Tees, Esk and Wear Valleys

**NHS Foundation Trust** 

Item 15

## FOR GENERAL RELEASE

## **BOARD OF DIRECTORS**

DATE:	24 <sup>th</sup> May 2016
TITLE:	Board Dashboard as at 30 <sup>th</sup> April 2016
REPORT OF:	Sharon Pickering, Director of Planning, Performance & Communication
<b>REPORT FOR:</b>	Assurance

This report supports the achievement of the following Strategic Goals:	$\checkmark$
To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing	✓
To continuously improve to quality and value of our work	✓
To recruit, develop and retain a skilled, compassionate and motivated workforce	~
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	✓
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.	✓

### **Executive Summary:**

The purpose of this report is to provide the latest performance for the Board Dashboard as at 30<sup>th</sup> April 2016 (Appendix A) in order to identify any significant risks to the organisation in terms of operational delivery. The dashboard is now inclusive of performance relating to York and Selby.

This is the first dashboard relating to 2016/17 and as at the end of April, 12 (67%) of the indicators are not achieving the expected levels of performance and are red. Of those red indicators where previous years data is available 3 are showing an improving trend over the previous 3 months.

Whilst not included in the Trust Dashboard the Corporate Performance Department continue to monitor the indicators within Monitor's Risk Assessment Framework and as at the end April all the targets for these indicators were being achieved.

The key issues/risks continue to be:

- Bed Occupancy (KPI 1)
- Access Waiting Times (KPI 3)
- Out of Locality Admissions (KPI 9)
- %age registered healthcare professional jobs advertised 2 or more times(KPI 15)
- Appraisal (KPI 16)
- Mandatory Training (KPI 17)

## **Recommendations:**

It is recommended that the Board consider the content of this paper and raise any areas of concern/query.

**NHS Foundation Trust** 

MEETING OF:	Board of Directors
DATE:	24 <sup>th</sup> May 2016
TITLE:	Board Dashboard as at 30 <sup>th</sup> April 2016

### 1. INTRODUCTION & PURPOSE:

1.1 To present to the Board the Trust Dashboard as at 30<sup>th</sup> April 2016 in order to identify any significant risks to the organisation in terms of operational delivery.

### 2. KEY ISSUES:

- 2.1 The <u>key issues</u> are as follows:
  - The Trust Dashboard in Appendix A now includes the performance of the York and Selby locality. The York and Selby performance for each indicator is shown beneath the relevant graph and therefore it is possible to determine the impact of this (and any other) locality on the overall performance at Trust level.
  - This is the first dashboard relating to 2016/17 and as at the end of April 2016 12 (67%) of the indicators are showing as red. Of those red indicators where previous years data is available 3 (25%) are showing an improvement over the previous 3 months.
  - In agreeing the key indicators to be included in the Trust Dashboard a significant number of new indicators were identified. Unfortunately it has not been possible to include previous year's performance against these indicators within this report however work is ongoing to ensure this is include within future reports. In addition there are 3 indicators identified for inclusion for which the definition/construction of the indicator is still being developed. These are:
    - o Caseload Turnover
    - o 2 patient outcome indicators currently in development
  - In identifying the appropriate indicators to be included within the dashboard the Board agreed that it would not include those within the Monitor Risk Assessment Framework and reported to NHS Improvement. However these are monitored by the Corporate Performance Team on a monthly basis and at the end of April all were being achieved.
  - The Data Quality Scorecard is included in Appendix B. An initial assessment of the 2016/17 indicators was undertaken in April 2016; this took into account improvements in ways of working within the Trust and the York and Selby locality moving onto TEWV PARIS system. From the 19 indicators scored, 17 (89.47%) were assessed above 80% with the remaining 2 (9.52%) scoring below 80%.

- Appendix C includes the breakdown of the unexpected deaths actual.
- 2.2 The <u>key risks</u> are as follows:
  - Bed Occupancy (KPI 2) The actual performance is worse than the target by 11.51 percentage points with all localities showing levels of over 90%. Teesside and North Yorkshire in particular had very high levels of bed occupancy in April linked to the number of adult admissions from York and Selby. Previous year's data is not yet available within the dashboard to compare however it is believed that the occupancy in April is not representative of previous years. It is expected that when the Adult inpatient beds open at Peppermill in York then the actual occupancy will return to a level on par with the target.
  - External Waiting Times (KPI 7) the Trust has not achieved the 90% target it set itself for the number of people seen within 4 weeks and April shows a deterioration of performance when compared to March 2016. However it should be noted that the 82.68% achieved in April 2016 is higher than the figures for April 2014 and April 2015. The main area of concern continues to be Children and Young Peoples services, and in particular in Durham and Darlington. Within this service there continues to be significant levels of staff absence although the position is improving with vacancies being filled and staff returning from sickness. The service has a detailed action plan which it is continuing to implement and there has been an improvement made with the number of people still waiting over 4 weeks at the end April being 451 compared to 519 as at the end March 2016. In Teesside there has been a considerable improvement in CYP services with all new referrals received in April being given an appointment within the 4 weeks and if this continues the position in Tees CYP services should start achieving target within a few months as the patients referred prior to April are seen.

It is believed that there are some data quality issues in the York and Selby locality linked to the transfer to PARIS which is affecting the York and Selby reported position. These are being addressed with the service.

The Board received a detailed update report on the waiting time position at the May Board of Directors meeting and will be able to continue to monitor performance via the Dashboard in the months prior to the next update report in the autumn.

 Out of Locality Admissions (OoL) (KPI 9). The Trust has continued not to achieve the target in April with a slight deterioration compared to March 2016. Only Teesside and York and Selby are achieving the target. Clearly the high level of bed occupancy reported in KPI 3 will be impacting on this position, particularly in North Yorkshire. The inclusion of York and Selby has had a positive impact on the overall Trust position however if this is discounted there is still an improvement compared to April 2015 across the other localities,

- %age of registered healthcare professional jobs advertised 2 or more times (KPI 15) - the actual performance is significantly worse than the target set. The majority of the posts that were re advertised (7 of the 11) were for fixed term contracts. This is the first time this indicator has been reported and therefore no previous year's data is available upon which to provide a comparison.
- Appraisal (KPI 16) The Trust is not achieving the target of 95% as at the end April. The York and Selby locality is an outlier only achieving a compliance of 40%. If this was discounted from the figures the performance increases to 82.13% which is an improvement of 0.81% compared to the positon at the end March 2016.
- Compliance with Mandatory and Statutory Training requirements (KPI 17)

   The performance as at the end of April is 80.63% compared with the target of 95%. This is deterioration on the position as at the end March 2016. Whilst York and Selby show the lowest level of compliance this does not significantly impact on the whole Trust positon with all the other localities reporting compliance levels of between 80% and 83%. Work is ongoing to develop more detailed reports via the IIC which will help managers proactively managed the compliance levels of both appraisal and mandatory and statutory training.

