

## BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

## BOARD OF DIRECTORS TO BE HELD ON WEDNESDAY 27 APRIL 2011

<b>PERFORMANCE REPORT (MONTH 12)</b>	
Trust Board is required to note key points on performance and actions as appropriate.	
<b>EXCEPTION REPORT ISSUES</b>	
<p><b>1. 2010/11 Monitor Compliance Framework:</b></p> <ul style="list-style-type: none"> <li>Position remains consistent with the previous month, with all key indicators being met.</li> </ul> <p>Trust Board is asked to note that for the month of March 2011, CPA 7 day follow up rate was at 94.7%, below Monitor's 95% threshold. For the purposes of the Monitor declaration, this does not impact on either the quarter 4 declaration (quarter 4 performance is at 96.2%) or the YTD position at 96.9%.</p>	
<p><b>2. Contractual performance indicators:</b> No major performance issues. It was noted that CQUIN targets would be honoured in full on the back of the recent contractual negotiations.</p>	
<p><b>3. Local Trust Key Priority indicators:</b></p> <ul style="list-style-type: none"> <li>Sickness absence rate (one month in arrears) – In February, the Trust's sickness absence rate reduced to 4.8% in line with expected trend post winter months. Reductions were achieved across all Programmes. A proposal is being brought back to PMIB to outline how the sickness reporting process could be streamlined to make it more timely.</li> <li>Data Quality reviews have been undertaken by PMIB on both the Return to Work and Appraisal indicators: <ul style="list-style-type: none"> <li>Return to Work – this indicator is now to be recalibrated to take into account non working days. Currently, under the new payroll procedures no allowance is being made for non working days (eg. Weekends). It is expected that the current performance figure of 40% will therefore be restated as circa 75%.</li> <li>Appraisal – Current performance has improved to 69%. However, this indicator is also being recalibrated to ensure that the reported figures are not skewed by new starters and those on long term leave.</li> </ul> </li> <li>Mandatory training coverage – the latest available data for March shows compliance at 59.5%. Although below the target of 65%, overall trend is showing improvement. A significant drive continues to be made to ensure divisions are prioritising this area, as well as plans to streamline the administrative processes and accessibility to alternative training tools.</li> <li>ICR (electronic recording) – In the context of moving towards RIO, it was agreed to establish a KPI to track Electronic ICR compliance. Performance in March of 62.3% shows some improvement, although it is clear that variability still exists at team / zone level which is to be picked up through Divisional meetings and will continue to be closely monitored by PMIB and Clinical Governance. The use of the InSight information tool by Divisions was emphasised with drill down capability available to identify those teams who most need to focus on improving the completeness of their recording.</li> <li>CPA Annual Review (Internal KPI) - A 'deep dive' analysis was carried out on the CPA Annual Review data to establish where data quality and performance could be improved. It was clear that in some areas, a full annual CPA review was not being recorded on EPEX as having been undertaken, although this was being mitigated by an annual review of care plans being confirmed in lieu. It was asked that Divisions follow up this data to assess how much of the variability was due to data recording and how much was due to clinical practice.</li> </ul>	
<b>BOARD DIRECTOR SPONSOR</b>	Chris Tidman, Executive Director of Resources / Deputy CEO