Governors

Date: 2nd March 2016

Subject: Performance Report

From: Jason Rowlands

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
		✓			
<p>To report to the Council of Governors the performance position as at the end of December 2015 across a range of key performance indicators as identified through the monthly board reporting process.</p> <p>To report to Council the Trust's declared performance over Quarter 3 in respect of key performance targets and standards required of the organisation as an NHS Foundation Trust.</p>					

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, including performance against contract activity targets
- Regulation and compliance

3. Summary

3.1 Declaration of performance against Governance standards for Quarter 3

3.1.1 Exception reporting against the terms of the Trust's licence

The Trust looks to ensure that its regulator (Monitor) is aware on an exception basis of any incidents, events or reports which may reasonably be regarded as raising potential concerns with its compliance with its licence. These are reviewed in detail on an annual basis as part of the Boards Self Certification process as it confirms and approves its Annual Plan. In year arrangements are in place to ensure timely exceptions reporting to Monitor when required. As part of the quarterly

review confirmation has been sought from the relevant officers that no omissions have occurred over the previous 3 months. This is summarised in Appendix 1. This provides assurance to the Board that appropriate exception reporting has been undertaken to the regulator.

3.1.2 Service Performance

As part of its authorisation as a Foundation Trust, the Trust is required to deliver a number of targets and standards in respect of service governance. The required performance targets for mental health Foundation Trusts, along with the Trusts performance summary for Quarter 3 is outlined below. Following improvements in the Delayed Transfer of Care position the Trust has achieved all the targets during Quarter 3. This includes the new Access Target in respect of IAPT services. Both are reported on in more detail in Section 3.2 below.

Targets as per Risk Assessment Framework 2015/16	OUT-TURN 2014/15	Target	Q1 2015/16 Performance		Q2 2015/16 Performance		Q3 2015/16 Performance	
			Result	Actual	Result	Actual	Result	Actual
CPA - Follow up contact within 7 days of discharge	96.4%	95%	Achieved	100.0%	Achieved	98.6%	Achieved	95.8%
CPA - Having formal review within 12 months	95.6%	95%	Achieved	95.4%	Achieved	95.1%	Achieved	95.3%
Minimising delayed transfer of care	4.4%	<=7.5%	Failed to Meet	8.6%	Failed to Meet	8.1%	Achieved	6.8%
Admissions had access to crisis resolution home treatment teams (Gate keeping assessments)	99.8%	95%	Achieved	99.4%	Achieved	99.2%	Achieved	100.0%
Meeting commitment to serve new psychosis cases by early intervention teams (target = 75 new cases per year)	232.0%	95%	Achieved	192.0%	Achieved	245.0%	Achieved	352.0%
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (scored from Q3 2015/16)	n/a	75%		n/a		n/a	Achieved	82.0%
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (scored from Q3 2015/16)	n/a	95%		n/a		n/a	Achieved	98.3%
Data completeness: identifiers	99.8%	97%	Achieved	99.8%	Achieved	99.9%	Achieved	99.9%
Data completeness: outcomes	90.3%	50%	Achieved	87.0%	Achieved	85.9%	Achieved	85.1%
CPA - Employment status	89.7%			85.0%		82.44%		82.00%
CPA - Settled accommodation status	89.3%			84.0%		82.21%		92.00%
CPA - HoNOS assessment	91.8%			92.0%		93.15%		93.10%
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	Achieved	N/A	Achieved		Achieved		Achieved	

Following the Trusts CQC Inspection and final reports a range of compliance actions apply across a number of services. The Trust continues to implement its improvement plans in respect of the CQC Inspection of the Trust services. The Executive Team, the Trust's Quality Assurance Committee and the Board review performance and progress against the improvement plan each month. This provides assurance to the Board that the necessary development work is progressing in line with the agreed plan to deliver the necessary improvements over the short and long term.

Conclusions regarding Trust position

Under Monitors Risk Assessment Framework, the performance over Quarter 3 would represent a GREEN risk, reflecting no governance concerns at this stage.

