Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22 February 2017

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 10 January 2017)

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information & Debate

Key Points to Note:

- The Trust remains assigned to segment 2 by NHS Improvement as assessed against the Single Oversight Framework (SOF). A self assessment of quarter 3 performance against both the old Risk Assessment Framework and the SOF is included within this report (pages 4-6).
- At Month 10, the Trust has a surplus of £6.2m and a risk rating of 2. Although the surplus is £0.8m less than plan it is an improvement of £0.7m on last month's £5.5m surplus and the Trust is moving towards achievement of its control total. The Trust needs to continue to improve its underlying financial position and deliver its recovery plans to achieve this year's and next year's control totals. The Trust is currently forecasting it will deliver its control total based on Groups and directorates continuing to reduce both pay and non-pay spend. The main financial pressures are CYPS Inpatient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. Agency spend in month 10, at £9.7m, was at a similar level to last month which is £2.0m above ceiling trajectory and forecast agency spend is around £11.0m which is £2.4m above the Trust's ceiling. See pages 21-22
- Most CCG contracts achieved all quality standards for the quarter, the exceptions being Sunderland CCG 7 day follow up contacts, and Cumbria CCG CPA metrics. The NHS England contract requirements were fully achieved. (page 12)
- Note that an update of progress against agreeing 2017-19 contacts has been provided to CDT as a separate paper this month.
- All CQUINs are internally assessed as on track to be achieved within the quarter, note that Quarter 3 CQUIN achievement is still pending agreement with commissioners. (page 13)
- A summary of the quarter three CCG Service Development Improvement Plans for is included for information (pages 14-17)
- Six of the seven quality priorities are forecast to be fully achieved in quarter 4, while one (waiting times) remains RAG rated as amber. (page 19)
- The Accountability Framework for each group is rated as 3 for quality governance for quarter three. The Specialist Group is currently rated as 4 (highest risk) for finance (nb the finance ratings now reflect the Single Oversight Framework). (p26)

- Reported appraisal rates have decreased in the month from 82.7% to 80.7% (p20)
- The in month sickness absence rate has decreased to 5.66%, this is the lowest January sickness rate of the last four reported years . The 12 month rolling average sickness rate has decreased to 5.4%. (p20)
- Training rates have continued to see most courses above the required standard. The two courses more than 5% below the required standard remain Information Governance & MHA/MCA/DOLS combined training. (p 20)
- Reported complaint, incidents and serious incidents have all increased in the month. (pages 24-25)
- The Trust's FFT responses from both service users and carers have increased significantly in the month following implementation of the refreshed format and processes for the Points of You experience survey. The FFT recommend score has increased from 73% to 79% in the month. (page 29)
- NHS Digital has recently updated their Data Quality Maturity Index scores (see page 32). The Trust score has decreased in the most recent quarter due to a data submission issue which has since been rectified.
- NHS Right Care CCG data packs for Mental Health Conditions have been released recently. A summary of the findings for local CCGs is included on pages 34-35 for information and discussion.

Risks Highlighted: NHS Improvement Risk Assessment Framework / Single Oversight Framework

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information only

Link to Policies and Strategies: NHS Improvement – Risk Assessment Framework, Single Oversight Framework, 2016/17 NHS Standard Contract, 2017-19 Planning Guidance and standard contract

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2016-17 Month 10 (January 2017)

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NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 10:	Financial Sustainability Risk Rating Month 10:	The Trust's assigned shadow segment under the Single Oversight Framework remains at "2" (targeted support). Performance against the previous risk assessment framework remains green (lowest risk for Governance). The Financial Sustainability risk rating remains at 2. While all of the Governance Risk Assessment Framework requirements are achieved in the month, performance against Internal KPIs as forecast in the annual plan are currently not achieved.
		Green	2	

Quality Priorities:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and at month 10 all continue to be forecast to be fully achieved with the exception of waiting times.
	6	1	

CQUIN:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services. There are no identified risks to delivery currently against Quarter 4 requirements.
	10	0	

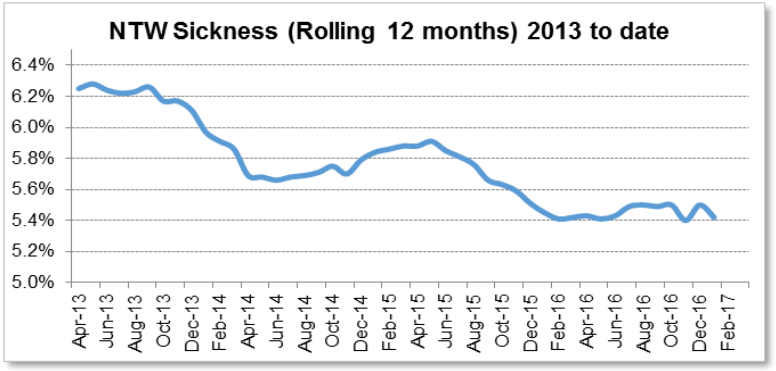
Workforce:

Statutory & Essential Training:

Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Information Governance continues to be an area for improvement and has improved to 86.4% this month. The MHA, MCA and DOLs training is a combined total at 79.4%.
15	2	2	

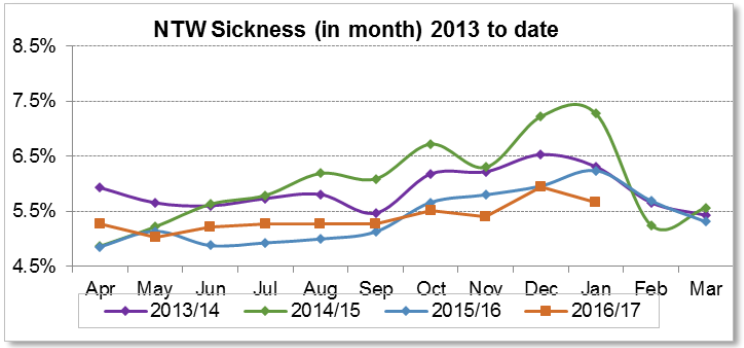
Appraisals: Appraisal rates have decreased to 80.7% in January 17 (was 82.7% last month).

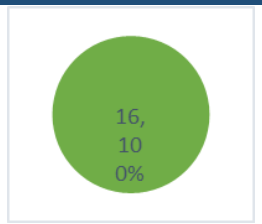
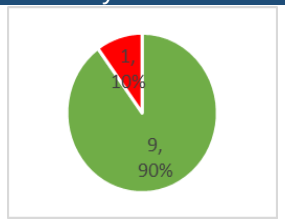
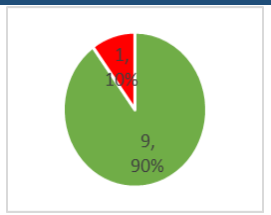
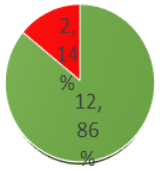
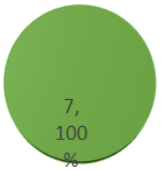
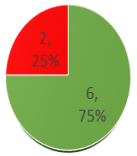
Sickness Absence:



The "in month" sickness absence rate is above the 5% target at 5.66% in January 2017

The rolling 12 month sickness average has decreased to 5.4% in the month



Finance:	At Month 10, the Trust has a surplus of £6.2m and a risk rating of 2. Although the surplus is £0.8m less than plan it is an improvement of £0.7m on last month's £5.5m surplus and the Trust is moving towards achievement of its control total. The Trust's control total increased to £6.5m following the allocation of £1.8m from the Sustainability and Transformation Fund (STF) and the Trust only receives this funding if it achieves its original control total. The Trust needs to continue to improve its underlying financial position and deliver its recovery plans to achieve this year's and next year's control totals. The Trust is currently forecasting it will deliver its control total based on Groups and directorates continuing to reduce both pay and non-pay spend. The main financial pressures are CYPS In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. Agency spend in month 10 was at a similar level to last month. Spending on temporary staffing (agency, bank and overtime) needs to continue to reduce to achieve the control total and to get staffing levels down to budgeted establishments. Agency spend is £9.7m at Month 10 which is £2.0m above ceiling trajectory and forecast agency spend is around £11.0m which is £2.4m above the Trust's ceiling. Work is on-going to reduce overspends across the main pressure areas and some specific savings schemes are being developed. However, to improve the Trust's financial position this year and achieve the target surplus, all areas of the Trust need to minimise both pay and non-pay spend in February and March.						
Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
							
	All achieved in Month 10	Crisis & Contingency within 12 months under performed at a contract level for month 10.	MHMDS with a valid ethnicity under performed at a contract level for month 10 at 89.9% against the 90% standard	All achieved in Month 10	7 day follow up (2 patients) and numbers entering IAPT treatment underperformed at a contract level for month 10	All achieved in Month 10	Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 10.