### 3. **RECOMMENDATIONS:**

3.1 It is recommended that the Board consider the content of this paper and raise any areas of concern/query.

### Sharon Pickering Director of Planning Performance and Communications.

Background Papers:

# **Trust Dashboard Summary for TRUST**

Activity April 2016 April 2016 To April 2016 Annual Target Month Status Trend Arrow (3 YTD Status Target Target Months) 1) Total number of External Referrals into Trust 86,407.00 7,102.00 8,541.00 7,102.00 8,541.00 Services 3) Bed Occupancy (AMH & MHSOP Assessment 85.00% 85.00% 96.51% 85.00% 96.51% & Treatment Wards) 4) Number of patients with a length of stay 277.00 (admission to discharge) of greater than 90 days 23.00 31.00 23.00 31.00 (A&T wards) 5) Percentage of patients re-admitted to 15.00% Assessment & Treatment wards within 30 days 29.41% 15.00% 29.41% 15.00% (AMH & MHSOP) 6) Number of instances where a patient has had 237.00 3 or more admissions in the past year to 19.00 24.00 19.00 24.00 Assessment and Treatment wards (AMH and MHSOP)

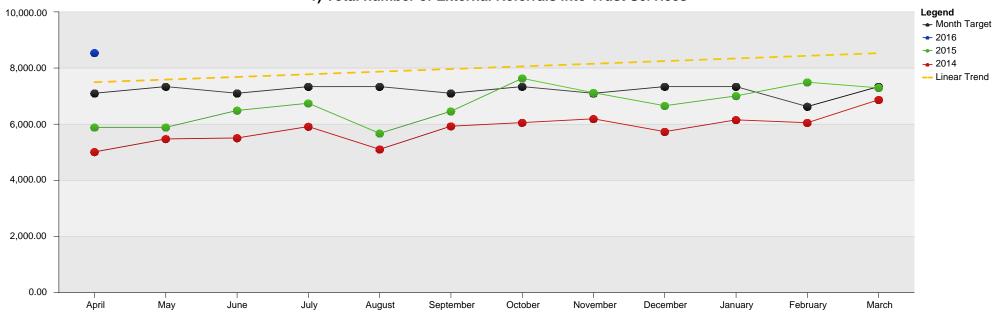
Quality

		April	2016		Ap	oril 2016 To April 20	16	Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	90.00%	82.68%	•		90.00%	82.68%		90.00%
8) Percentage of appointments cancelled by the Trust	0.67%	1.00%			0.67%	1.00%	•	0.67%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	18.15%	0		15.00%	18.15%	0	15.00%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	81.19%	•		91.44%	81.19%		91.44%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	1.10	•		1.00	1.10	•	12.00

# Trust Dashboard Summary for TRUST

		April	2016		A	Annual		
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 90%-95%)	95.00%	94.54%			95.00%	94.54%		95.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	5.00%	19.30%			5.00%	19.30%		5.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	82.05%			95.00%	82.05%		95.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	80.63%			95.00%	80.63%		95.00%
8) Percentage Sickness Absence Rate (month behind)	4.50%	4.83%	0		4.50%	4.83%	0	4.50%

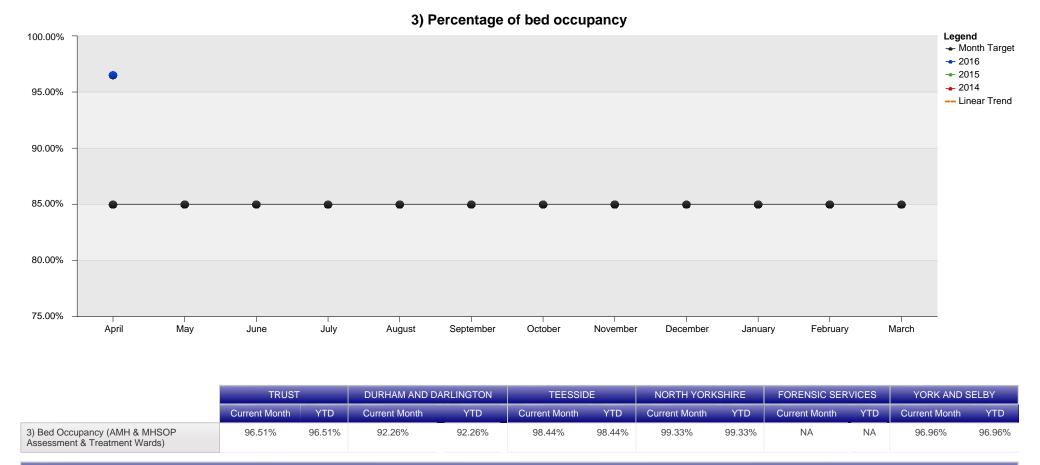
		April	2016		Ap	Annual		
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-1,118,619.00	-1,305,000.00			-1,118,619.00	-1,305,000.00		-6,077,087.00
20) CRES delivery (snapshot)	550,854.00	551,538.00			550,854.00	551,538.00		6,610,251.00
21) Cash against plan	49,870,000.00	53,902,000.00	۲		49,870,000.00	53,902,000.00		47,056,000.00



1) Total number of External Referrals into Trust Services

	TRUS	Г	DURHAM AND DA	ARLINGTON	TEESSI	DE	NORTH YOR	KSHIRE	FORENSIC SEI	RVICES	YORK AND S	SELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
1) Total number of External Referrals into Trust Services	8,541.00	8,541.00	2,033.00	2,033.00	1,926.00	1,926.00	1,871.00	1,871.00	764.00	764.00	1,597.00	1,597.00
				1	Varrative							

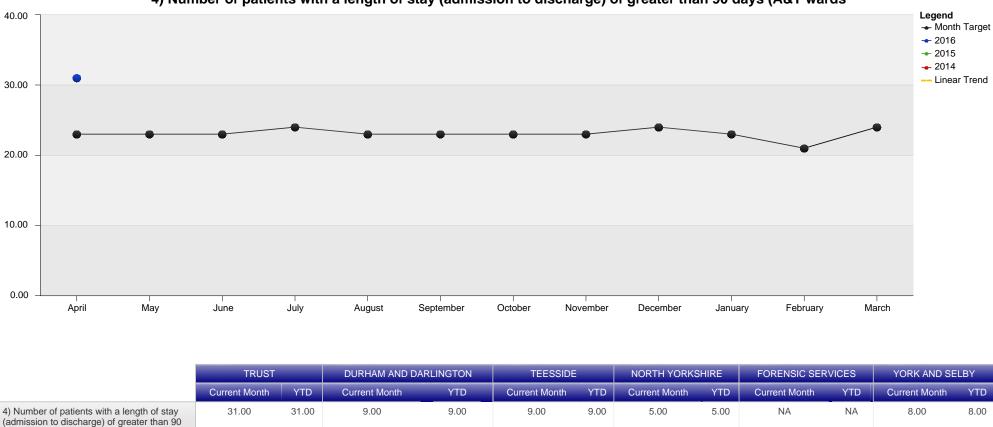
The Trust position for April 2016 is 8541 which is 1439 above the Trust target of 7102. This increase in referrals is in line with patterns in previous years. Data including the York and Selby locality only started to be collected from April 2016. If comparing the remaining 4 localities, the position is 6944 which is an increase of 1097 referrals when compared to April 2015. However, it is difficult to make an accurate comparison as last year's figure may have been impacted by the Easter bank holidays.



