

2gether NHS FOUNDATION TRUST

PERFORMANCE MANAGEMENT COMMITTEE

13th MAY, 2008

PRESENT: Roger Brimblecombe, Chairman
Lizzie Abderrahim, NED
Sandra Betney, Finance Director (Part)
Kay Harrison, HR Director
David McGrath, Director of Governance
Simon Thompson, Director of Operations
Hazel Watson, Director of Nursing, Social Care and Therapies

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

1. APOLOGIES

Apologies were received from Shaun Clee.

2. MINUTES FROM THE MEETING HELD ON 8th APRIL

The Minutes were agreed as a correct record.

3. MATTERS ARISING AND ACTION POINTS

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

ACTION: Carried over to June Committee

- 3.2 Ryan Lewis to prepare Monitor report for Board presentation. David McGrath and Shaun Clee to discuss the previous report to establish exact actions required.

Shaun Clee is on annual leave. A discussion will be held today between David McGrath and Ryan Lewis.

- 3.3 Care Co-ordinators – Waiting lists and times – Ryan Lewis to produce the detail for Managers to be agree with the Director of Operations and roll out through the Operations Management Meeting.

New CPA national guidelines have been issued and Jonathan Hill is heading up this work for the Trust. The work will be complete by the end of August.

- 3.4 Mental Health Usage Act – Shaun Clee, Roger Brimblecombe and Hazel Watson to meet to discuss actual target values for the indicators and take them to Practice Standards.

ACTION: Carried over to the June meeting

- 3.5 Alan Metherall is requested to attend the May Performance Management Committee to present a DTOC report.

Simon Thompson confirmed that Alan had provided a brief report, but requested that the item be carried over to the June Committee, when Simon will provide a full report on DTOC.

ACTION: Carried over to the June meeting

- 3.6 The Intelligent Mental Health Board Report – Shaun Clee to discuss gaps in the report with Simon Thompson, Hazel Watson and Paul Winterbottom

ACTION: Shaun Clee to discuss at Executive Team and bring back to the Performance Management Committee.

4. TIME DEPOSITS

- 4.1 Gareth Smith, Financial Accountant, attended the meeting to present a short paper on time deposits.
- 4.2 The background to this paper is that on 28th March 2007 the Board delegated responsibility for detailed policy and oversight of the cash management function to the Performance Management Committee. The Committee in turn delegate responsibility to the Director of Finance for the cash management operations within the Trust. Included in these operations is the function of investing surplus funds in short term time deposits, as per Section 17 of the Health and Social Care Act 2003.
- 4.3 The Financial Accountant will identify surplus funds which can be invested in short term time deposits provided by the National Loans Funds. Any two of five authorised officials (Sandra Betney, Sean Ceres, Andrew Leitch, Tanya Hartley or Clive Andrews) will authorise the transfer of surplus funds for investing in time deposits.
- 4.4 The Financial Accountant will report on the actual performance of all time deposit decisions.
- 4.5 A regular review will take place to identify commercial banks that could offer similar facilities with more competitive interest rates.
- 4.6 The main risk is that funds will be placed on short term investment, which are subsequently needed by the Trust. However, the terms can be amended, although with loss of interest.
- 4.7 The second risk is that once the option has been taken on the investment offer there is a time limit (2 p.m. that day) with regard to when the funds are transferred and received in the National Loan Fund bank account. When the funds are not received in time the option to invest is revoked. All funds are returned, but the facility could be withdrawn if this occurs regularly.
- 4.8 The Director of Finance will maintain the list of authorised officials; and the Financial Accountant has written up a Finance Accounting Procedure to cover the placement of surplus funds into time deposits and other short term facilities, including overnight facilities.
- 4.9 The Director of Nursing pointed out that the Trust may not actually wish to maximise excess cash at all times; and Gareth Smith agreed that the approach required would remain under constant scrutiny by the Finance Department.

4.10 Sandra Betney joined the meeting.

4.11 Sandra Betney confirmed that information would be provided in the normal finance reporting and the risk section of the report to Board. She stated that at the present time the Trust was not intending to use commercial banks. The risk would be spread; but the Trust would always retain around £6 million for normal operation.