2. Compliance

a) NHS Improvement Risk Assessment Framework January 2017

*******Note this is the old RAF format for comparative/historic purposes only******

NHS Improvement Risk Assessment Framework Dashboard

	Key Indicators:	Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17			Trend	National benchmark	Data Quality
			Apr	May QTD	Q1	July	Aug QTD	Q2	Oct	Nov QTD	Q3	Jan	Feb QTD	Q4			
	Governance Risk Rating																
	Financial Sustainability Risk Rating		3	3	2	2	2	3	2	2	2	2					
Access	7 day follow up	95%	95.7%	97.2%	97.4%	96.8%	97.1%	97.2%	96.0%	96.9%	97.0%	96.8%			▼	TBC	
Access	Service users on CPA 12 month review	95%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%	96.6%	96.4%	97.0%	96.1%			▼	TBC	
Access	Gatekeeping admissions by CRHT teams	95%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%			–	TBC	
Access	EIP 2 week wait	50%	90.3%	88.8%	87.4%	91.7%	85.2%	82.3%	70.6%	75.7%	72.1%	75.6%			▲	TBC	
Access	IAPT 6 week wait	75%	99.6%	99.0%	98.7%	98.0%	98.5%	98.6%	98.6%	99.4%	99.6%	99.6%			–	TBC	
Access	IAPT 18 week wait	95%	100.0%	99.8%	99.9%	99.6%	99.8%	99.9%	99.5%	99.8%	99.9%	100.0%			▲	TBC	
Access	RTT waiting times (incomplete)	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	99.6%	99.2%			▼	TBC	
Access	Clostridium Difficile objective														–	TBC	
Outcomes	Delayed Transfers of care	7.5%	2.4%	2.0%	1.8%	2.0%	2.0%	1.8%	3.0%	2.7%	2.7%	2.6%			▲	TBC	
Outcomes	Data Quality : Outcomes	50%	93.4%	93.1%	92.5%	92.7%	92.9%	92.5%	92.2%	92.2%	92.4%	92.0%			▼	TBC	
Outcomes	Data Quality: completeness	97%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	99.8%	99.8%	99.8%	99.8%			–	TBC	
Outcomes	LD access requirements														–		
	Risk/failure to deliver Commissioner Requested Services		No	No	No	No	No	No	No	No	No	No			–		
	CQC Compliance action outstanding		No	No	No	No	No	No	No	No	No	No			–		
	CQC enforcement action in the last 12 months		No	No	No	No	No	No	No	No	No	No			–		
	CQC enforcement action in effect		No	No	No	No	No	No	No	No	No	No			–		
	Moderate CQC concerns		No	No	No	No	No	No	No	No	No	No			–		
	Major CQC concerns		No	No	No	No	No	No	No	No	No	No			–		
	Non compliance with CQC registration		No	No	No	No	No	No	No	No	No	No			–		

Comments: The Financial Sustainability Risk Rating remains at 2 which represents a material risk, potentially triggering investigation by NHS Improvement.

meeting target
breaching target
▲ improved from last month
– no change from last month
▼ worse than last month

Internal KPIs	Statutory & Essential Training	85%				77.8%	77.8%	77.8%	77.8%	77.8%	83.3%	77.8%				14 of 18 achieved
Internal KPIs	Information Governance Training	95%				89.6%	88.7%	86.0%	85.1%	85.2%	85.5%	86.4%				
Internal KPIs	Local Contract Quality Standards	95%				90.6%	96.0%	94.6%	92.0%	94.6%	94.6%	92.0%				69 of 75 achieved
Internal KPIs	Internal Quality Priorities	90%				71.4%	71.4%	71.4%	71.4%	85.7%	85.7%	85.7%				6 of 7 achieved

2. Compliance

b) NHS Improvement Single Oversight Framework

The Single Oversight Framework was implemented on 1st October 2016, evaluating providers' performance.

NTW remains assigned a shadow segment of "2" – targeted support in response to the current financial position.

NHSI will collect information to inform their continuing judgement from a range of sources, including a provider return, MHSDS data, UNIFY2 data, CQC data and other data published by NHS Digital.

The table overleaf shows the range of monitoring information for the "Operational Performance" theme, and a self assessment of NTW performance against the standards. While most are achieved, there are some areas of risk identified.

NHSI have not yet required Trusts to provide a self assessment of performance against the framework.

Self assessment against the "operational performance" metrics included within the Single Oversight Framework:

Nb 16-17 January 2017 data has been used. Note that NHS Improvement have this months confirmed that diagnosis information and school attendance data will not be considered yet due to ongoing national data quality issues.

Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	**Frequency**	**Source**	**Standard**	**Quarter 4 to date 1617 self assessment**	**NTW % as per most recently published MHSDS/RTT/EIP/IAPT data**	**National % from most recently published MHSDS data**	**Comments.** NB those classed as "NEW" were not included in the previous framework	**Data Quality Kite Mark Assessment**
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	Monthly	UNIFY2 and MHSDS	92%	99%	99%	90.10%	National data includes all NHS providers and is at November 2016	
Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	Quarterly	UNIFY2 and MHSDS	95%	100.0%	no data	no data		
People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral	Quarterly	UNIFY2 and MHSDS	50%	75.6%	81%	63.00%	Published data is as at 1.7.2016 - 30.9.2016	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	66%	no data	no data	from weekly sheet 02.02.17	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	75%	no data	no data	from weekly sheet 02.02.17	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	67%	no data	no data	from weekly sheet 02.02.17	
Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:								
· identifier metrics:								
NHS Number	Monthly	MHSDS	95%	99.9%	99.0%	99.0%	National data includes all NHS providers and is at October 2016	
Date of Birth	Monthly	MHSDS	95%	100.0%	99.0%	98.0%	National data includes all NHS providers and is at October 2016	
Postcode	Monthly	MHSDS	95%	99.8%	99.0%	98.0%	National data includes all NHS providers and is at October 2016	
Current Gender	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at October 2016	
GP code	Monthly	MHSDS	95%	99.7%	99.0%	98.0%	National data includes all NHS providers and is at October 2016	
CCG code	Monthly	MHSDS	95%	99.4%	no data	no data		
· priority metrics:								
ethnicity	Monthly	MHSDS	85% by 16/17 year end	92.6%	94.00%	83.0%	NEW. Data from metric 17 in dashboard	
Employment status recorded	Monthly	MHSDS	85% by 16/17 year end	94.4%	28.8%	31.4%	The 94.4% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is in line with the national average, which is significantly below the 85% standard required by NHSI	
Proportion of patients in employment	Monthly	MHSDS		6.6%	6.2%	7.6%	MHSDS methodology TBC	
school attendance (CYP)	Monthly	MHSDS	85% by 16/17 year end	no data	no data	no data	NEW. Not currently collected in RIO or reported via MHSDS	
Accommodation status recorded	Monthly	MHSDS	85% by 16/17 year end- unclear if standard applies to recording status or proportion	94.1%	28.3%	36.1%	The 94.1% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is below the national average, which is significantly below the 85% standard required by NHSI	
Proportion of patients in settled accommodation	Monthly	MHSDS		76.3%	48.8%	56.9%		
ICD10 coding	Monthly	MHSDS	85% by 16/17 year end	98.6%	0.7%	22.6%	NEW. (used metric 427). MHSDS methodology TBC	
Improving Access to Psychological Therapies (IAPT)/talking therapies							(Sunderland service only)	
· proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	51.0%	52.0%	49.0%	NEW metric 1079 published data October 2016	
· waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.6%	98.0%	87.7%	published data October 2016	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	99.9%	100.0%	98.2%	published data October 2016	

2. Compliance

c) CQC Update January 2017

CQC Comprehensive Inspection update

- Action plans on the two 'must dos' and 50 'should dos' were submitted to the CQC on the 27 January 2017. Progress on outstanding actions will be monitored by the CQC Quality Compliance Group.
- The CQC monthly monitoring submissions continue to be submitted to the CQC.

Visit to Alnwood by the Children's Commissioner and CQC

The Children's Commissioner and CQC completed an unannounced inspection of Alnwood on the 30th and 31st January 2017. Feedback from the visit was generally positive with the following themes and issues being identified through interviews with staff and young people:

- Limitations of the environment at Alnwood (lack of access to communal space, layout of ward areas, service provided on x3 floors)
- Use of MRE associated with accessing seclusion rooms on different floors
- Use of agency/bank staff and its impact on young people

It was acknowledged that these issues had also been identified by CQC last year and reductions in MRE and use of bank/agency had been seen since then.

A wide ranging discussion was initiated by Charlie Taylor, Children's Commissioner in relation to access to secure services for:

- Young females who will often have a diagnosis of a personality disorder and / or attachment issues and exhibit high risk self-harming behaviour
- Suitability of admitting young people with autism to medium secure services
- Patterns of referrals for secure children's homes/youth offending institutes (decreasing)

More broadly the team confirmed that they had found their visit to Alnwood generally very positive in relation to the degree of engagement with young people the service routinely undertakes and this would be reflected in their report.

The trust will receive a data request seeking information on restraints, seclusions, segregation, complaints and assaults over the previous six months as well as copies of key policies and procedures. The Trust is awaiting receipt of the data request.

Registration notifications made in the month:

None.

Mental Health Act Reviewer visits in the month:

Aldervale Ward – 20 December 2016
Fellside Ward – 21 December 2016
Kinnersley Ward – 10 January 2017
Brooke House – 17 January 2017

Themes from the above visits include:

- MHA paperwork – details on electronic forms were missing, duplicated, unclear. Lack of feedback following section 17 leave and no evidence of outcome following SOAD visit being recorded.
- Care Plans – the quality of care plans was mixed in two of the four services visited.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Rotherham Doncaster and South Humber NHS Foundation Trust	October 2016	12/01/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here
Lancashire Care NHS Foundation Trust	September 2016	11/01/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here

Future announced inspections:

- March 2017
  Birmingham and Solihull Mental Health NHS Foundation Trust

- April 2017
  Lincolnshire Partnership NHS Foundation Trust
  Humber NHS Foundation Trust

- May 2017
  South Staffordshire and Shropshire Healthcare NHS Foundation Trust

- June 2017
  Pennine Care NHS Foundation Trust

CQC Recent News Stories:

Consultations

The CQC are consulting on proposals for their next phase of regulation. Their proposals include how the CQC will regulate new and complex types of providers plus changes to their assessment frameworks, KLOEs and specific proposals for how they will regulate NHS trusts in future.

The CQC are also consulting jointly with NHS Improvement on their shared approach to leadership and use of resources in NHS trusts.

The consultation period will end on the 14 February 2017 and a trust response is being collated.

Review of CAMHS nationally

The Prime Minister Theresa May announced last month that the CQC would be leading a major thematic review of child and adolescent mental health services across the country to identify what is working well and what is not. The CQC will take forward this work in discussion with other agencies and inspectorates and expects to report on its findings in 2017/18.

New models of care registration guidance

The CQC have published a registration update for vanguards and other new care models. The update can be found here and is for providers who are, or who are considering, providing new care models. The CQC would like feedback from trusts in terms of whether there are any particular issues that may not have been considered in the guidance that should be, or where the guidance does not answer particular questions about registration with CQC.