Narrative

The trust position for April is 96.51% which is 11.51% over the Trust target of 85%. All localities are over target, however North Yorkshire has the highest bed occupancy at 99.83%. Data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available currently in this dashboard.

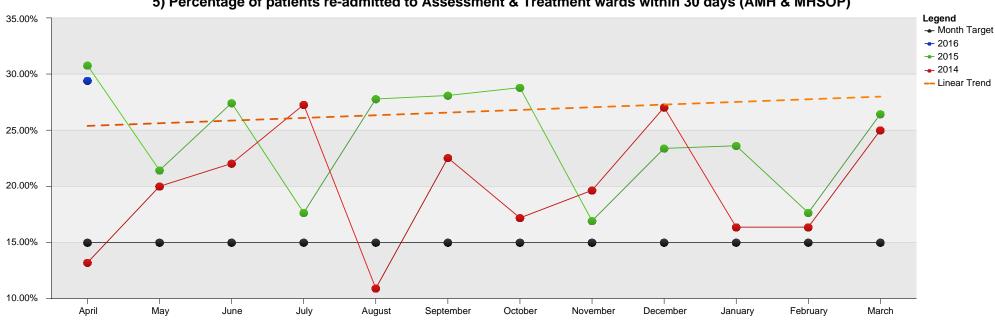
days (A&T wards)



4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards

Narrative

The trust position for April 2016 is 31 which is above the Trust target of 23. The lengths of stay range from 92-367 days. Of the 31 admissions: 9 (29.03%) were within Durham & Darlington (5 AMH and 4 MHSOP) • 9 (29.03%) were within Teesside (2 AMH and 7 MHSOP) • 5 (16.12%) were within North Yorkshire (1 AMH and 4 MHSOP) • 8 (25.80%) were within York and Selby (4 AMH and 4 MHSOP)Data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available currently in this dashboard.



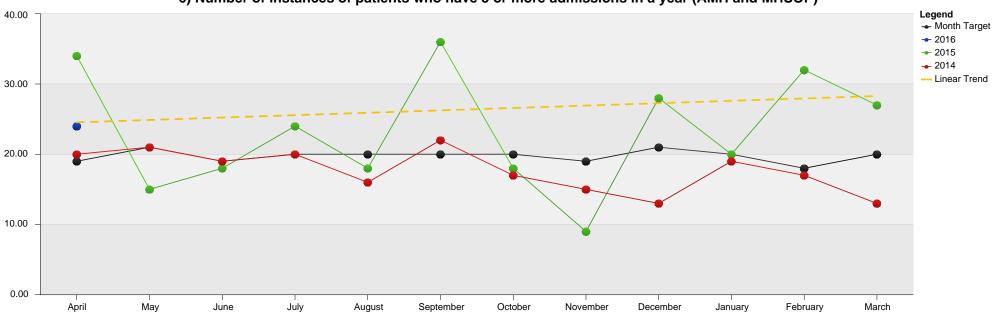
	5) Percentage of	patients re-admitted to /	Assessment & Treatment ward	ds within 30 davs	(AMH & MHSOP)
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	TRUST		DURHAM AND DA	RLINGTON	TEESSIC	DE	NORTH YORK	SHIRE	FORENSIC SER	VICES	YORK AND S	SELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	29.41%	29.41%	26.92%	26.92%	24.00%	24.00%	37.04%	37.04%	NA	NA	28.57%	28.57%

#### Narrative

The Trust position for April 2016 is 29.41%, which relates to 25 patients out of 85 that were readmitted within 30 days. This is 14.41% above the target of 15% and a deterioration on the position reported in March 2016 but an improvement on the April 15 position. Of the 25 readmissions: • 7 (28%) were within Durham & Darlington (7 AMH) • 6 (24%) were within Teesside (5 AMH and 1 MHSOP). • 10 (40%) were within North Yorkshire (8 AMH and 2 MHSOP) The circumstances of the readmissions have been investigated and all were attributable to the severity of the symptoms and personal circumstances of the patients concerned. A discussion is due to take place at OMT to agree a process for validation of these patients on a monthly basis to allow more detailed assurance to be obtained. Data including the York and Selby locality only started to be collected from April 2016 therefore it is not possible to make a comparison with the data for 2015/16. If comparing the remaining 4 localities, the position is 29.49% which is an improvement of 1.36% compared to April 2015.

## **Trust Dashboard Graphs for TRUST**



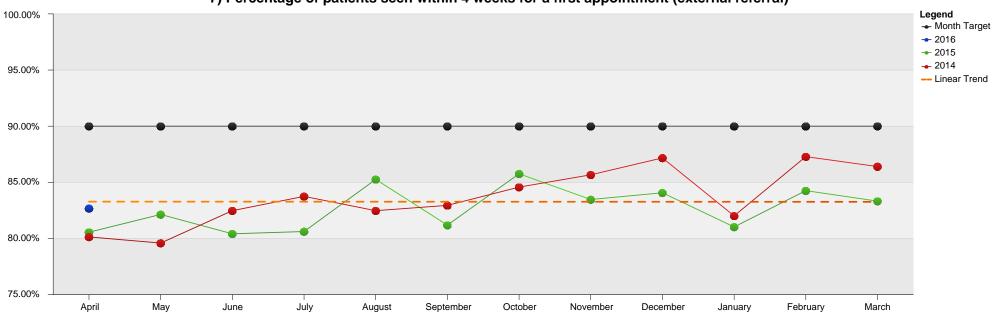
6) Number of instances o	patients who have 3 or more admissions in a y	year (	(AMH and MHSOP)	
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	TRUST		DURHAM AND DAI	DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)		24.00	11.00	11.00	6.00	6.00	6.00	6.00	NA	NA	1.00	1.00	

Narrative

The Trust position for April 2016 is 24, which is 5 above the target of 19 but an improvement on the position reported in March. Of the 24 patients• 11 (45.83%) were within Durham & Darlington (AMH)• 6 (25%) were within Teesside (AMH)• 6 (25%) were within North Yorkshire (5 AMH, 1 MHSOP)• 1 (4%) was within York and Selby (AMH)The circumstances of the readmissions have been investigated and all were attributable to the severity of the symptoms and personal circumstances of the patients concerned. A discussion is due to take place at OMT to agree a process for validation of these patients on a monthly basis to allow more detailed assurance to be obtained.Data including the York and Selby locality only started to be collected from April 2016; therefore it is not possible to make a comparison with the data for 2015/16. If comparing the remaining 4 localities, the position is 23 which is an improvement of 10 compared to April 2015.