5. PERFORMANCE DASHBOARD EXCEPTION REPORT

5.1 Ryan Lewis introduced the report, stating that he has not formally received the end of year outturn reports. He has been able to get April performance figures on four of the five key performance indicators. The Dashboard is as it stood at 31st March. The commentary includes April. There would also be the opportunity to review the performance indicator targets.

5.2 Seven Day Follow Up After Discharge For Patients On Enhanced Care

For the month of April there have been no breaches. Simon Thompson commented that this target will be moving to 48 hours face to face follow up. Last year the Trust had already achieved a figure of 63% seen in 48 hours, with 31% seen in 3 – 7 days. These percentages include both face to face and telephone contact. It was agreed that discharge would need to take place on an appropriate day of the week to achieve the new target. At present the target will remain at 7 days.

5.3 Crisis Intervention Trajectory

By the end of April 84 new home treatment packages had been delivered against a target of 85; and it is very likely that there are further cases to be included in the data. Sandra Betney suggested that it may be most sensible to have a high monthly target at the beginning of the year, falling off as the year progresses. This would avoid year end concerns around meeting target. Simon Thompson stated that he found it useful to work on a 10 or 11 month year to avoid year end concerns. He suggested discussing the idea with the WAA Service Director initially, and report to the Committee in two months' time.

ACTION: Simon Thompson to review format of Crisis Intervention Trajectory target and report to the July Committee.

Lizzie Abderrahim commented that anecdotally she had heard of the difficulties meeting outstanding targets at year end had caused. Staff need reassurance around commitment to quality of care as well as targets.

5.4 Early Intervention Trajectory

At the end of March there were 138 cases listed. This figure has dropped by 6 in the first month, producing 132 cases against the target of 134 to the end of April. Net monthly increase of 10 cases per month needs to be maintained up to December to meet the final target of 211 cases. Simon Thompson stated that the same principles apply to this trajectory as to crisis intervention.

ACTION: Simon Thompson to review along terms of 5.3 above and report to the July Committee.

5.5 Delayed Transfers of Care

This area is becoming a problem generally. WAA delays stand at 18 at the end of April. Four of these users are on extended leave; and the majority of remaining delays are around finding suitable accommodation. In LD there are 4 new delays, 3 being at Westridge. OPS delays increased from 7 to 8 at the end of April. The problem focuses around securing appropriate nursing home places. However, the actual number of bed days lost is reducing significantly, as the in patient stay is completed more efficiently. Sandra Betney stated that the correct measure should also reflect bed days lost. She stated that it would be helpful if the Trust could exert more influence on partners, both public and private sector, and that it would be helpful to cost out the effect of the delays on the Trust. Lizzie Abderrahim said that the Trust really needed more information on causality of delays. It appeared that OPS is affected by a lack of places, but there are other factors to consider. The Integrated Performance Reviews can provide much more detailed information, but there is no direct link to the Committee.

ACTION: Simon Thompson to produce a report for the June Committee.

5.6 Sickness Rates

Sickness rates for the Trust stood at 6.1% at the end of March, continuing the gradual reduction since January.

5.7 Staff Appraisal and PDPs

This stood at 66% at the end of March.

5.8 Statutory and Mandatory Training

This stood at 53% at the end of March compared to the target of 70%.

5.9 Ryan Lewis raised the question of whether any changes were required to the Performance Indicators.

5.9.1 It was agreed that 3.2 – Employment of Community Development Workers could be removed, as this target was fully met at four workers.

5.9.2 The new CPA guidance, which is in the process of being implemented, will affect the CPA performance targets.

5.9.3 Point 10.7 - % of staff compliant with statutory and mandatory training requirements – this has been affected by the fact that four new requirements have been added, and performance has fallen.

5.9.4 It was agreed that 2.2 – AOT key fidelity measures, 2.4 – Crisis key fidelity measures, and 2.7 – EIS key fidelity measures, should be removed from the Dashboard.

5.9.5 Finance measures – Sandra Betney stated that she would reassess what constitutes red, amber and green, and realistic targets.

5.9.6 Point 11.6 – Reference cost position – is relevant at SSU level. Simon Thompson stated that he encouraged reporting on finance through the IPRs as part of every Team owning their activity and performance.