Community Mental Health Survey

Planning has commenced for the completion of the 2017 Community Mental Health Survey. Similar to last year Quality Health will be conducting the survey on behalf of the Trust using a random sample of 850 service users who meet the criteria for inclusion. The Commissioning and Quality Assurance team are in the process of extracting the data sample for submission. Please note that any service user who will be participating in the CQC survey will not be included in the Trust's Points of You survey during the sample period. Posters are on display within the Community bases to make service users aware and there is an email address and telephone number on display should service users wish to be excluded.

New Mental Health Brief Guides

The following new mental health guides used by inspection teams were published in January and will be reviewed by the CQC Quality Compliance Group.

- Waiting times for community child and adolescent mental health services
- The use of blanket restrictions in mental health wards
- Smokefree policies in mental health inpatient services

2. Compliance

d) National Access & Outcomes Development Update

Please note that performance against RTT, EIP and IAPT waiting times is covered in the Monitor section of the report. Performance against MDT waits and other local access requirements (eg Gender Dysphoria, ADHD) are included within the quarterly quality priority update to CDT-Q.

Development of evidence-based treatment pathways - each spanning referral to recovery
Completed:
EIP
CYPS Eating Disorders
Crisis care: urgent and emergency MH liaison in acute hospitals
Dementia
In development:
Generic children and young peoples mental health
Perinatal mental health
Crisis care:
urgent and emergency blue light MH response (all ages)
urgent and emergency community based MH response
urgent and emergency MH response for CYP
Acute mental health care
Integrated psychological therapies
Planned for 2017-18 and 2018-19:
Community Mental Health care (psychosis, PD, Bipolar affective disorder & severe/complex MH problems)
Self-harm

Children and Young People Eating Disorder Submission

From January 2016 all services delivering children and young people's mental health care including CEDS were required to return data to the Mental Health Services Data Set (MHSDS). In the long term access to treatment and outcomes will be monitored using MHSDS data, however a recent assessment of coverage and data quality has shown that the data set is not sufficiently mature to provide a baseline at this early stage of development.

CCG transformation plans have since described how evidence based community ED services are being established in all areas of England. NHS England has committed to collect baseline data to support an access to treatment standard in 2016/17 and start to monitor compliance to the standard from April 2017.

The return is submitted on a quarterly basis via UNIFY and data submitted by NTW during 2016/17 to date is shown in the table overleaf. Note that this data is incomplete as current systems do not identify all cases in the scope of this standard. While referrals to existing specialist CYP eating disorders teams are included, the standard applies to young people up to their 19th birthday therefore cases of suspected eating disorders within other community teams are not currently included and work is ongoing to ensure these referrals can be identified in future.

Children & Young People with suspected Eating Disorders starting NICE compliant treatment within required timescales	Routine Referrals			Urgent referrals		
	Seen within 4 weeks	Total Seen	% seen within 4 weeks	Seen within 1 week	Total seen	% seen within 1 week
Q1	0	0	n/a	2	5	40.00%
Q2	0	0	n/a	4	11	36.36%
Q3	7	7	100%	29	39	74.36%

Routine Referrals

Numerator : The number of routine referrals to and within the Trust with suspected ED that start a NICE-recommended package care package in the reporting period within 4 weeks of referral (clock stops within 4 weeks of referral)

Denominator : The number of routine referrals to and within the Trust with suspected ED that start NICE-recommended care package in the reporting period (all clock stops).

Urgent Referrals

Numerator : The number of urgent referrals to and within the Trust with suspected ED that start a NICE-recommended package care package in the reporting period within 1 week of referral (clock stops within 1 week of referral)

Denominator: The number of urgent referrals to and within the Trust with suspected ED that start NICE-recommended care package in the reporting period (all clock stops).

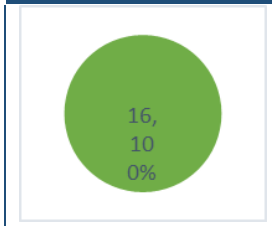
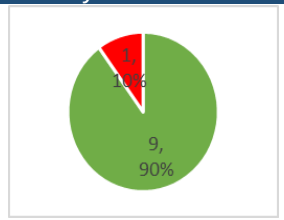
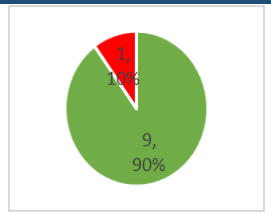
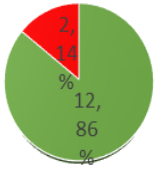
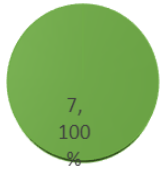
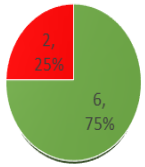
The standard is that all routine referrals of CYP with suspected ED commence a NICE-recommended package of care within four weeks of referral (% attainment to be outlined once baseline data has been collected, with a view to delivering 95% by 2020)

Gender Dysphoria Waiting Times

NHS England have now confirmed that non surgical providers of gender services are not yet required to make national submiisions of RTT waiting times data, although this information is still expected to be shared with local specialised commissioning teams

3. Contract Update January 2017

a) Quality Assurance – achievement of quality standards January 2017

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
						
All achieved in Month 10	Crisis & Contingency within 12 months under performed at a contract level for month 10.	MHMDS with a valid ethnicity under performed at a contract level for month 10 at 89.9% against the 90% standard	All achieved in Month 10	7 day follow up (2 patients) and numbers entering IAPT treatment underperformed at a contract level for month 10	All achieved in Month 10	Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 10.
						

3. Contract update January 2017

b) CQUIN update January 2017

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1. Embedding Clinical Outcomes	£947,740	To further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.					
2. Patients & Carers Involvement & Engagement CQUIN	£947,740	To improve the involvement and engagement with carers and service users when they access crisis services.					
3. Measuring effectiveness in Community Children and Young Peoples Services	£1,196,261	This approach will provide a first step in work towards an outcome based contract for the future and is in keeping with the recent report of the Children and Young People's Mental Health Taskforce Future in Mind (March 2015).					
4. Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	£1,351,969	Providers will be assessed against quarterly implementation of governance-focused requirements.					
5. Health Equality Framework: outcome measurement for services to people with learning disabilities	£404,229	To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities using the service.					
6. Recovery Colleges for Medium and Low Secure Patients	£489,599	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
7. Reducing Restrictive Practices within Adult Low and Medium Secure Services	£242,280	The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.					
8. Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	£242,280	Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.					
9. Benchmarking Deaf CA and Developing Outcome Performance Plans and Standards	£49,000	Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.					
10. Perinatal Involvement and Support for Partner / Significant Other	£242,280	This CQUIN scheme requires providers to develop care plans to ensure that appropriate emotional, informational and practical support is offered to partners and significant others to robustly encourage their understanding and participation in the mother's treatment, care and recovery and to promote their bond with the infant.					
Grand Total	**£6,113,378**						

3. Contract update January 2017

c) Service Development and Improvement Plan – CCG update.

Description	Milestones and Timescales		Progress
Psychotherapy and CBT Centre Review This will be a commissioner led review with involvement from NTW including clinicians.	Quarters 2-4	The review will take place and a final report will be completed including recommendations on future commissioning arrangements.	Service Review undertaken during Q3 in line with the format agreed with commissioners. Meeting to be arranged in Q4 to discuss findings and agree next steps.
ADHD and Autism (All) In 16/17 CCGs and Northumberland, Tyne and Wear NHS Foundation Trust will jointly work on further developing the plans for the Adult ADHD and Autism Diagnostic service in accordance with phase 2 of the model. A communication strategy will also need to be developed to support the service launch during 2016-2017.	Quarter 1 - 2	The implementation plan for phase 2 will include finalisation of the service specification, performance framework (including outcomes), waiting list remedial action plan, clear timescales and communication strategy for the integration of the pathways into the "core business" of the CMHTs as agreed with commissioners. The implementation plan will need to include KPIs, milestones, and priorities i.e. waiting times, phasing to autism pathway and clear mechanisms for embedding diagnosis and support in mainstream community services.	A meeting is to take place with NECs, NTW and the CCG in Q4 to agree the service model and implementation plan. A service specification is in draft and will be finalised following this meeting
Outcome Based Contract Newcastle Gateshead CCG and North Tyneside CCG have decided to continue on the basis of a service activity contract for 16/17. The CCG supports the concept of an outcome based contract. South Tyneside CCG has agreed to continue with its cluster based model for 16/17. The CCG supports the concept of an outcome based contract Northumberland CCG is keen to develop an	Ongoing in year	Collaborative work between Northumberland, Tyne and Wear NHS Foundation Trust and CCGs to develop plans for moving towards an outcome based contract. This will require further workshops to consider outcome based measures and implementation etc. This may require discussions to take place on an individual CCG basis and plans to reflect local requirements.	As agreed within the 2017/18 contracting negotiations NTW and CCGs will work jointly in moving towards an outcome based commissioning model during 2017/18. Process to be agreed as part of the 2017/18 SDIP.