## **Trust Dashboard Graphs for TRUST**



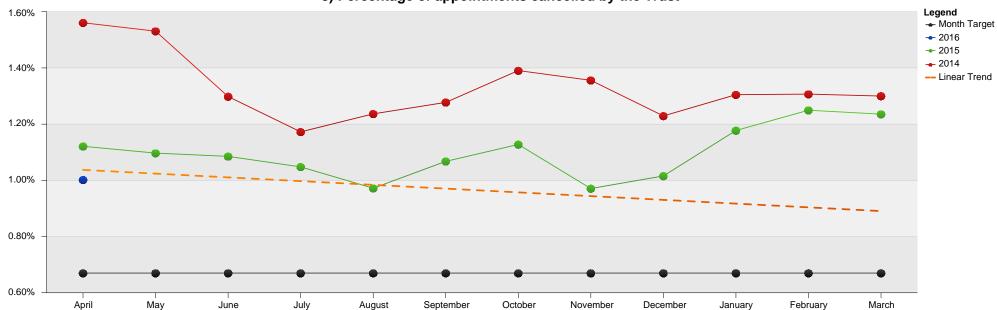
7) Percentage of patients seen within 4 weeks for a first appointment (external referra	7)	Percentage of	patients seen within	1 4 weeks for a first	appointment	(external referral)
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	TRUST		DURHAM AND DA	RLINGTON	TEESSIC	E	NORTH YORK	SHIRE	FORENSIC SE	RVICES	YORK AND S	SELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	82.68%	82.68%	76.65%	76.65%	92.47%	92.47%	72.66%	72.66%	99.28%	99.28%	69.93%	69.93%

#### Narrative

The position for April 2016 is 82.68%, relating to 756 patients out of 4364 who had waited longer than 4 weeks for first appointment. This is 7.45% below target. Areas of concern are:• Durham & Darlington CYP at 28.88% (165 of 232 patients). The position with numbers of patients still waiting is improving and whilst staff vacancies and sickness continue to impact this also improves. An action plan is in place and is monitored via the Performance Improvement Group. • Teesside CYP at 76.90% (73 of 316 patients) a significant improvement on past performance. New referrals have appointments within 4 weeks but patients patients but patients of 117 patients). Both areas have staff vacancies and support staff vacancies and support staff vacancies and Support staff vacancies. • North Yorkshire MHSOP at 72.15% (83 of 298 patients) and CYP at 50.43% (58 of 117 patients). Both areas have staff vacancies. Within CYP these are being addressed and a nurse development scheme planned to secure students and support staff retention. • York & Selby at 69.36%. There are issues with incomplete records following migration to PARIS. These are being addressed. Data including York & Selby only started to be collected from April 16; therefore it is not possible to compare with 2015/16. Comparing the remaining 4 localities, the position is 83.53%, an improvement of 3.09% compared to April 15.

# **Trust Dashboard Graphs for TRUST**

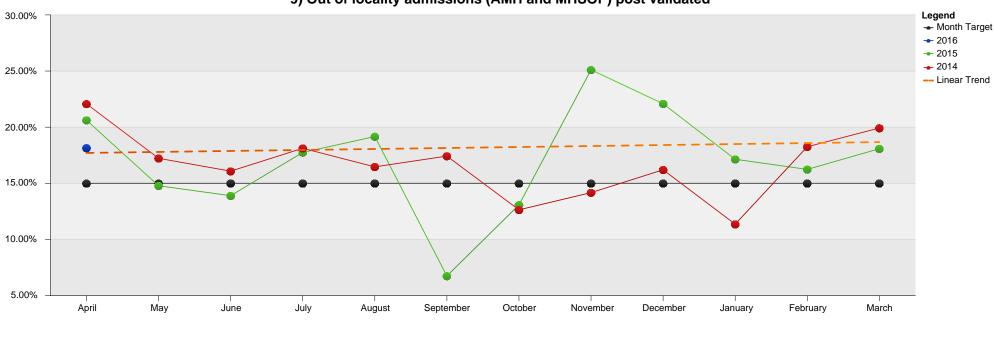


8) Percentage of appointments cancelled by	the Tru	st
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	TRUST		DURHAM AND DA	RLINGTON	TEESSID	E	NORTH YORK	SHIRE	FORENSIC SER	RVICES	YORK AND S	ELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	
8) Percentage of appointments cancelled by the Trust         1.00%         1.29%         1.29%         0.85%         0.85%         1.16%         0.21%         0.21%         0.56%         0.56%													
Narrative													

The Trust position for April 2016 is 1.00%, which relates to 867 appointments out of 86528 that have been cancelled. This is 0.33% above the target. An audit on this indicator has been completed and an action plan with identified leads developed in order to address areas of concern in terms of data quality. Data including the York and Selby locality only started to be collected from April 2016; therefore it is not possible to make a comparison with the data for 2015/16. If comparing the remaining 4 localities, the position remains at 1% which is an improvement of 0.11% compared to April 2015.

## **Trust Dashboard Graphs for TRUST**



#### 9) Out of locality admissions (AMH and MHSOP) post validated

	TRUST		DURHAM AND D	ARLINGTON	TEESSIC	Ε	NORTH YOR	SHIRE	FORENSIC SER	VICES	YORK AND S	ELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	18.15%	18.15%	22.34%	22.34%	13.92%	13.92%	23.88%	23.88%	NA	NA	7.32%	7.32%
Narrative												

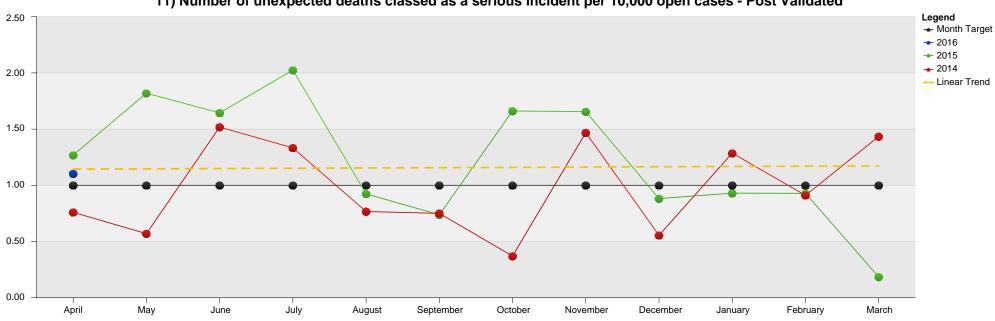
The Trust position for April 2016 is 18.15%, which relates to 51 admissions out of 281 that were admitted to assessment and treatment wards out of locality. This is 3.15% above the target of 15% and a slight deterioration on the position reported in March. North Yorkshire (23.88%), Durham and Darlington (22.34%) and Tees (13.92%) are not achieving the target whilst York and Selby are achieving 7.32%. Of the 51 patients (AMH 28, MHSOP 23) admitted to an 'out of locality' bed, all were due to no beds being available at their local hospital The localities continue to investigate ways in which they can reduce OOL admissions.Data including the York and Selby locality only started to be collected from April 2016; therefore it is not possible to make a comparison with the data for 2015/16. If comparing the remaining 4 localities, the position is 20% which is an improvement of 1.57% compared to April 2015.