3.1.3 Quality statement and declarations

The Trust has reviewed progress over the Quarter and the Quality Assurance Committee has been provided with a range of information, reports and progress made. Key reports consist of

- Monthly performance reports against key areas of interest and compliance with regulatory requirements
- Planned reports in respect of key quality priorities such as complaints, incidents and safety, EMSA, hygiene and infection control, Trust quality objectives, implementation of NICE guidelines

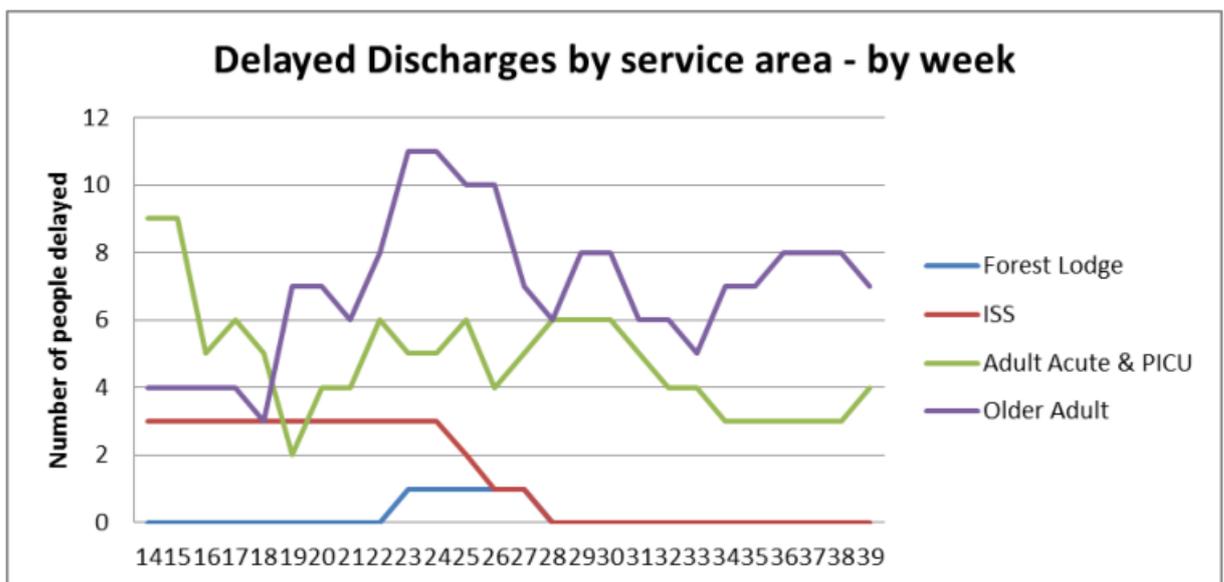
Based on this review the Quality Assurance Committee remains assured that Trust has and will keep in place effective arrangements for the purpose of monitoring and continually improving the quality of care provided to its service users.

3.2 Exception Issues regarding Performance at the end of September

3.2.1 Delayed Discharges

Progress has been made in delivering improvements on the delayed transfer of care position. The position in Quarter 3 was 6.8%, compared to 8.6% and 8.1% over the first two quarters. Numbers of patients experiencing delays have reduced over the 3rd 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.

Engagement and escalation processes across the system wide 'Flow' groups continue to provide a mechanism for the Trust to monitor issues with partner agencies. As reported last month, 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.



3.2.2 Improving Access to Psychological Therapies

As expected based on performance through the year, the Trust has achieved the 2 new indicators for access to IAPT services. The Trust has reported its performance based on those people who completed their treatment during the Quarter 3 period. If performance was assessed based on those who started their treatment in the Quarter 3 period the position would be higher.

The background behind the different reporting approaches has been previously reported to the Board, and the performance based on both approaches is summarised below.