Description	Milestones and Timescales		Progress
outcome based model which aligns with its emerging Accountable Care Organisation status through 2016/17.			
Development of new contractual form for MH services (Sunderland) Building on the work completed in 15/16 to develop and propose new contractual forms for MH services: • Outcome based contracts • Development of Lead Provider Contract for Adult MH Pathway • Development of Joint contract with STFT for provision of CaMHS/CYPS • Consideration of integrating Organic MH pathway with emerging community contract for Integrated Provision • Consider inclusion of LD pathway in Adult contract	April 2016 April 2016 April – September 2016 September2016	Establish project team Project plan development Plan implementation Draft contracts developed	Agreed as part of 2017/18 contract negotiations this work would slip in to the next financial year to enable further discussions with relevant partner agencies
Learning Disabilities (All) NTW is fully committed to work collaboratively with CCGs to meet the requirements of the Transforming Care agenda, and any emerging guidance, policy or requirements.	Ongoing in year	To work collaboratively with CCGs towards the implementation of transforming care including the following areas: • Developing shared plans for the future configuration of services including in patient and community provision To embed a MDT approach to support the delivery of individual care plans	NTW continue to support the Transforming Care programme and provide regular information to support the work ongoing around this and are working with commissioners to develop future models of care
EDICT (All) CCG CAMHS Transformation Plans refer to the need to review existing eating disorder services, explore best practice, improve early identification, establish robust data monitoring around eating disorder services.	Ongoing in year	NTW to: • assist in the review of eating disorder services • For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services.	Systems are now in place to capture and report on all Eating disorder NTW have Benchmarked all current CYPS services against National Access & Waiting Times Standards

Description	Milestones and Timescales		Progress
CCGs will carry out a review of these services with support from NTW.		• To ensure data is submitted in line with national requirements and standards NTW to commit to sign up to nationally approved accreditation programme	A Clinical Lead is now in place in EDICT A skills analysis is underway to map against the standard.
EIP (All)	Ongoing in year	NTW to demonstrate how they will ensure that staff delivering EIP services are fully trained to deliver the new access standards NTW to commit to sign up to nationally-approved accreditation programmes	Following assessment of team training needs the following training was identified and implemented. • BFT to NICE standard. • CAARMs assessments. • Qualified diploma staff to receive CBTp and CBT supervision training. The training needs of staff are identified and addressed as part of the Trust's JDR process. The Trust participates in the national self-assessment as part of the National Waiting Time Standard requirements. Results to be shared with commissioners when available.
Community CYPS (All) To work towards fully embedding a culture of using clinician rated outcome tools into clinical practice This will be achieved by ensuring clinical staff are trained appropriately, receive effective and robust clinical supervision	Q3 Q4	Provide additional information to supervisors on the expectations in relation to clinical supervision to support outcome focused practice. Implement and measure the use of the tools and demonstrate effectiveness.	NTW have a rolling Clinical supervision audit. The supervision annual audit across community and inpatient CYPS is underway. Training for staff on outcome measures has been completed. The service is reviewing the range of outcome measures CYPS now have in place a supervision
R CYPS in Sunderland is currently demonstrating significant over performance which is likely to have detrimental effect on service if situation continues. Review will be undertaken on understanding that future model will be delivered within the	Q2 – Review completion with recommendations – future configuration/scope of services described.	Review of NTW CYPS provision alongside STFT provision of CaMHS tier 2 services. Review will develop single pathway for all elements of CaMHs/CYPS with single access point improving resilience within contracts	NTW is actively involved with Sunderland CCG in work streams to support transformation. This has continued throughput Q3. We have shared information regarding staffing, capacity and clinical pathways to support this work.

Description	Milestones and Timescales		Progress
current cost envelope - - notwithstanding future announcements regarding new recurrent investments into CYPS - clearly this introduces significant risk to the scale and scope of the future model and this principle is acknowledged by all parties.			
RAID To consider findings of formal evaluation of the service (due April 16) and review cost effectiveness/scope of the service	December 2016	Collaborative consideration of current service scope/cost effectiveness	Discussions have continued regarding a lifespan model and inclusion of a peri-natal provision. Specific posts identified and included in a bid for national funding. However aspects of the model are being developed within current resources.
Digital transformation Digital Transformation to support local digital roadmap	End of Q3 End of Q4	Implement identified work Maintain and complete actions identified in work plan	Work on-going in line with locality plan.
E-referral Implement use of national E-referral service	End of Q3 End of Q4	Implement identified work Maintain and complete actions identified in work plan	Work on-going in line with locality plan.
Service Specifications Review Service specifications to align to CRS and transformation programme.	End of Q1		Service specifications to be reviewed in line with revised SLAM reports as part of 2017/18 contract.
ICTS (North Tyneside)	Ongoing in year	For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services.	Work has been carried out to review the referral and treatment pathways to ensure they are compliant with NICE guidance and with CCG expectations. Over Q3 these have been shared with the commissioner. A review of the Service Specification with North Tyneside CCG will support the work carried out and give clarification. Activity information continues to be provided.

3. Contract update January 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update													
Key Metrics	Contract Standard	Internal Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			55.8%	56.0%	56.2%	56.7%	56.6%	56.8%	56.8%	57.2%	57.4%	57.5%		
Current Service Users on CPA			11.3%	11.2%	11.1%	10.9%	10.7%	10.7%	10.7%	10.6%	10.7%	10.5%		
Current in scope patients assigned to a cluster			87.6%	88.0%	88.0%	88.0%	87.8%	87.4%	87.1%	87.3%	87.4%	86.9%		
Number of initial MHCT assessments that met the mandatory rules			85.9%	84.4%	86.7%	85.0%	85.3%	87.4%	84.6%	83.7%	84.1%	84.0%		
Number of Current Service Users within their cluster review threshold		100%	81.7%	82.5%	82.0%	81.3%	80.2%	79.1%	77.9%	78.2%	78.3%	78.0%		
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	94.4%	94.2%	93.8%	93.7%	93.3%	93.0%	93.2%	93.1%	92.8%	92.6%		
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.1%	93.9%	93.3%	93.8%	93.6%	93.7%	93.2%	93.6%	93.5%	92.8%		
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	73.0%	71.2%	75.7%	76.1%	73.5%	72.8%	75.1%	76.5%	70.4%	71.3%		
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	47.9%	47.1%	49.5%	47.8%	51.9%	57.1%	46.9%	47.6%	47.2%	50.8%		
Current Service Users on CPA reviewed in the last 12 months	95%	95%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%	96.6%	96.4%	97.0%	96.1%		

4. Quality Goals/Quality Priorities/Quality Account Update January 2017

Progress towards the quarter three requirements for each of the 2016-17 quality priorities is summarised below.

Six of the seven priorities are currently rated green, one is rated amber and none are rated red against the Quarter 4 milestones.

Quality Goal:	2016-17 Quality Priority:		Quarterly Forecast Achievement:					
			Lead	Q1	Q2	Q3	Q4	Comments
Reduce incidents of harm to patients	1	To embed suicide risk training.	Rajesh Nadkarni					
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking					
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking					
Improve the way we relate to patients and carers	4	To improve the referral process and the waiting times for referrals to multidisciplinary teams.	Gail Bayes					This quality priority remains rated as amber while there are still patients waiting more than 18 weeks for first contact with a team (excluding areas with known pressures, ie CYPS, gender etc).
	5	Adopt the principles of Triangle of Care to improve engagement with carers and families, with a particular focus on community services.	Group Nurse Directors					
Ensure the right services are in the right place at the right time for the right person	6	To improve the recording and use of Outcome Measures.	Jonathan Richardson					
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare					Rated green in quarter 3 however there is a risk to the delivery of the 85% trained target in quarter 4.

5. Monthly Workforce Update January 2017

Workforce Dashboard

Training	Standard	M10 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology
Fire Training	85%	87.2%	▼	91.1%	86.0%	89.6%	84.3%	61.7%	86.7%	66.7%
Health and Safety Training	85%	92.5%	▼	96.4%	91.3%	94.7%	90.5%	61.7%	90.6%	75.0%
Moving and Handling Training	85%	93.6%	▼	98.3%	91.5%	96.6%	90.2%	61.7%	96.1%	79.2%
Clinical Risk Training	85%	89.3%	▼	92.8%	87.1%	91.4%			75.8%	
Clinical Supervision Training	85%	80.9%	▲	86.6%	78.0%	81.5%			80.2%	
Safeguarding Children Training	85%	94.9%	▼	98.4%	94.1%	96.3%	93.6%	61.7%	95.0%	83.3%
Safeguarding Adults Training	85%	92.3%	▼	96.5%	92.0%	91.9%	91.8%	62.6%	93.7%	87.5%
Equality and Diversity Introduction	85%	93.8%	▼	97.4%	92.8%	95.3%	93.6%	64.5%	89.8%	70.8%
Hand Hygiene Training	85%	92.5%	▼	96.4%	92.2%	94.5%	90.5%	59.8%	89.0%	75.0%
Medicines Management Training	85%	89.3%	▲	93.8%	86.7%	90.2%	90.7%		84.6%	
Rapid Tranquilisation Training	85%	85.5%	▲	93.9%		84.7%			56.0%	
MHCT Clustering Training	85%	83.1%	▼	82.7%	88.7%	50.3%				
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	79.4%	▲	87.0%	81.3%	79.6%			57.4%	
Seclusion Training (Priority Areas)	85%	95.8%	▬	98.1%		94.3%				
Dual Diagnosis Training (80% target)	80%	87.0%	▼	93.7%	89.2%	87.8%			63.7%	
PMVA Basic Training	85%	88.3%	▼	92.8%		90.1%			76.5%	
PMVA Breakaway Training	85%	90.3%	▲	100.0%	87.0%	93.9%				
Information Governance Training	95%	86.4%	▲	91.7%	84.7%	89.3%	83.5%	57.9%	82.8%	62.5%
Records and Record Keeping Training	85%	98.3%	▬	99.7%	98.2%	99.4%	96.7%	76.6%	99.2%	91.7%

	Performance at or above target
	Performance within 5% of target
	Under-performance greater than 5%

▲	Better than previous month
▬	Same as previous month
▼	Worse than previous month

Behaviours and Attitudes	Target	M10 position	Trend
Appraisals	85%	80.7%	▼
Disciplinaries (new cases since 1/4/16)		120	
Grievances (new cases since 1/4/16)		42	

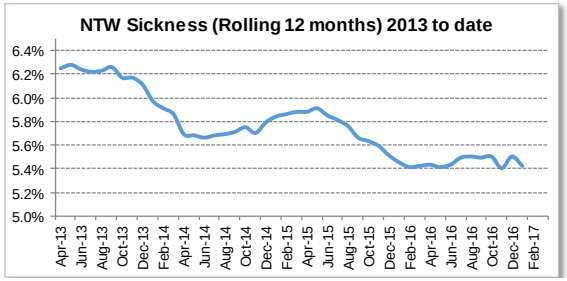
Recruitment, Retention & Reward	Target	M10 position	Trend
Corporate Induction	100%	100.0%	▬
Local Induction	100%	89.8%	▼
Staff Turnover	<10%	7.8%	▬
Current Headcount		6328	