10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)

The Trust position reported in April relates to March performance. The Trust position for March 2016 is 81.19% which is 10.25% below target of 91.44%. All localities are below target with Forensics performing the lowest with 64.29%. All teams are monitoring surveys and work closely with Patient Experience to investigate any trends. As this indicator is reported a month behind, it must be noted the financial year is calculated from March of the previous year to February within the current year (inclusive).Due to an amendment to the indicator for this year, data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available.

# **Trust Dashboard Graphs for TRUST**



11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	11) Number of unex	pected deaths classed a	is a serious incident per	er 10,000 open cases -	Post Validated
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	TRUST		DURHAM AND DAR	LINGTON	TEESSIDE		NORTH YORKS	HIRE	FORENSIC SER	VICES	YORK AND SE	LBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.10	1.10	0.41	0.41	1.86	1.86	1.65	1.65	0.00	0.00	1.23	1.23

Narrative

The Trust position for April 2016 is 1.10, which is 0.10 over the target of 1.00. This rate relates to 7 unexpected deaths. These are across the localities as follows: • 1 in Durham and Darlington• 3 in Teesside• 2 in North Yorkshire• 1 in York and SelbyGiven the 2015/16 data did not include York and Selby data it is not possible to compare the position with previous years totals. However the number of unexpected deaths reported in April 2015 was 7 and therefore the figure of 6 across Durham and Darlington, Teesside, North Yorkshire and Forensics is lower than the April 2015 figure.

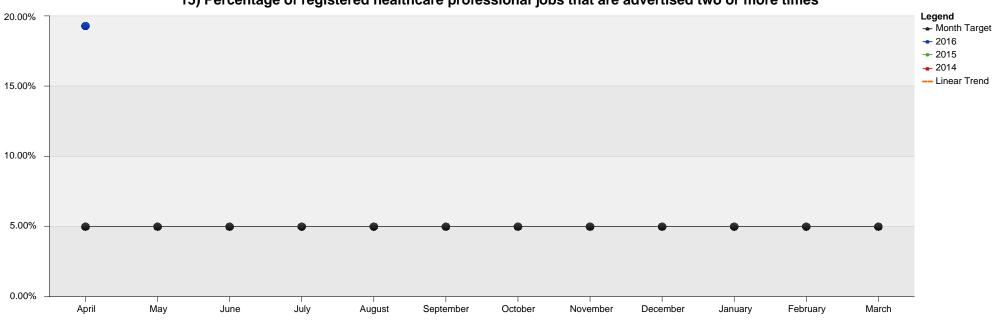
## **Trust Dashboard Graphs for TRUST**



14) Actual number of workforce in month (Establishment 90%-95%)

Narrative

The Trust position for April 2016 is 94.54% which is within the expected establishment level of 90-95%. Data only started to be reported in this dashboard from April 2016; however the position in April 2016 is a slight improvement on the 94% achieved in April 2015.

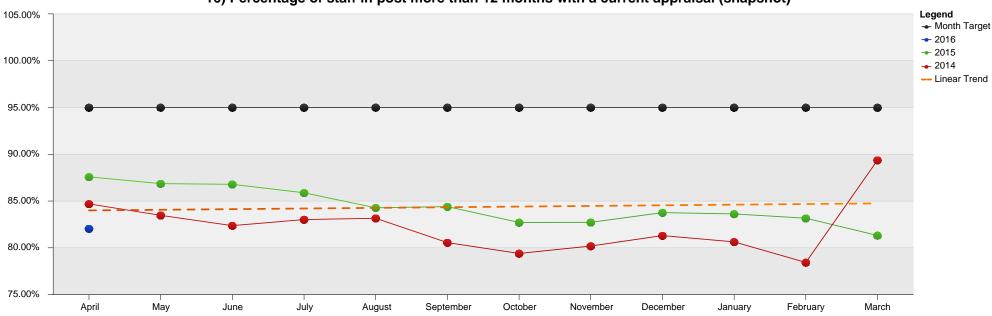


15) Percentage of	f registered healthcare	professional	obs that are advertised two or more times

Current Month       YTD       Current Month       YTD <th< th=""><th></th><th>TRUST</th><th></th><th>DURHAM AND DA</th><th>ARLINGTON</th><th>TEESSIDE</th><th></th><th>NORTH YORKS</th><th>HIRE</th><th>FORENSIC SER</th><th>VICES</th><th>YORK AND SE</th><th>LBY</th></th<>		TRUST		DURHAM AND DA	ARLINGTON	TEESSIDE		NORTH YORKS	HIRE	FORENSIC SER	VICES	YORK AND SE	LBY
		Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
more times	professional jobs that are advertised two or	38.60%	38.60%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Narrative

The Trust position of 19.30% is significantly worse than the target and is based on 11 vacancies being re-advertised during the reporting month of April. Of the 11 posts re-advertised 7 were fixed term only which may be attributable to difficulties in filling these posts. The posts were for a range of registered nurse vacancies across a number of specialities across the Trust, a Senior Occupational Therapist and a Pharmacy Technician. A paper is due to be considered by the Executive team at the end of May which outlines proposals for introducing a more proactive approach to capturing information relating to difficult to recruit to vacancies. Data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available.

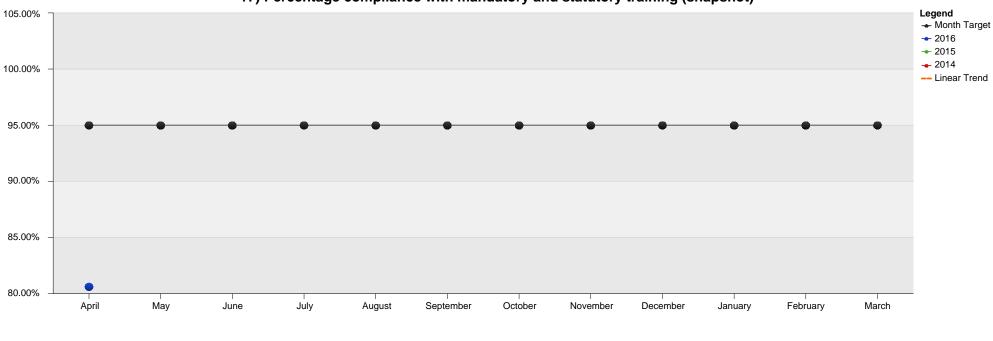


16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)