- a) Performance assessed based on treatment episodes that finish within the reporting period. This is the method used for reporting Trust performance against the national standard. It shows that for Quarter 3 the waiting times were:
 - 82% of people who finished treatment had waited less than 6 weeks to start
 - 98.3% of people who finished treatment had waited less than 18 weeks to start

Counting based on when treatment finishes	Q1	Q2	Oct	Nov	Dec	Q3
% of people who started treatment within 6 weeks(target threshold = 75%)	71.8%	77.9%	80.8%	83.4%	81.9%	82.0%
% of people who started treatment within 18 weeks (target threshold = 95%)	95.1%	97.7%	97.3%	98.6%	98.9%	98.3%

b) Performance assessed based on treatment episodes that started within the reporting period. This method is more time sensitive and is closer to showing what the performance is like now. It shows that for Quarter 3 the waiting times were:

- 84.3% of people who finished treatment had waited less than 6 weeks to start
- 99% of people who finished treatment had waited less than 18 weeks to start

As expected, as the year has progressed the difference between the two methods is getting less. For example in Q1 there was a 10% difference between the two 6 weeks' figures, by Q3 this has reduced to 2.3%

Counting based on when treatment starts	Q1	Q2	Oct	Nov	Dec	Q3
% of people who started treatment within 6 weeks	81.2%	83.0%	84.7%	84.2%	83.9%	84.3%
% of people who started treatment within 18 weeks	98%	99.2%	98.9%	99.2%	98.9%	99.0%

3.2.3 CPA Seven Day Follow up

The standard wasn't achieved in December. Overall the Trust position in Quarter 3 was 95.8%, but during December 2 people discharged under CPA weren't followed up within 7 days.

Exception reports have been reviewed. Both clients were subsequently followed up and remained safe. Both clients had arrangements in place for follow up at the point of discharge and the care co-ordinators attended for the appointments on the dates required. Both clients were not present at the time. Both Care Coordinators followed up by making enquiries with family members and ascertained that the clients were safe and well, with one client this review/discussion took place with the relative while the client was present. Follow up appointments were subsequently made. There is a potential that the insight based alerting function relating to reminders for follow up may not have function for one of the clients concerned. This is being reviewed further.

4. Required Actions

For the Council to receive and note the content of the monthly performance report and the assessment of performance in respect of the Trust's governance ratings at the end of Quarter 3.

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:

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	Examples	Position
Continuity of Services	<ul style="list-style-type: none"> • Unplanned significant reductions in income or significant increases in costs • Discussions with external auditors which may lead to a qualified audit response • Future transactions potentially affecting the continuity of services risk rating • Risk of a failure to maintain registration with the Care Quality Commission (CQC) for Commissioner Requested Services (CRS) • Loss of accreditation of a CRS • Proposals to vary CRS provision or dispose of assets, including: <ul style="list-style-type: none"> - Cessation or suspension of CRS - Variation of asset protection processes • Proposed disposals of CRS-related assets 	<ul style="list-style-type: none"> • No issues of concern regarding income/cost projections of future transactions. • No concerns regarding risks to Commissioner Requested Services.
Financial Governance	<ul style="list-style-type: none"> • Requirements for additional working capital facilities • Failure to comply with the statutory reporting guidance • Adverse report from internal auditors • Significant third party investigations that suggest potential material issues with governance • CQC responsive or planned reviews of their outcomes • Other patterns of patient safety issues which may reflect poor governance (e.g. serious incidents, complaints) • Performance penalties to commissioners 	<ul style="list-style-type: none"> • No issues of concern that would require liaison/ review with Regulator.
Governance	<ul style="list-style-type: none"> • Third party investigations that could suggest material issues with governance, e.g. fraud, CQC concerns, medical Royal Colleges' reports CQC responsive or planned reviews and its outcomes/ findings • Other patient safety issues which may impact compliance with the licence (e.g. serious incidents) 	<ul style="list-style-type: none"> • No third party investigations highlighting material issues. • Independent Review of internal review into culture and practice to be reviewed with Monitor. • Incidents relating to confidentiality breaches reported. • Trust Action Plan following the CQC Inspection reviewed and shared with Monitor.
Other Risks	<ul style="list-style-type: none"> • Enforcement notices or other sanctions from other bodies implying potential or actual significant breach of a licence condition e.g. Office of Fair Trading, Patient group concerns • Concerns from whistle blowers or complaint 	<ul style="list-style-type: none"> • No enforcement issues • No other issues highlighted during Quarter