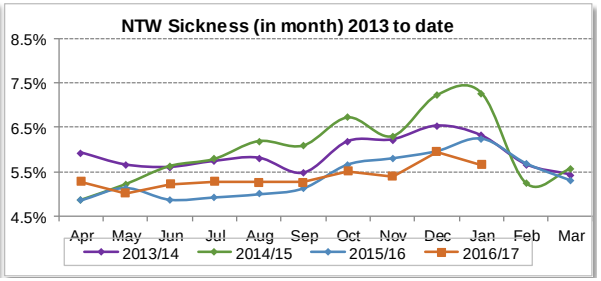
Best Use of Resources	Target	M10 position	Trend
Agency Spend		£649,165	▼
Admin & Clerical Agency (included in above)		£105,814	▲
Overtime Spend		£137,350	▲
Bank Spend		£480,437	▲

Managing Attendance	Target	M10 position	Trend
In Month sickness	<5%	5.66%	▲
Short Term sickness (rolling)		1.45%	
Long Term sickness (rolling)		3.96%	
Average sickness (rolling)	<5%	5.4%	▲

Comments:

Appraisals have decreased this month to 80.7% from 82.7% last month and remain below the 85% standard .
In January the trend for training shows a decrease across the majority of training
The in month sickness has decreased during the month to 5.66% and the rolling 12 month sickness figures has also decreased slightly





6. Finance Update January 2017

Financial Performance Dashboard

NTW Income & Expenditure

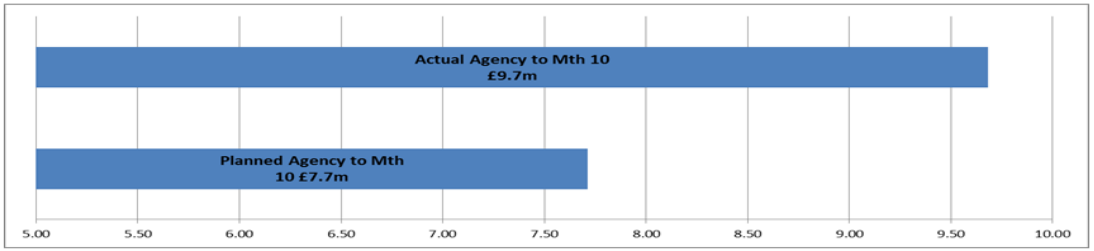
	Plan £m	YTD £m	Variance £m
Income	259.7	259.1	(0.0)
Pay	(205.1)	(205.3)	0.2
Non Pay	(38.3)	(39.6)	1.3
EBITDA	**16.3**	**14.8**	**1.5**
Cost of Capital	(11.0)	(10.1)	(0.9)
Surplus/(Deficit)	**5.3**	**4.7**	**0.6**
Gain on disposal		1.5	(1.5)
Surplus/(Deficit)	**5.3**	**6.2**	**(0.9)**

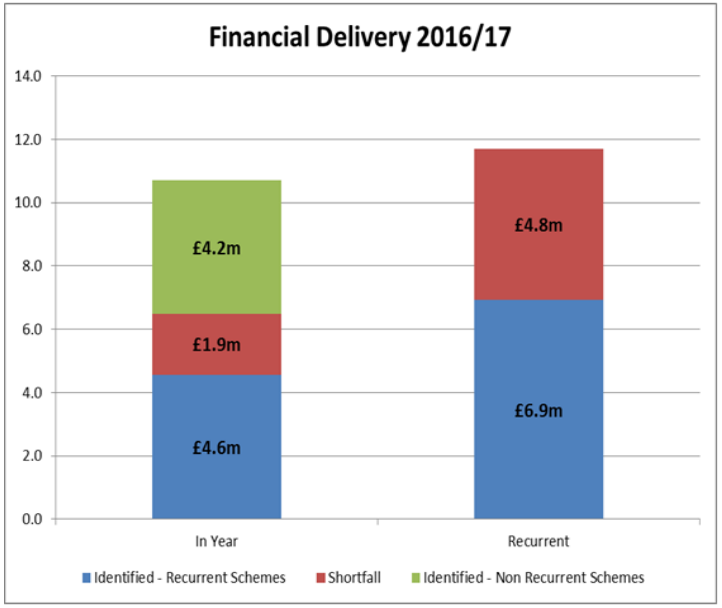
Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	21.3	18.7	2.6
Community	16.9	16.4	0.5
Inpatient Care	26.7	27.5	(0.8)
Central	(59.6)	(57.9)	(1.7)
Surplus/(Deficit)	**5.3**	**4.7**	**0.6**
Gain on disposal		1.5	1.5
Surplus/(Deficit)	**5.3**	**6.2**	**(0.9)**

Key Indicators	Current
Risk Rating	2
Agency Spend	£9.7m
FDP Delivery	£6.4m
Cash	£13.7m
Capital Spend	£9.7m

Agency Spend Month 10





Key Issues/Risks

- £6.2m Surplus at Mth 10 – This is £0.8m less than planned surplus but an £0.7m improvement on last month's position.
- Control Total – The Trust is forecasting delivery of its £6.5m Control Total. This is based on some material assumptions including the gain on disposal counting towards the control total, delivery of financial recovery plans, reductions in pay spend and control of non-essential spending.
- Risk Rating of 2 – New Use of Resources rating is a 2 and the year-end forecast rating is also a 2.
- Pay costs have reduced in December and January monthly pay spend needs to continue to reduce if the Trust is to meet its control total this year and next year.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £2.6m above their control total at month 10. Community Services are also £0.5m above their control total at month 10.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 10 is £9.7m which is £2.0m over the planned trajectory. Forecast spend is around £11.0m.
- Financial Delivery Plan - £6.4m of the planned £7.3m savings achieved at month 10.
- Cash – £13.7m at month 10 (£9.1m below plan). Forecast is currently around £22m.
- Capital Spend - £9.7m (£8.0m below plan). Forecast is £13.1m (£8.5m below plan).

Agency Dashboard – Month 10 2016/17

Key issues

1. Monitor introduced capped rates for Agency staff in November 2015 as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March.
2. Cap rates reduced on 1st Feb increasing the number of breaches. However, agency medic breaches reduced during Feb and revised below cap rates were agreed for Psychologists from start of March.
4. On 1st April cap rates reduced further and trusts need to use suppliers on new NHSI approved frameworks for all staff groups . A ceiling on all agency spend in 16/17 was also introduced and the Trust's ceiling is £8.6m, which is a £5m reduction on 15/16 spend.
5. Agency spend at Mth10 was £9.7m which is £2.0m above plan. Forecast spend is around £11.0m which is £2.4m above our ceiling.
6. The number of price cap breaches has reduced significantly in recent months. The Trust was reporting 414 down to 282 breaches a week from April to July following the last reduction in the caps. From1st August the Trust advised Social Workers and Community nursing agency staff that we would only pay at capped rates. As a result nursing & SW breaches reduced to only a few specific staff. Medical breaches are down from 45 per week in April to around 25 per week as current practice now is that agency medics are brought in at or below capped rates.

	Year to date - Mth 10			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	2.8	3.3	1.5	7.6
Community	4.0	0.9	0.2	5.0
Inpatients	1.7	2.5	0.2	4.4
Support Services	1.1	0.0	0.4	1.5
	9.7	**6.6**	**2.2**	**18.6**

Monitor Agency Price Cap Breaches (Number of shifts)

Staff Group	Wk 1-10 23/11-31/1	Wk 11-14 1/2-22/2	Wk 15-18 29/2-27/3	Wk 19 - 23 28/3-25/4	Wk 24-27 2/5 - 23/5	Wk 28-31 30/5-20/6	Wk 32-36 27/6-25/7	Wk 37-41 1/8 - 29-8	Wk 42-45 5/9-26/9	Wk 46-49 3/10-24/10	Wk 50-54 31/10-28/11	Wk 55-58 5/12-26/12	Wk 59 2/1	Wk 60 9/1	Wk 61 16/1	Wk 62 23/1
Medical	13	102	30	218	184	173	247	190	70	92	107	98	25	35	25	24
Nursing	39	15	3	1,283	670	586	665	50	30	20	25	20	5	5	5	5
Psychology & SW	61	195	0	200	578	609	663	65	40	40	45	20	5	5	5	5
Total	113	312	33	1,701	1,432	1,368	1,575	305	140	152	177	138	35	45	35	34

7. Outcomes/Benchmarking/National datasets update

Benchmarking:

The Learning Disabilities draft report has now been received and from the National Benchmarking team. The data has been reviewed and a response returned. We are awaiting the final report and have representatives attending the workshop on the 7th March 2017.

The next meeting of the NHS Benchmarking Network Reference Group is due to take place in March 2017, when the group will propose changes to this year's data collection.

Please also see the data quality update and CCG mental health data pack data/comparisons included in section 13.