	TRUST		DURHAM AND DA	RLINGTON	TEESSIC	DE	NORTH YOR	SHIRE	FORENSIC SE	RVICES	YORK AND S	SELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	82.05%	82.05%	78.25%	78.25%	88.77%	88.77%	74.64%	74.64%	87.79%	87.79%	40.00%	40.00%
					larrativo							

The Trust position for April 2016 is 82.05% which relates to 925 members of staff out of 5153 that do not have a current appraisal. This is 12.95% below the target of 95%. This is a deterioration on the figure reported at the end of March which was 89%. The vast majority of staff within York and Selby are not included yet in this indicator as they transferred into the Trust on 1 October 2015 and therefore will not be included until November 2016. However there are a small number of staff (10) that have transferred from other localities within the Trust into York and Selby and these are included as they have had previous appraisals within the Trust. The 40% showing for the York and Selby relates to these 10 staff. Managers are able to access compliance reports through the IIC to monitor performance against the target of 95%. Monitoring of compliance against the target is picked up at the Performance Improvement Group where Directors of Operations provide details of actions being taken to improve compliance. The annual outturn for 2015/16 was 89.1%.

## **Trust Dashboard Graphs for TRUST**

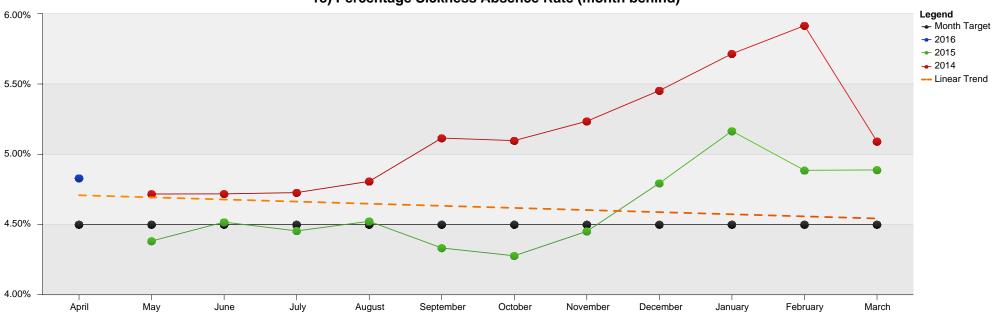


17) Percentage compliance with mandatory and statutory training (snapshot)

	TRUST		DURHAM AND DA	RLINGTON	TEESSIC	DE	NORTH YORK	SHIRE	FORENSIC SEI	RVICES	YORK AND S	SELBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
17) Percentage compliance with mandatory and statutory training (snapshot)	80.63%	80.63%	80.06%	80.06%	82.61%	82.61%	80.21%	80.21%	82.72%	82.72%	63.88%	63.88%
Narrative												

The position for April 2016 is 80.63%. This is 14.37% below the target of 95% which is a reduction to the figure reported in March 2016. The reported figure includes York and Selby. Please note: - The construction of this indicator has been amended from 1 April to ensure it more accurately reflects the Trust policy on Mandatory and Statuory Training compliance. Therefore it is not possible to include previous years data for this indicator. Development work is underway to enhance the available HR related information available through IIC. It is envisaged that this will include more detailed information reports relating to appraisal and mandatory & statutory training that highlight competencies due to expire, in addition to those that have already expired. It is hoped this will support managers to proactively manage these key performance indicators.

## **Trust Dashboard Graphs for TRUST**





	TRUST DURHAM AND DARLINGTON TEESSIDE NORTH YORKSHIRE FORENSIC SERVICES YORK AND SELBY														
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD			
18) Percentage Sickness Absence Rate         4.83%         5.27%         5.79%         5.79%         4.43%         5.73%         5.73%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%         4.00%															
Narrative															

The Trust position reported in April relates to the March sickness level. The Trust position reported in April 2016 is 4.83%, which is 0.33% above the Trust target of 4.50%. The Trust position for the financial year to date is 4.69%. The figure reported is below the sickness rate recorded for the same period last year. Historically higher levels of sickness are reported between December and February. Sickness absence levels for March historically are lower. As this indicator is reported a month behind, it must be noted the financial year is calculated from March of the previous year to February within the current year (inclusive).

# **Trust Dashboard Graphs for TRUST**



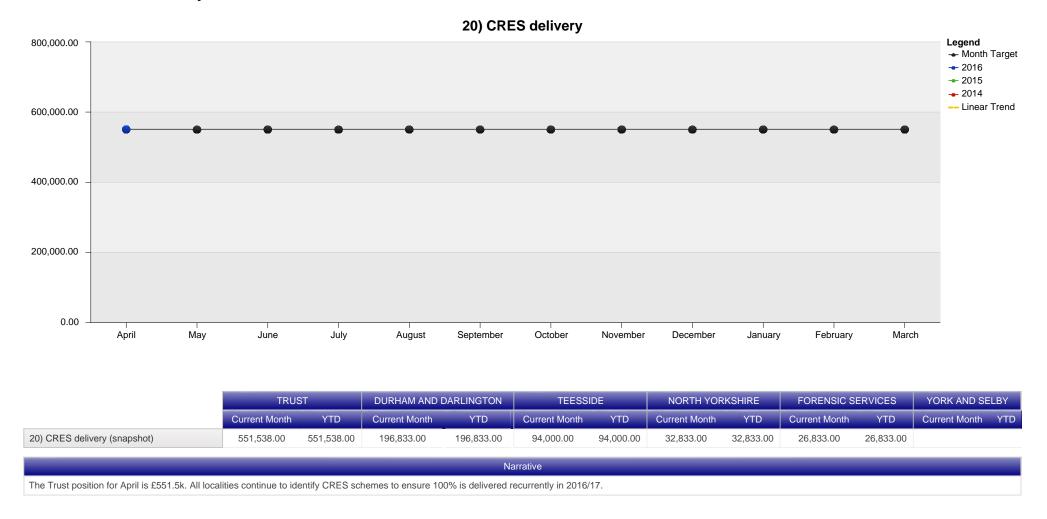
### 19) Delivery of our financial plan (I and E)

	TRU	JST	DURHAM AND DA	RLINGTON	TEESSIDE		NORTH YORKS	HIRE	FORENSIC SER	VICES	YORK AND SE	LBY
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
19) Delivery of our financial plan (I and E)	-1,305,000.00	-1,305,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Narrative

The comprehensive income outturn for the period ending 30 April 2016 was a surplus of £1,305k, representing 4.8% of the Trust's turnover and was ahead of plan. This was largely due to a higher than planned level of income, received from commissioners.

