

Joint Dudley and Walsall Health Scrutiny Committee

**Agenda
Item No.**

23 MARCH 2010

8

Title of the Report: Summary of Dudley and Walsall Mental Health Partnership Trust Performance

Ward(s) All

Executive Summary:

An overview Dudley and Walsall Mental Health Partnership Trust's financial and quality performance and a summary of the mechanisms through which Trust performance is monitored.

Reason for scrutiny:

To inform the committee of Dudley and Walsall Mental Health Trust's current performance and explain the mechanisms of monitoring performance, highlighting contract types and external regulations.

Recommendations:

1. The committee notes the information for future reference or further discussion where required.

Background papers:

NA

Resource and legal considerations:

NA

Citizen impact:

NA

Environmental impact:

NA

Performance management:

For the committee to note information contained within the report.

Equality Implications:

NA

Consultation:

NA

Contact Officer:

Jacky O'Sullivan
Director of Performance and Strategy
Dudley and Walsall Mental Health Partnership Trust

1.0 Introduction

There are two main mechanisms for monitoring the performance of the Trust:

- Standard Mental Health Contract
- External Regulation

2.0 Standard Mental Health Contract

2009/10 saw the introduction of a standard contract for mental health services in England. This was the first time the majority of mental health services, including our own, had a contract for the provision of services. This was initially a one year contract with a view to implementing three year contracts from 2010/11. The contract is between us (as the provider of services) and NHS Walsall and NHS Dudley (as the commissioners of our services).

The contract is the vehicle for PCTs to use to performance manage our Trust. Two monthly contract meetings are in place: -

- 1) Activity and Finance
- 2) Clinical Quality Review

A number of Key Performance Indicators (KPIs) are agreed within the contract, some nationally prescribed, some locally agreed, and they cover a wide range of metrics such as: -

- Percentage of service users discharged from inpatient care followed up within 7 days
- Percentage of long-term inpatients who have received an annual health check
- Percentage of service users with a Care Plan
- Waiting times

In addition to this some of our income is now related to the Commissioning for Quality and Innovation (CQUIN) framework which makes a proportion of providers income conditional on quality and innovation. We have 3 schemes in place for 2009/10: -

- Care Clusters
- Patient Experience – Walsall
- Primary Care (referral times) - Dudley

We have achieved all our milestones for these schemes year to date and anticipate achievement at year end.

Eight schemes have been agreed for 2010/11: -

- Accommodation/Employment

- Reducing DNA rates (Did Not Attend)
- Smoking
- Duration of Untreated Psychosis
- Medicines management
- Patient experience
- Care Clusters
- Managing in-patient leave

3.0 External Regulation

The Care Quality Commission (CQC) is the independent regulator of all health and adult social care in England, whether provided by NHS, local authorities, private companies or voluntary organisations. They also protect the rights of people detained under the Mental Health Act.

From April 2010 the cornerstone of CQC's new regulatory activity is the new system of registration. It means that we have to be registered with CQC in order to deliver services and to do so must meet essential standards of quality and safety that respect dignity and protect rights. Our Trust has completed a self assessment against the registration standards and is anticipating being registered with CQC without any conditions.

The Committee will be aware that during 2009/10 the Trust has worked hard to achieve compliance with the Core Standards (Standards for Better Health) and these will be used by CQC when they make their assessment of us for our registration. Registration will be continually monitored and updated throughout the year by CQC.

As a part of the registration process, and ongoing throughout the year, CQC ask people to tell them about their experiences of care services and to give their views and these are included in CQC reports and reviews.

3.1 Reviews of our Trust in 2009/10

For our first Annual Health Check in 2008/09 the Trust received the following rating: -

- Quality of Services – fair
- Use of resources – fair

Given that we were only 6 months old at the time of assessment this was the best we could have hoped to achieve.