8. Safety Highlights

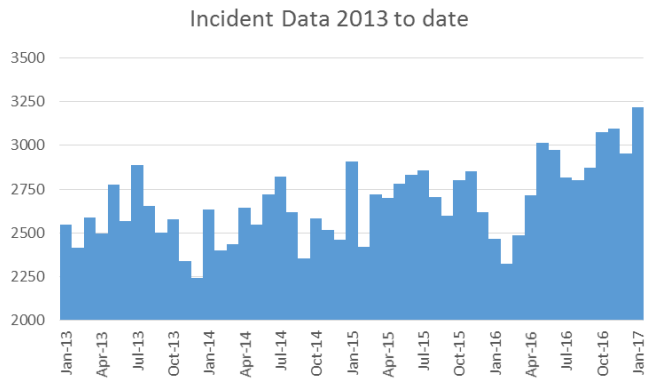
Nb. Thematic analysis is provided separately within the six monthly safety report provided to the Board

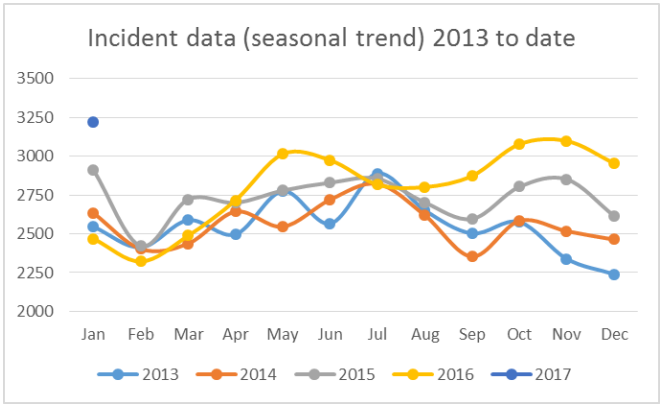
Summary of all reportable incidents												
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Incidents	2716	3014	2974	2817	2801	2873	3077	3098	2955	3219		
Number of Serious Incidents	20	18	22	13	16	17	15	23	14	19		
Total number of Serious Incidents reported on STEIS	10	12	7	3	11	8	8	9	8	9		
Total number reported within 2 working days	10	12	7	3	11	8	8	9	8	9		
Total number of serious incidents reviewed	9	11	10	10	10	8	8 (1 not STEIS)	12	8	9		
Total number of serious incidents reviewed and shared with commissioners within 60 working days	3	4	7	6	10	5	7	11	8	9		
Percentage completed within agreed timescales	33%	36%	70%	60%	100%	100%	100%	91.6%	100%	100%		

Complaints Monitoring - Number of Complaints Received												
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Number of new Complaints Received	23	26	38	33	34	45	33	47	27	45		
Number of Complaints re-opened	6	5	4	3	4	3	4	9	8	9		
Number of Complaints withdrawn	4	3	10	3	7	3	3	6	7	5		
Number of Complaints Completed	25	31	34	35	26	28	21	45	40	29		
Number of Complaints Completed within agreed Timescales	100%	77%	94%	77%	88%	71%	86%	71%	80%	90%		

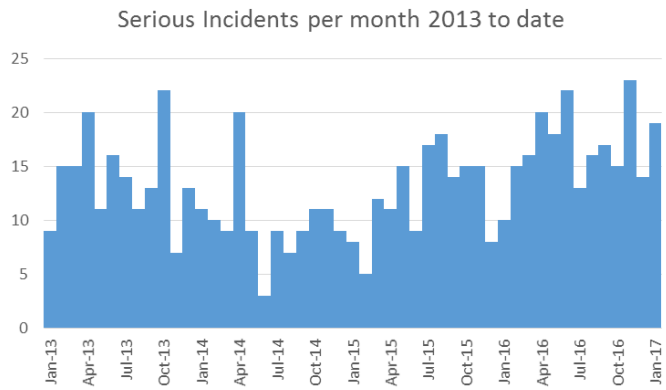
Monthly trend data since 2013 is shown overleaf

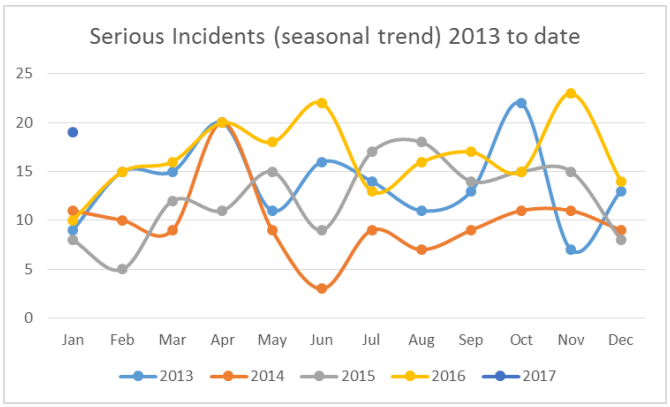
The numbers of incidents reported remain higher this financial year than in previous years:



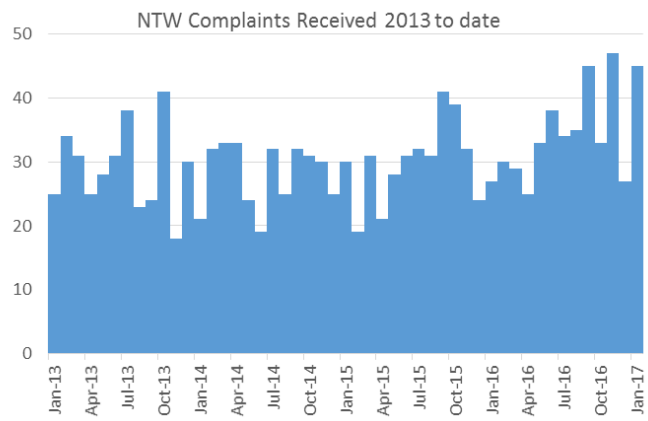


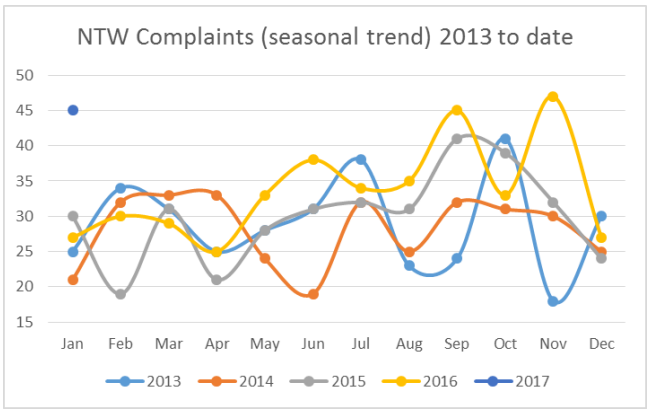
Number of serious incidents reported:





There has been an increase in complaints this month:





9. Accountability Framework

Continuity of Service/Financial Sustainability Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	3	4	1*	1	1	2	3*	3	1	1	4*	4	*At Q3 the new ratings have been reflected in line with the single oversight framework (see below)

Continuity of Service/Financial	4	3	2	1	
Contribution - quarters one and two	Exceeding Plan	In line with/just below plan (within 1%)	Between 1% and 2% below plan	More than 2% below plan	quarters one and two only
Quarter 3 onwards - Single Oversight Framework	Special measures	Mandated support	Targeted support	Maximum Autonomy	quarter three onwards

Quality Governance Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	2	2	2	3	2	2	2	3	2	2	2	3	
Performance against National Standards:													
CQC Information:													
Performance against Contract Quality Standards:													
Clinical Quality Metrics:													

Quality Governance Risk Rating Framework:	4	3	2	1
Performance against National Standards:	All achieved	In month below standard	In month below standard	Quarterly standard breached
CQC Information:	No concerns	No concerns	Concerns raised	Concerns raised
Performance against Contract Quality Standards:	All achieved	In month below standard	Quarterly standard breached	Quarterly standard breached
Clinical Quality Metrics:	All achieved	In month below standard	Quarterly standard breached	Quarterly standard breached

10. Monthly activity update – *(currently excludes Specialist and LD Services)*

Monthly Activity Update														
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
Gateshead	April	1430	20	2	17	4	4	91.10%	48	82.80%	4	136	NHS - Awaiting Rehab or Intermediate Care	1
													NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	May	1439	16	3	20	7	7	89.70%	78	79.20%	3	93	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	June	1349	19	3	19	8	8	89.20%	59	82.56%	3	90	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	July	1456	31	4	23	5	5	92.18%	61	84.80%	4	96	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
													SC - Completion of Assessment	1
	August	1550	23	4	28	5	5	94.66%	58	87.09%	3	108	NHS - Care Home Placement - Residential	1
													NHS - Public Funding	1
													SC - Completion of Assessment	1
	September	1454	17	1	16	5	5	96.98%	3	93.58%	3	108	NHS - Care Home Placement - Residential	1
													NHS - Public Funding	1
													SC - Completion of Assessment	1
	October	1350	15	1	24	4	5	86.97%	74	82.38%	2	93	NHS - Care Home Placement - Residential	1
													NHS - Public Funding	0
													SC - Completion of Assessment	1
	November	1031	15	2	19	3	3	86.79%	68	82.44%	4	59	NHS - Care Home Placement - Residential	1
													SC - Completion of Assessment	2
													Both - Public Funding	1
	December	978	15	0	14	7	6	93.00%	147	97.00%	0	0		
	January	1199	19	3	16	4	4	97.21%	114	95.60%	4	130	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													SC - Completion of Assessment	1
													Both - Public Funding	0
													SC - Care Home Placement - Nursing Home	1
New castle	April	2846	46	6	44	20	20	75.30%	91	66.40%	2	60	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
	May	3001	39	1	33	17	17	73.40%	46	67.50%	6	156	Awaiting NTW - WAA Rehabilitation	4
													NHS - Care Home Placement - Residential	2
	June	3033	47	2	46	33	34	77.21%	64	70.67%	3	111	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													NHS - Completion of Assessment	1
	July	3116	36	3	41	16	16	74.68%	51	69.10%	4	124	NHS - Care Home Placement - Residential	1
													Awaiting NTW - WAA Rehabilitation	1
													NHS - Completion of Assessment	1
													NHS - Care Home Placement - Nursing Home	1
	August	3010	45	4	45	16	16	65.13%	28	60.98%	3	88	NHS - Care Home Placement - Residential	1
													NHS - Completion of Assessment	0
													Awaiting NTW - Forensics	1
	September	3113	49	5	43	16	17	65.83%	27	62.30%	2	88	NHS - Care Home Placement - Residential	1
													NHS - Completion of Assessment	0
													Awaiting NTW - Forensics	1
	October	3212	47	1	40	14	14	67.43%	206	61.04%	2	62	Lowry Ward - Hadrian Clinic	1
													Beckfield	1
	November	3172	33	3	41	9	8	67.53%	131	63.33%	1	60	NHS - Care Home Placement - Residential	0
													Awaiting NTW - Forensics	1
	December	3318	51	7	42	15	15	69.00%	192	73.00%	0	0	SC - Care Home Placement - Residential	
													NHS - Care at Home Package	
													Awaiting NTW - Forensics	
	January	3383	37	6	43	14	14	69.77%	151	63.00%	1	47	SC - Care Home Placement - Residential	0
													NHS - Care at Home Package	0
													Awaiting NTW - Forensics	1