# **Trust Dashboard Graphs for TRUST**





## Trust Dashboard - Locality Breakdown for TRUST

						Apri	2016											April 2016	To April 2016					
	TR	UST		AM AND NGTON	TEES	SSIDE	NORTH Y	ORKSHIRE	FORENSIC	SERVICES	YORK AN	ND SELBY	TR	UST		M AND NGTON	TEES	SSIDE	NORTH Y	ORKSHIRE	FORENSIC	SERVICES	YORK AN	ND SELBY
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1) Total number of External Referrals into Trust Services	7,102.00	8,541.00	1,868.00	2,033.00	1,899.00	1,926.00	1,832.00	1,871.00	580.00	764.00	923.00	1,597.00	7,102.00	8,541.00	1,868.00	2,033.00	1,899.00	1,926.00	1,832.00	1,871.00	580.00	764.00	923.00	1,597.00
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	96.51%	85.00%	92.26%	85.00%	98.44%	85.00%	99.33%	85.00%	NA	85.00%	96.96%	85.00%	96.51%	85.00%	92.26%	85.00%	98.44%	85.00%	99.33%	85.00%	NA	85.00%	96.96%
<ol> <li>Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&amp;T wards)</li> </ol>	23.00	31.00	8.00	9.00	6.00	9.00	6.00	5.00	NA	NA	3.00	8.00	23.00	31.00	8.00	9.00	6.00	9.00	6.00	5.00	NA	NA	3.00	8.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	15.00%	29.41%	15.00%	26.92%	15.00%	24.00%	15.00%	37.04%	NA	NA	15.00%	28.57%	15.00%	29.41%	15.00%	26.92%	15.00%	24.00%	15.00%	37.04%	NA	NA	15.00%	28.57%
<li>6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)</li>	19.00	24.00	5.00	11.00	10.00	12.00	12.00	12.00	NA	NA	2.00	1.00	19.00	24.00	5.00	11.00	10.00	12.00	12.00	12.00	NA	NA	2.00	1.00

#### Trust Dashboard - Locality Breakdown for TRUST 2 - Quality

						Apri	2016											April 2016	To April 2016					
	TR	UST		AM AND NGTON	TEE	SSIDE	NORTH Y	ORKSHIRE	FORENSIC	SERVICES	YORK AI	ND SELBY	TRI	JST	DURHA DARLII	M AND NGTON	TEES	SIDE	NORTH Y	ORKSHIRE	FORENSI	C SERVICES	YORK AN	ND SELBY
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<ol> <li>Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.</li> </ol>	90.00%	82.68%	90.00%	76.65%	90.00%	92.47%	90.00%	72.66%	90.00%	99.28%	90.00%	69.93%	90.00%	82.68%	90.00%	76.65%	90.00%	92.47%	90.00%	72.66%	90.00%	99.28%	90.00%	69.93%
8) Percentage of appointments cancelled by the Trust	0.67%	1.00%	0.67%	1.29%	0.67%	0.85%	0.67%	1.16%	0.67%	0.21%	0.67%	0.56%	0.67%	1.00%	0.67%	1.29%	0.67%	0.85%	0.67%	1.16%	0.67%	0.21%	0.67%	0.56%
<ol> <li>The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated</li> </ol>	15.00%	18.15%	15.00%	22.34%	15.00%	13.92%	15.00%	23.88%	NA	NA	15.00%	7.32%	15.00%	18.15%	15.00%	22.34%	15.00%	13.92%	15.00%	23.88%	NA	NA	15.00%	7.32%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	81.19%	91.44%	91.43%	91.44%	89.32%	91.44%	88.37%	91.44%	64.29%	91.44%		91.44%	81.19%	91.44%	91.43%	91.44%	89.32%	91.44%	88.37%	91.44%	64.29%	91.44%	
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	1.10	1.00	0.41	1.00	1.86	1.00	1.65	1.00	0.00	1.00	1.23	1.00	1.10	1.00	0.41	1.00	1.86	1.00	1.65	1.00	0.00	1.00	1.23

#### Trust Dashboard - Locality Breakdown for TRUST 3 - Workforce

						April	2016											April 2016 T	Fo April 2016					
	TR	JST		AM AND INGTON	TEE	SSIDE	NORTH Y	ORKSHIRE	FORENSIC	SERVICES	YORK AI	ND SELBY	TRI	UST		M AND NGTON	TEES	SIDE	NORTH Y	ORKSHIRE	FORENSI	C SERVICES	YORK AN	ND SELBY
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
14) Actual number of workforce in month (Establishment 90%-95%)	95.00%	94.54%	95.00%	96.78%	95.00%	97.68%	95.00%	94.10%	95.00%	92.88%	95.00%	90.46%	95.00%	94.54%	95.00%	96.78%	95.00%	97.68%	95.00%	94.10%	95.00%	92.88%	95.00%	90.46%
<ol> <li>Percentage of registered healthcare professional jobs that are advertised two or more times</li> </ol>	10.00%	38.60%	5.00%	NA	5.00%	NA	5.00%	NA	5.00%	NA	5.00%	NA	10.00%	38.60%	5.00%	NA	5.00%	NA	5.00%	NA	5.00%	NA	5.00%	NA
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	82.05%	95.00%	78.25%	95.00%	88.77%	95.00%	74.64%	95.00%	87.79%	95.00%	40.00%	95.00%	82.05%	95.00%	78.25%	95.00%	88.77%	95.00%	74.64%	95.00%	87.79%	95.00%	40.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	80.63%	95.00%	80.06%	95.00%	82.61%	95.00%	80.21%	95.00%	82.72%	95.00%	63.88%	95.00%	80.63%	95.00%	80.06%	95.00%	82.61%	95.00%	80.21%	95.00%	82.72%	95.00%	63.88%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.83%	4.50%	5.27%	4.50%	5.79%	4.50%	4.43%	4.50%	5.73%	4.50%	4.00%	4.50%	4.83%	4.50%	5.27%	4.50%	5.79%	4.50%	4.43%	4.50%	5.73%	4.50%	4.00%

#### Trust Dashboard - Locality Breakdown for TRUST <u>4 - Money</u>

						April	2016											April 2016 T	o April 2016					
	TRI	JST		AM AND NGTON	TEES	SIDE	NORTH Y	ORKSHIRE	FORENSIC	SERVICES	YORK A	ND SELBY	TRL	JST		AM AND NGTON	TEE	SSIDE	NORTH Y	ORKSHIRE	FORENSI	CSERVICES	YORK AN	ID SELBY
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
19) Delivery of our financial plan (I and E)	-1,118,619.00	-1,305,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	-1,118,619.00	-1,305,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
20) CRES delivery (snapshot)	550,854.00	551,538.00	183,500.00	196,833.00	168,250.00	94,000.00	117,595.00	32,833.00	92,909.00	26,833.00			550,854.00	551,538.00	183,500.00	196,833.00	168,250.00	94,000.00	117,595.00	32,833.00	92,909.00	26,833.00		
21) Cash against plan	49,870,000.00	53,902,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	49,870,000.00	53,902,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

