

2gether NHS FOUNDATION TRUST

PERFORMANCE MANAGEMENT COMMITTEE MINUTES

8th JULY, 2008

PRESENT: Roger Brimblecombe, Chairman
Sandra Betney, Finance Director
Shaun Clee, CEO
Kay Harrison, HR Director
David McGrath, Director of Governance

IN ATTENDANCE: Irene Fotios, PA to the Director of Operations
Ryan Lewis, Head of Information Management

1. APOLOGIES

1.1 Apologies were received from Lizzie Abderrahim, Simon Thompson and Hazel Watson.

2. MINUTES FROM THE MEETING HELD ON 10th JUNE

2.1 The Minutes were agreed as an accurate record.

3. ACTION POINTS AND MATTERS ARISING

3.1 Sickness rates – Ryan Lewis to rework presentation of graph to show long term v short term rates.

ACTION: Carried over to August Committee.

3.2 Mental Health Usage Act – Shaun Clee, Frank Powell and Hazel Watson to meet to discuss actual target values for the indicators and take them to Practice Standards.

ACTION: Date for meeting organised.

3.3 The Intelligent Mental Health Board Report – Shaun Clee to discuss gaps in report at Exec. Team and bring back to Performance Management Committee.

The overall format and indicators encompassed in the Dashboard are being reconsidered. It may be that the final format of the Dashboard is more detailed, logging information at Team level. It may also encompass national and contractual targets and separate local stretch targets.

3.4 Ryan Lewis to provide the July meeting with a report on waiting times.

ACTION: In Dashboard for this meeting.

3.5 Direction of travel arrow for Agency Expenditure to be amended to show a downwards arrow.

ACTION: Complete

4. PERFORMANCE DASHBOARD EXCEPTION REPORT

- 4.1 Crisis Intervention Trajectory – By the end of June the service had delivered 259 new home treatment packages against the target of 255. The data has been extracted from the system only one working day after the end of the month; and it is therefore probable that there are a number of cases still to be captured.

Shaun Clee commented that it is important to ascertain the impact of the Crisis Team in terms of effectiveness, which does not necessarily equate to the fact that numbers are increasing.

- 4.2 Early Intervention Trajectory – At the end of May there were 149 cases against the target of 154. The service is confident it will ultimately be able to maintain a net monthly increase of 10 cases per month to December to meet the final capacity target of 211 cases. However, the Director of Operations is giving this target his attention, as in May and June the cases are just beginning to miss target.

It is felt that all known cases have now been brought into the EI service. Information leaflets have been produced for schools and groups which are likely to generate further referrals, although this may lead to inappropriate referrals and an overload on staff. However, it is envisaged that a point will be reached when caseloads will not increase at the target rate.

The meeting revisited an idea discussed at an earlier Committee of not using a straight line trajectory. There will be an increase when new referrals are generated from the increased information, followed by a levelling off / decline.

The trajectory needs to be changed to reflect predictive performance so that the Trust is aware of the likely spread of cases over the year against staff capacity.

ACTION: Early Intervention Trajectory review already tabled for the August Committee.

- 4.3 Delayed Transfers Of Care – OPS and WAA have made significant proportional reductions, from 6 in May to 5 in June in OPS and 20 in May to 17 in June in WAA. Most OPS delays are connected with patients awaiting nursing home places; and the Trust continues to work closely with partner agencies to enable the transfers to take place. May saw the long term delayed transfer completed from St. Mary's, but the overall figure for LD remained at 4 at the end of June, three of these being at Westridge. The reasons for the delays are difficult to determine at Information Management level as LD patients tend to move from fit to transfer to not fit and back again. It is understood that one patient is out of county and that invoicing for this patient might expedite a speedy move.

New guidance from Monitor has identified a target ceiling of 7.5% delayed transfers ie no more than 4 delays in OPS and 8 in WAA. Shaun Clee stated that he would attempt to get a more refined definition of this measure when meeting with the Healthcare Commission this week. Sandra Betney asked whether LD will be included; and Shaun Clee requested the information from the HCC via e-mail from the meeting. Regardless of the outcome, the Committee suggested a 5% target for the Trust.

- 4.4 Admissions Via Crisis Teams – In the first three months of 2008 / 09 the proportion of admissions screened by the Crisis Team was 92%. The Monitor target threshold for this measure is 90%. It is proposed the Trust sets its internal target at 95% by December

2008 and 100% by March 2009. Ryan Lewis stated that an analysis of breaches was very low once transfers from acute hospitals, people coming back in from out of county from other hospitals, and from the EI team to the Vron and Assertive Outreach to Laurel House were removed. Shaun Clee questioned whether compliance is not in fact much higher, as nationally recognised exclusions should not be counted as breaches.

ACTION: Target review already tabled for the August Committee.

- 4.5 Duration Of Untreated Psychosis - At the end of June there were 149 cases with the EI Team. Only 40 had the complete electronic data required to produce the monitoring information for the targets agreed at the May Committee meeting. The most commonly missing component is the date of onset of psychosis. The Team is completing this work with new clients and referring back to case histories already taken for existing patients. It is planned to produce the first monitoring report from the August snapshot. Shaun Clee stated that the national target is three months. Normally the onset is first reported by parents or carers.