Monthly Activity Update

CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
North Tyneside	April	1252	18	0	19	1	1	86.40%	119	78.40%	1	30	SC - Care Home Placement - Nursing Home	1
	May	1246	19	1	18	4	4	84.90%	73	79.00%	1	31	SC - Care Home Placement - Nursing Home	1
	June	1221	18	2	18	4	3	88.19%	57	80.73%	0	20	NHS - Care Home Placement - Nursing Home	0
	July	1275	25	3	25	8	8	89.53%	92	82.43%	0	0		
	August	1262	23	2	22	4	4	87.47%	90	80.99%	0	31	NHS - Care Home Placement - Nursing Home	1
	September	1208	18	2	22	2	2	86.40%	71	80.36%	0	31	NHS - Care Home Placement - Nursing Home	0
	October	1066	17	1	23	2	2	83.51%	260	78.40%	0	0		
	November	1022	16	2	15	0	0	81.16%	289	75.28%	1	2	Awaiting NTW - WAA Rehabilitation	1
	December	1151	18	2	14	5	5	82.49%	366	88.89%	0	0		
	January	1239	23	1	20	6	6	83.22%	312	77.08%				
Northumberland	April	3048	43	4	51	15	16	86.40%	119	78.40%	0	0		
	May	3005	47	8	46	6	7	84.90%	73	79.00%	0	0		
	June	2832	40	4	38	13	14	88.19%	57	80.73%	1	2	SC - Public Funding	1
	July	2788	48	4	52	11	11	89.53%	92	82.43%	1	31	SC - Care Home Placement - Nursing Home	1
	August	2516	32	0	41	9	9	87.47%	90	80.99%	1	54	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Nursing Home	0
	September	2450	46	1	42	7	7	86.40%	71	80.36%	1	54	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Nursing Home	0
	October	2657	49	8	45	9	9	83.51%	97	78.40%	3	68	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Nursing Home	1
													Both - Care Home Placement - Nursing Home	1
	November	2721	42	5	39	12	11	81.16%	289	75.28%	3	90	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Nursing Home	1
													NHS - Care Home Placement - Nursing Home	1
	December	2785	46	5	55	6	6	82.49%	366	88.89%	0	0		
	January	2717	50	7	43	10	9	83.22%	312	77.08%	3	69	Awaiting NTW - Forensics	1
													SC - Care Home Placement - Residential	1
													SC - Care Home Placement - Nursing Home	1
South Tyneside	April	1638	19	3	27	7	7	88.30%	98	82.90%	1	30	SC - Public Funding	1
	May	1608	22	1	20	3	3	85.50%	96	81.10%	0	13	SC - Public Funding	0
	June	1672	29	1	24	5	5	88.25%	64	82.83%	0	0		
	July	1907	30	2	29	10	10	88.91%	65	83.99%	0	0		
	August	1836	22	2	23	8	8	84.92%	66	80.51%	0	1	Both - Completion of Assessment	0
	September	1610	20	2	27	13	13	85.75%	66	81.45%	0	1	Both - Completion of Assessment	0
	October	1659	26	0	17	2	4	85.08%	55	82.30%	0	0		
	November	1402	15	2	22	7	13	86.20%	188	82.65%	1	89	SC - Care Home Placement - Nursing Home	0
													SC - Completion of Assessment	1
	December	1544	19	2	20	5	5	85.95%	306	90.61%	0	0		
	January	1489	16	1	23	2	2	87.75%	223	84.01%	1	31	SC - Public Funding	1
Sunderland	April	2593	29	0	25	14	14	88.30%	98	82.90%	1	30	Awaiting NTW - WAA Rehabilitation	1
	May	2734	31	2	29	16	17	85.50%	96	81.10%	0	0		
	June	2952	46	1	37	13	13	88.25%	64	82.83%	0	0		
	July	2907	33	1	37	13	13	88.91%	50	83.99%	0	0		
	August	2710	22	1	29	8	8	84.92%	65	80.51%	0	0		
	September	2741	49	0	45	19	19	85.75%	66	81.45%	0	0		
	October	1659	26	0	17	2	4	85.08%	55	82.30%	0	0		
	November	2352	30	0	29	9	19	86.20%	188	82.65%	0	11	NHS - Care at Home Package	1
	December	1544	19	2	20	5	5	85.95%	306	90.61%	0	0		
	January	2833	38	1	31	12	12	87.75%	223	84.01%	0	0		

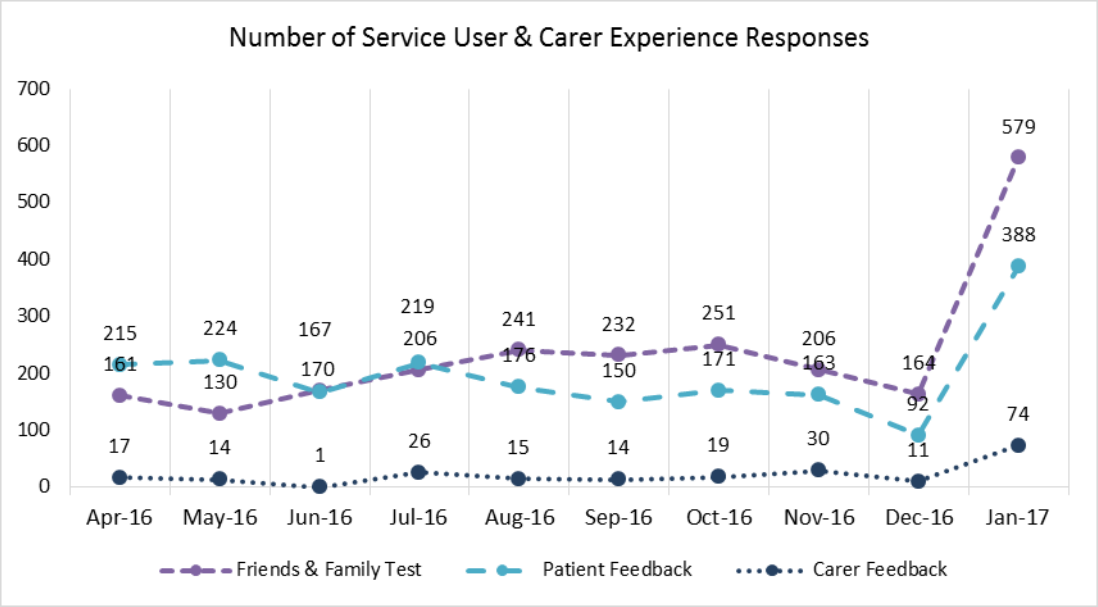
11. Service User & Carer Experience Monthly Update January 2017

Experience Feedback:

Feedback received in the month – January 2017:

		Received on paper	Received via electronic methods (including telephone)	Total received January 2017
Friends and Family Test (FFT)	**Responses**	**574**	**5**	**579**
	Recommend Score % (nb national average is 88%)			**79%** (was 73% last month)
Other service user Feedback	**Responses**	**388**	**0**	**388**
Carer Feedback	**Responses**	**74**	**0**	**74**
Total		**1036**	**5**	**1041**

Graph showing FFT and POY received by month:



A new format for the Points of You experience survey incorporating the Friends and Family test was implemented in January 2017. The introduction of the new surveys in inpatient and other clinical areas has been complemented with a centralised mailshot process which commenced on 9th January 2017, whereby a sample of service users were posted PoY surveys. A PoY dashboard is in development – the first phase of this dashboard is available from the intranet and provides teams and wards with the information received on the Points of You surveys.

Note that the sample for the 2017 CQC Community MH survey is currently being drawn from applicable service users in contact with services in Autumn 2016.

12. Mental Health Act Dashboard

The Mental Health Act dashboard is still under development and in the testing stages, listed below below are some of the key metrics that have undergone this process and this will be added to as the data has been verified

Mental Health Act Dashboard												
Key Metrics	**April**	**May**	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
Record of Rights (Detained) Assessed within 7 days of detention start date	96.6%	97.9%	95.5%	94.3%	94.8%	92%	92.0%	95.3%	96.5%	86.7%		
Record of Rights (Detained) Revisited in past 3 months (inpatients)	98.0%	98.6%	99.0%	97.6%	97.0%	95.9%	97.7%	96.4%	98.0%	96.3%		
Record of Rights (Detained)Assessed at Section Change within the Period	83.3%	90.4%	80.0%	86.9%	91.2%	80.7%	78.0%	91.9%	95.8%	87.0%		
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	59.5%	68.3%	61.8%	64.8%	65.7%	60.5%	59.7%	57.1%	66.2%	46.4%		
Community CTO Compliance Rights Reviewed in Past 3 months	41.1%	50.2%	56.1%	54.0%	40.3%	30.7%	40.7%	40.5%	44.3%	49.6%		
Community CTO Compliance Rights Assessed at start of CTO	83.3%	87.5%	84.6%	82.4%	91.7%	69.2%	81.3%	80.0%	83.3%	84.6%		

The dashboards show that the provision of rights to patients detained in hospital is fairly well embedded within the Trust. For the period 1st April 2016 to 30th November 2016, compliance with the first metric (rights given within 7 days of the detention start date) has been on average around 95%. However actual compliance with this metric throughout September and October dropped to a low of 92%.

Throughout the same period as detailed above, compliance with rights having been revisited within the past 3 month period has been consistently above 95% (The average for the period is 97.5%)

Compliance is lower in relation to the provision of rights where the section the patient was detained under had changed (average 85%).

It is relevant to note that providing detained patients with explanations of their rights is not only a requirement of the Code of Practice but a **legal requirement** under the Mental Health Act therefore improvement in the level of compliance is required.