			C	Data Source				C	ata Reliabili	ty			KPI C	onstruct/De	finition						
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadshe et	Paper or telephone collection	Always reliable	Mostly reliable	Sometime s reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretati on	KPI is defined but is clearly open to interpretati on	KPI constructio n is not clearly defined	KPI is not defined	Total Score	Percentag e as at April 2016	Percentag e	Notes	Notes
1	Total number of external referrals into trust services	5					5					5					15	100%	100%		
2	Caseload Turnover	5					5					5					15		100%		
3	Number of patients with a length of stay over 90 days (AMH & MHSOP A&T wards)	5					5					5					15		100%		
4	Bed occupancy (AMH & MHSOP A&T wards)	5					5					5					15		100%		
	Percentage of patients re- admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	5						4				5					14	93%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system. As a result it may appear that Y&S locality position deteriorates as the year progresses.
	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)	5						4				5					14	100%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system.
7	Number of unexpected deaths classed as a serious incident per 10,000 open cases		4				5					5					14	67%	93%		Data will be directly extracted from Datix into the IIC; however, this process is not fully embedded. IAPT caseload is currently a manual upload. Data reliability has improved following the introduction of the central approval team
	Percentage of patients who have not waited longer than 4 weeks following an external referral	5						4				5					14	93%	93%		Data reliability is 4 due to issues over recording of Did not attends which would stop the clock. Actions to be developed through Data Quality working group to resolve this.
	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post validated		4					4				5					13	87%	87%		Data is now imported back into IIC following manual validation. This increases reliability; however, there will be some discharges discounted because complete validation has not been possible within the time. These could subsequently be determined to be breaches.
10	Percentage of patients surveyed reporting their overall experience as excellent or good.				2		5					5					12		80%		All questionnaires are paper-based, except for some CAMHS units, where patients use a touch screen facility to record their comments. The manual questionnaires from Trust are sent to CRT and scanned into their system. Raw data files are received from CRT, which are accessed by IPT and uploaded into the IIC. TEWV are changing provider during the year. Procurement is currently underway. Transition from CRT to new system will be planned and closely monitored.

			[	Data Source				E	Data Reliabili	tv			KPI C	onstruct/De	finition						
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadshe et	Paper or telephone collection	Always reliable	Mostly reliable	Sometime s reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretati on	KPI is defined but is clearly open to interpretati on	KPI constructio n is not clearly defined	KPI is not defined	Total Score	Percentag e as at April 2016	Percentag e	Notes	Notes
ар	ercentage of pointments cancelled by e Trust	5									1				2		8	87%	53%		PARIS codes to be updated in May and indicator construction to change – this to be conducted through the KPI process. Audit conducted on this indicator and action plan in place to address concerns.
mo a o	ercentage of staff in post ore than 12 months with current appraisal – apshot	5							3			5					13	93%	87%		Issues with appraisal dates being entered to ESR Issues with data being input correctly. York and Selby staff were transferred on 1st October, currently an issue with any appraisals carried out prior to this date. HR are monitoring this closely and identifying issues as they arise.
wit	ercentage compliance th mandatory and atutory training – apshot	5							3			5					13	93%	87%		Issues with training dates being entered to ESR Issues with data being input correctly. York and Selby staff were transferred on 1st October, currently an issue with any training carried out prior to this date. HR are monitoring this closely and identifying issues as they arise.
Ab	rcentage Sickness sence Rate (month hind)	5							3			5					13	87%	87%		Whilst the sickness absence data for inpatient services is now being taken directly from the rostering system which should help to eliminate inaccuracies the remainder of the Trust continue to input directly into ESR and there are examples whereby managers are failing to end sickness in a timely manner or inaccurately recording information onto the system – this is picked up and monitored through sickness absence audits that the Operational HR team undertake. York and Selby services are in the process of implemented for capturing sickness activity is via email notification to payroll. There is the potential for activity to be inaccurate due to managers failing to inform payroll of absence or forgetting to inform payroll when an employee returns to work following a period of absence.
	ctual number of orkforce in month		4				5					5					14		93%		Data extracted elecronically but processed manually
18 Pe he job two	ercentage of registered walth care professional so that are advertised o or more times				2				3			5					10		67%		Mostly reliable Reliant on recruiting managers informing the recruitment team that the vacancy has been advertised on two previous occasions. The recording of the information is a manual input into a spreadsheet which has the potential for human error.
	e we delivering our ancial plan (I and E)		4				5					5					14	93%	93%		An extract is taken from the system then processed manually to obtain actual performance.
20 De pla	elivery of CRES against an				2		5					5					12		80%		Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation.
21 Ca	ash against plan		4				5					5					14		93%		An extract is taken from the system then processed manually to obtain actual performance.

### Appendix C

#### Number of unexpected deaths and verdicts from the coroner April 2016 - March 2017

	Numl	ber of unexp	ected deaths	in the comm	nunity	Number of u		eaths of pati place in the		an inpatient	Number of ur		hs where the p lace away from		patient but the	Number o		d deaths wh nger in serv	ere the patien	t was no	Total
	Durham & Darlington		North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death																					0
Natural causes																					0
Hanging																					0
Suicides																					0
Open																					0
Drug related death																					0
Drowning																					0
Misadventure																					0
Awaiting verdict		1			1							1	2			1	1				7
Total	0	1	0	0	1	0	0	0	0	0	0	1	2	0	0	1	1	0	0	0	7

Number of une	expected death	s classed as	a serious un	toward incid	ent						
April	Мау	June	July	August	September	October	November	December	January	February	March
7											

Nu	mber of unexp	ected deaths to	otal by localit	y
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
1	3	2	0	1

\* There was originally 11 reported within this month, however, one incident was susbequently downgraded by Commissioners

# Number of unexpected deaths and verdicts from the coroner 2015 / 2016 This table has been included into this appendix for comparitive purposes only

	Num	ber of unexp	ected deaths	in the comm	unity	Number of u	inexpected d	eaths of pati	ents who are	an inpatient	Number of ur	nexpected deat	ths where the p	atient is an inp	patient but the	Number	of unexpecte	d deaths whe	ere the patien	it was no	Total
	Durham & Darlington		North Yorkshire	Forensics	York & Selby	Durham & Darlington		North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death	1																				1
Natural causes	1					1															2
Hanging	3	1	2								1						1		1		9
Suicides	7	3	6										1				1				18
Open	1		1																		2
Drug related death	1	2																			3
Drowning																					0
Misadventure	1		1																		2
Awaiting verdict	11	8	7	2		2		1			1	2	2			1	4		1		42
Total	26	14	17	2	0	3	0	1	0	0	2	2	3	0	0	1	6	0	2	0	79

Number of une	expected death	s classed as	a serious un	toward incid	ent						
April	Мау	June	July	August	September	October	November	December	January	February	March
7	10	9	10*	5	4	9	9	5	5	5	1

Nu	mber of unexp	ected deaths to	otal by localit	y
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
32	22	21	4	0