The Annual Health Check for 2009/10 will consist of the following: -

- Achievement of national priorities in 2009/10
- Quality of financial management in 2009/10

There are 12 national priorities for mental health trusts -

- Access to Crisis Resolution/Home Treatment
- Access to Healthcare for people with a Learning Disability
- Best practice for People with Learning Disabilities
- Care Programme Approach 7 day follow up
- Child and Adolescent Mental Health Services
- Completeness of Mental Health Minimum Data Set
- Data Quality on ethnic group
- Delayed transfers of care
- Number of drug users in effective treatment
- Experience of patients
- NHS staff satisfaction
- Patterns of care from Mental Health Minimum Data Set

It is difficult to self assess at this stage as CQC do not set the bar until all evidence has been collected. However we have worked hard over the last year to improve performance against these indicators and are confident that a number of them will be fully achieved.

For 'Quality of financial management' the Trust aspires to a score of "3" (good) for ALE/Use of Resources and developed an action plan early on in the financial year in a bid to achieve this rating. Given the organisation's infancy, and the fact that many of the criteria within level 3 require systems and processes to be embedded within the organisation, there remains a risk that level 3 will not be achieved in this financial year. The Trust's External Auditors are reviewing the evidence provided to date, and feedback is expected imminently, which will give a more informed view of the organisation's likely rating. Final results are reviewed and moderated both locally and nationally.

Both elements will be scored and results will be published later in 2010.

4.0 Performance against Local Authority Indicators

Our Trust contributes towards the performance of a number of local authority indicators. A priority list was agreed with both Councils and these are reported on a monthly basis to the Trust's Finance and Performance Committee and on a bi-monthly basis to Trust Board. The agreed set of indicators are: -

- Adults helped to live at home
- Permanent supported admissions
- Clients receiving a review
- Acceptable waiting time for assessment
- Acceptable waiting time for care packages
- Direct payments

Progress has been made to improve performance against the indicator 'acceptable waiting time for assessment' in the Walsall locality with the latest figures showing a considerable improvement. The number of service users receiving Direct Payments remains low in both boroughs despite efforts to increase uptake.

5.0 Other developments

In addition to mandatory performance management there are a number of other initiatives the Trust has embraced to improve quality of services.

5.1 National Health Service Litigation Authority (NHSLA)

The NHSLA is a Special Health Authority, which was established in 1995 to administer the Clinical Negligence Scheme for Trusts (CNST) which provides a means for NHS organisations to fund the costs of clinical negligence claims. The NHSLA also administers a separate Risk Pooling Scheme (RPST) for Trusts which funds the cost of legal liabilities to third parties and property losses. Membership is not compulsory but nearly all NHS organisations are prohibited from purchasing commercial insurance therefore membership of the NHSLA is essential.

Good risk management, governance and assurance are integral components of the NHSLA schemes and as such, member organisations are required to undergo rigorous assessment to ensure compliance with a range of NHSLA standards. Where compliance is positively demonstrated, NHS organisations are eligible for a discount on their membership premiums

The Trust did not have a rating for our first 18 months and we are extremely pleased to have recently achieved Level 1 as we see this as a quality measure. We will now be progressing work towards achieving Level 2 to ensure we continue to raise standards.

5.2 Accreditation for Acute In-patient Mental Health Services (AIMS)

The AIMS accreditation process (managed by the Royal College of Psychiatrists) incorporates elements that research has demonstrated to be effective in bringing about quality improvement. It gives encouragement to identify and prioritise problems and sets achievable targets for change.

We provide in-patient mental health services on three sites i.e. acute at Dorothy Pattison in Walsall, older people at Bloxwich Hospital and acute and older people at Bushey Fields Hospital in Dudley. We are AIMS accredited at all three hospitals with Bloxwich being the most recent hospital to achieve accreditation and being rated as excellent.

5.3 ECT Accreditation Service (ECTAS)

ECTAS sets out standards that relate to the process of administration of ECT (Electro Convulsive Therapy) and in this regard are consistent with NICE guidance (National Institute for Clinical Excellence).

We provide ECT at both Dorothy Pattison and Bushey Fields Hospitals and both are accredited with ECTAS.

6.0 Recommendations

The Committee are asked to receive this report for information.

Jacky O'Sullivan
Director of Performance & Strategy