ACTION: Shaun Clee to discuss completeness of Duration Of Untreated Psychosis data with Simon Thompson.

ACTION: Ryan Lewis to produce first monitoring report for the September Committee.

- 4.6 Total Waiting Times – At the end of May there were 1330 patients recorded as referred but without clinical contact. It is now estimated that 600 of these cases have been seen, but the contact has not been recorded. Team Managers and individual Care Co-ordinators are being provided with the relevant information this week. The aim is to eliminate the backlog by the end of July and produce the first monitoring data from the July 31st snapshot of patients referred.

Almost half of the cases are in the Cheltenham PCAT where referrals are far in excess of modelling in the service redesign. The assumption was 400 cases per month per Team but it is well above 600 in Cheltenham. There are nearly 300 people with contacts not recorded in this Team. The biggest risk on an individual basis is 18. Dr. Chris Fear, Les Trewin and Simon Thompson are addressing the problem in Cheltenham.

Shaun Clee felt it is important to report the average and maximum time delays on a Team basis as a gap of more than 24 hours between contact and recording could lead to significant clinical risk. Currently there is no straightforward report each Team Manager can run to ascertain which members have not recorded contacts in the last 24 hours. He acknowledged that Information Management has had a significant increase in workload in recent months; however it is an important objective both to reduce risk and give the Team Managers ownership of and responsibility for, accurate reporting.

ACTION: Ryan Lewis to set up a system for Team Managers to use. This will take approximately two weeks to write and test if Tim Woods could have time to devote solely to this project. The work will be scheduled for late July / early August; and Ryan was asked to provide a progress update to the September meeting.

ACTION: Simon Thompson to remind Service Directors of the importance of accurate recording and update them of the work being undertaken by Information Management.

ACTION: Shaun Clee to discuss clinical reporting accuracy with Paul Winterbottom, Simon Thompson, and Hazel Watson.

- 4.7 KPIs – Aggregate sickness rates for the Trust were 5.84% at the end of May. This continues the gradual month on month reduction since January. Kay Harrison stated that she is doing a detailed report for Workforce Committee. It will be helpful to get a clear idea of the effect of long term and short term sickness.

Shaun Clee also questioned whether there is a relationship between staff that have been unable to take leave for a long time and sickness leave. Unfortunately HR does not have central access to annual leave data.

- 4.8 Staff Appraisal And Personal Development Plans – The percentage of staff covered by appraisal and development plans has risen to 66% at the end of May. The appraisal target is 100%
- 4.9 Statutory and Mandatory Training – The statutory and mandatory target was 70% and is currently at 58%. At the June Workforce Committee there was a proposal to increase this to 100%. Kay Harrison and Simon Thompson are to produce a report for the Board in July.
- 4.10 The Committee reviewed the Performance Indicators page of the report.

4.10.1 CPA Assessment – Roger Brimblecombe was concerned by the red crosses in this section. Currently a major CPA review is taking place and the revised arrangements will be presented to the Committee in October. The biggest risk is relapsing on plans and delays between reviews. In addition, Alan Bourne-Jones is auditing each of the SSUs. David McGrath stated that the CPA audit had been presented to Practice Standards.

ACTION: Simon Thompson to report on CPA to the October Committee.
ACTION: Shaun Clee to request view of audit from Practice Standards for the August Committee.

4.10.2 Point 1.4 – Complaint resolution completed within 25 working days – this is a red cross for performance with an upward green arrow for direction of travel. This is an area of concern, although it is obviously vital to produce the right solution. Rennie Fritchie is doing work on this, and Philip Southam is producing an analysis and Action Plan which will be completed in August.

4.10.3 Total Waiting Time For Patients With Mental Health Problems – No performance shown. The target is six weeks and performance should be reported against this target.

ACTION: Ryan Lewis to introduce reporting on this target.

4.10.4 Sandra Betney felt that the fact that the report used data from different months in the same report was confusing. Some indicator information, eg EI and Crisis is less than a week old, complaints are reported on a quarterly basis, obesity and infection control on an annual basis.

ACTION: Simon Thompson is requested to take this into account in the Dashboard Review work he is undertaking to indicate the date of the information presented.

5. 2007 / 2008 AUTUMN LIT ASSESSMENT

- 5.1 Each October the Trust takes part in a self assessment against a national service framework. Local Implementation Teams comprising commissioners, providers, the voluntary sector and service users and carers carry out this work. The Gloucestershire LIT has only recently been reformed and reviewed the assessment as part of its first meeting. The paper sets out the actions required to turn the amber lights to green, and highlights those areas for direct Trust input. It also enables the Trust to consider the responsibilities of its partners.
- 5.2 In October 2007 the Gloucestershire assessment identified 20 green traffic lights, 10 amber lights and nil red lights. Each year the standards rise, making it difficult to make year on year comparisons.
- 5.3 It was agreed that more detail is required to provide assurance on what results the proposed actions will achieve by October 2008. There needs to be greater detail on responsibility for actions, more detailed actions, and the timeframe for completion . Consideration also needs to be given to achievement against the new bar predictions for October 2008.
- 5.4 Shaun Clee commented on the effect of such information on trust tenders, healthcare ratings and partners. There is a 15% target for PCTs to invest expenditure with the voluntary sector and this needs to be born in mind when considering Trust performance.