ACTION: Simon Thompson agreed to review linking IPRs with the Committee and would report back to the July Committee.

6. DURATION OF UNTREATED PSYCHOSIS

- 6.1 Ryan Lewis presented a paper to the Committee with the purpose of presenting a proposal regarding the monitoring of the duration of untreated psychosis for individuals receiving treatment in Early Intervention services.
- 6.2 There is a significant problem in capturing the onset of the condition, as this mainly relies on self reporting by the patient or carer. Also, no staff have received training in the DOH methodology of identifying onset.
- 6.3 The DOH guidance on the duration between onset of psychosis and start of treatment is no longer than three months. However, this measure is based on treatment as being the start of antipsychotic / neuroleptic medication. This excludes patients who do not wish to accept medication, and patients who are receiving alternative therapies.
- 6.4 Ryan Lewis proposed that the Trust undertake additional monitoring to the DOH guidelines to ensure assessment and treatment of the highest quality. He proposed a target built around date of onset, date referral received, start of assessment and start of treatment / medication dates. In addition, the Dashboard would also provide information on the % of caseload not on approved medication regimes.

7. ADMISSIONS TO ACUTE WARDS NOT SCREENED BY CRISIS TEAMS

- 7.1 Ryan Lewis presented a paper for this item. All emergency admissions to inpatient units should be screened by Crisis and Home Treatment Teams. Since 1.1.08 PAS has been used to capture information on admissions. A review of the first four months, January to April 2008, shows 84% of admissions were screened. Of the 27 not screened, 9 were direct admissions from general hospital emergency and admission units, 11 were from other teams or named individuals, usually consultants, 5 were from a range of sources including out of county, and 2 were unknown.
- 7.2 A discussion followed on whether it was feasible to set a 100% target in terms of whether this could reasonably be achieved, and the effect of non achievement on staff morale.

ACTION: Simon Thompson to review appropriate target for the July Committee.

8. FINANCE REPORT

- 8.1 Sandra Betney stated that she had not been present at the last Board meeting and a verbal update had been provided. The final accounts had been completed and the quarterly return had been submitted to Monitor. The lack of performance on capital expenditure – Pine View, PICU / 136, Wotton Lawn windows and Charlton Lane, had been picked up, as had the lack of expenditure on community hubs. Estates strategy, and in particular the hub strategy, was due to be discussed at Executive Team.

9. ANY OTHER BUSINESS

- 9.1 There were no other items to discuss.

10. DATE OF THE NEXT MEETING

- 10.1 The next meeting will take place on Tuesday, 10th June at 10 a.m. in the Board Room.

DATE OF MEETING	ITEM REF	ACTION	LEAD	STATUS
11 th March	4.7	Sickness rates – Ryan Lewis to rework presentation of graph to show long term v short term rates.	Ryan Lewis	June Comm.
8 th April	5.1	Review Performance Indicators at The May meeting.	All	Complete
8 th April	5.2	Mental Health Usage Act – Shaun Clee, Roger Brimblecombe and Hazel Watson to meet to discuss actual target values for the indicators and take them to Practice Standards	Shaun Clee	June Comm.
8 th April	5.12	The Intelligent Mental Health Board Report – Shaun Clee to Discuss Gaps in report at Exec. Team and bring back to Perf. Man. Comm.	Shaun Clee	July Comm.
13 th May	3.5	Simon Thompson to present a cross SSU report on DTOC.	Simon Thompson	June Comm.
13 th May	5.3	Simon Thompson to review format of Crisis Intervention Trajectory target and report to the July Committee.	Simon Thompson	July Comm.
13 th May	5.4	Early Intervention Trajectory format for review and report.	Simon Thompson	July Comm.
13 th May	5.5	DTOC report	Simon Thompson	June Comm.
13 th May	5.9.6	Simon Thompson to review linking IPRs with the Committee and report back to the July Committee.	Simon Thompson	July Comm.
13 th May	7.2	% admissions to acute wards screened by Crisis Teams. Simon Thompson to review appropriate target for the July Committee.	Simon Thompson	July Comm.