ACTION: David McGrath to review robustness of evidence base.

ACTION: Shaun Clee to feed back debate on detail of actions and timeframe.

6. FINANCE REPORT

- 6.1 Sandra Betney provided the Finance Report as presented at Board. The month two surplus has risen to £1,173K. Sandra Betney stated that there is active and regular dialogue between Management Accountants and budget holders. However, the process is a learning curve and there needs to be more experience and understanding of how to achieve budget accuracy initially. Sandra Betney felt it had been helpful to report from month one of the new year, as the underspend had been picked up at a very early stage.

ACTION: Shaun Clee to discuss with Simon Thompson varying IPR templates with greater focus on finance. Action already set for August Committee.

7. FINANCE PRESENTATION

- 7.1 Sandra Betney gave a PowerPoint on 'Borrowing and the Prudential Borrowing Code'. The code regulates the amount the Trust can borrow to maintain a prudent capital position relative to revenues and costs. The presentation explains how the borrowing limits are set by Monitor. The limits consist of:
- The maximum cumulative amount of long term borrowing (£16.3 million) and
 - Approved Working Capital Facility (£6.1 million)

Both these sums must comply with the five PBC ratio tests.

The presentation went on to consider the cost of borrowing, evaluations required, and the impact of borrowing. It also considered exceptional circumstances and the consequences of breaching the PBL.

In summary, the Trust can borrow within the restrictions of the guidelines, but the case to do so would need to be very persuasive.

8. ANY OTHER BUSINESS

- 8.1 There were no other items of business.

9 DATE OF THE NEXT MEETING

- 9.1 The next meeting will take place on a date to be advised, as it has been requested that the 12th August meeting be cancelled.

DATE OF MEETING	ITEM REF	ACTION	LEAD	STATUS
11 th Mar.	4.7	Sickness rates – Ryan Lewis to rework presentation of graph to show long term v short term rates.	Ryan Lewis	August Comm.
13 th May	5.3	Simon Thompson to review format of Crisis Intervention Trajectory target and report to the August Committee.	Simon Thompson	August Comm.
13 th May	5.4	Early Intervention Trajectory format for review and report.	Simon Thompson	August Comm.
13 th May	5.9.6	Simon Thompson to review linking IPRs with the Committee with regard to improved finance reporting.	Simon Thompson	August Comm.
13 th May	7.2	% admissions to acute wards screened by Crisis Teams. Simon Thompson to review appropriate target for the August Committee.	Simon Thompson	August Comm.
10 th June	4.8	Simon Thompson is requested to provide a report with greater detail regarding the reasons for delays of transfer for presentation at the August Committee.	Simon Thompson	August Comm.
10 th June	5.9	Ryan Lewis to amend CPA indicators for the October Committee, and Simon Thompson to comment on outcome of review.	Ryan Lewis / Simon Thompson	Oct. Comm.
8 th July	4.5	Shaun Clee to discuss completeness of Duration Of Untreated Psychosis data with Simon Thompson.	Shaun Clee	August Comm.
8 th July	4.5	Duration of Untreated Psychosis - Ryan Lewis to produce first monitoring report for the September Committee.	Ryan Lewis	Sept. Comm.
8 th July	4.6	Total Waiting Times - Ryan Lewis to set up a system for Team Managers to use to monitor contact recording.	Ryan Lewis	Sept. Comm.
8 th July	4.6	Total Waiting Times - Simon Thompson to emphasise importance of accurate recording and update the OMM on the work being undertaken by Information Management at the August OMM.	Simon Thompson	August Comm.
8 th July	4.6	Shaun Clee to discuss clinical reporting accuracy with Paul Winterbottom, Simon Thompson, and Hazel Watson.	Shaun Clee	August Comm.
8 th July	4.10.1	CPA - Shaun Clee to request view of audit from Practice Standards for August Committee.	Shaun Clee	August Comm.

8 th July	4.10.3	Total Waiting Time For Patients With Mental Health Problems - Ryan Lewis to introduce reporting on this target.	Ryan Lewis	Sept. Comm.
8 th July	4.10.4	Understanding chronological timing of different data presented - Simon Thompson is requested to take this into account in the Dashboard Review work he is undertaking to indicate the date of the information presented.	Simon Thompson	October Comm.
8 th July	5.4	2007 / 08 LIT Assessment - David McGrath to review robustness of evidence base.	David McGrath	August Comm.
8 th July	5.4	Shaun Clee to feed back debate on detail of actions and timeframe for achieving the 2007 / 08 LIT objectives.	Shaun Clee	August Comm.