The CQC, in their annual report “Monitoring the Mental Health Act in 2015/16” provide details of their national level findings in relation to the provision of rights. While the majority of records the CQC reviewed during their MHA visits showed evidence that patients had been given information there was no evidence that staff discussed rights with patients at the point of detention in 10% of cases and no evidence that patients had been reminded of their rights from time to time in 18% of cases. Compliance within NTW Trust is currently higher than that reported in the CQC national level findings.

The CQC, following 10 of their last 21 MHA reviewer visits reported issues in relation to the provision and recording of rights. The issues reported included - rights not given at the review date that was set or when the section had changed. The CQC also reported instances where rights were not given on transfer to a different ward.

The local ‘rights’ recording form is being reviewed by the local forms group, any changes recommended by the group (including practice changes which may improve compliance) are submitted to the MHL Steering Group. The Group are currently considering how to involve patients nearest relatives/carers in the process for those patients who lack capacity. In terms of frequency for the repeat of rights, the Group are looking at how patients could be involved in this decision and how the rationale for the decision should be recorded.

The good practice in relation to providing patients with information will be drawn to the attention of the local forms group at the next meeting.

In relation to CTO patients the dashboards show that the improvement in compliance seen in August 2016 with the provision of rights at the point the CTO is made has not been sustained throughout this reporting period (1st April – 30th November). The high in August of 91.7% dropped to 69.2% in September and was around 80% in October and November.

Compliance with the provision of further explanations within a three month period is much lower the average compliance as a percentage over the period being 38.6% with a range of 30.7% to 56.1%.

How these shortfalls can be addressed will be considered as part of the remit of the CTO Task and Finish Group. The current statistics were reviewd at the last meeting.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention) - in relation to section 58 treatment (medication for mental disorder) is consistently under 66%. This is despite a prompt from the MHA office when the section papers are received.

The review of the recording form and associated practice issues is part of the remit of the local forms group and any changes recommended by the group (including practice changes which may improve compliance) will be submitted to the MHL Steering Group.

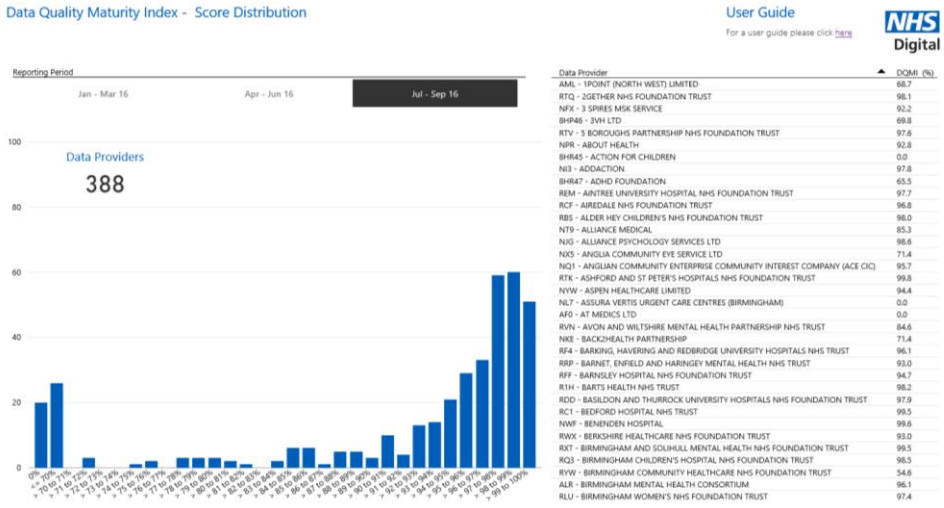
Improvement in compliance for CTO patients will also be part of the remit of the CTO Task and Finish Group.

13. Other Useful Information January 2017

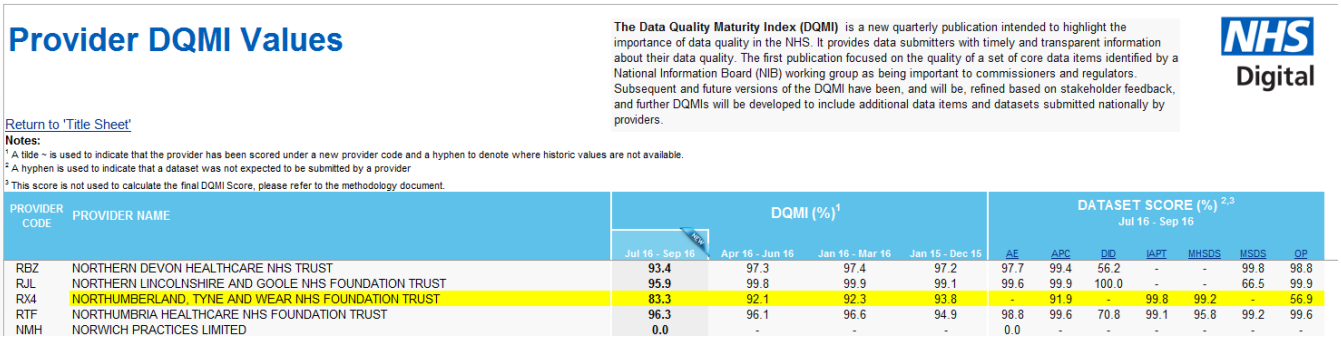
The Data Quality Maturity Index (DQMI) is a quarterly publication produced by NHS Digital to highlight the importance of data quality in the NHS. It provides data submitters with information about their data quality. The first publication (May 2016) focussed on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based upon stakeholder feedback, and further DQMI's will be developed to include additional data items and data sets submitted nationally by providers.

The DQMI publication includes data from the following datasets relevant to NTW:

- Admitted patient care (APC)
- Outpatient (OP) (including CDS dataset)
- Mental health Services dataset (MHSDS)
- Improving Access to Psychological Therapies (IAPT)



NTW's most recent result is 83.3% (July – Sep 2016) which represents a significant decrease from 92.1% reported in the previous period. The decrease is due to an error with the submission of the CDS dataset in July 2016 and the submission process is being reviewed to ensure this issue does not recur. The CDS dataset includes a very small number of non mental health community services eg Community Acquired Brain Injury Service.



Provider DQMI Values

The Data Quality Maturity Index (DQMI) is a new quarterly publication intended to highlight the importance of data quality in the NHS. It provides data submitters with timely and transparent information about their data quality. The first publication focused on the quality of a set of core data items identified by a National Information Board (NIB) working group as being important to commissioners and regulators. Subsequent and future versions of the DQMI have been, and will be, refined based on stakeholder feedback, and further DQMIs will be developed to include additional data items and datasets submitted nationally by providers.

NHS Digital

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Notes:

[1] A tilde ~ is used to indicate that the provider has been scored under a new provider code and a hyphen to denote where historic values are not available.

[2] A hyphen is used to indicate that a dataset was not expected to be submitted by a provider

[3] This score is not used to calculate the final DQMI Score, please refer to the methodology document.

PROVIDER CODE	PROVIDER NAME	DQMI (%)[1] Jul 16 - Sep 16	Apr 16 - Jun 16	Jan 16 - Mar 16	Jan 15 - Dec 15	DATASET SCORE (%) [2,3] Jul 16 - Sep 16 AE	APC	DID	IAPT	MHSDS	MSDS	OP
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	93.4	97.3	97.4	97.2	97.7	99.4	56.2	-	-	99.8	98.8
RJL	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	95.9	99.8	99.9	99.1	99.6	99.9	100.0	-	-	66.5	99.9
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	83.3	92.1	92.3	93.8	-	91.9	-	99.8	99.2	-	56.9
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	96.3	96.1	96.6	94.9	98.8	99.6	70.8	99.1	95.8	99.2	99.6
NMH	NORWICH PRACTICES LIMITED	0.0	-	-	-	0.0	-	-	-	-	-	-

This information can be found at the NHS Digital website (link here).

Commissioning for Value CCG Data Packs – Mental Health Conditions

NHS right Care's Commissioning for value series produces comparative tools for CCGs to consider variations in outcomes. A new publication focussing on Mental Health Conditions was released in January 2017 and can be found here – this is bespoke to each CCG and takes data from a range of published sources and compares each CCG both with its 10 most demographically similar peer CCG's, and also with the England average for each metric.

An analysis of local data has been undertake by the Commissioning & Quality Assurance team, to compare local CCG results (shown overleaf). It is important to remember that the data is at CCG level and may not all relate to NTW provide services, however, this is a useful tool to understand variations in local populations and outcomes. Note that much of the data is from an old dataset (MHLDDS), it is currently unclear how often these data packs will be updated to reflect more recent results.

Note that any results that are significant outliers compared with other local CCGs have been highlighted yellow (local analysis).

The packs include data on

- Common and severe mental health conditions
- Data Quality
- Priority groups at greater risk of developing mental ill health
- CYP
- Adult Mental Health Prevalence Profile
- IAPT
- Contact with secondary MH services
- Clustering
- EIP
- Care Programme Approach
- Crisis Care
- Admissions to hospital (for a MH condition)
- LoS
- Mental Health Act

Commissioning for Value Mental Health & Dementia data pack analysis by CCG		NIand	N Tyneside	NCL/GH	S Tyneside	Sland	England	Reporting period
Common MH Conditions	IAPT referrals - aged 18+							15-16 Q4
	IAPT - rate beginning treatment							15-16 Q4
	IAPT - % waiting <6 weeks for first treatment							15-16 Oct-Mar
	IAPT - % moving to recovery rate							15-16 Q4
	IAPT - % achieving reliable improvement							15-16 Q4
Severe MH Conditions	% of EIP referrals waiting <2weeks to start treatment							Apr-Aug 16
	MH hospital admissions							14-15
	people subject to MHA							15-16 Q2
	people on CPA in employment							15-16 Q2
	% of adults on CPA in settled accommodation							15-16 Q2
Data Quality	% of people in contact with MH services with a diagnosis recorded	8.2	25.5	6.7	6.6	6.2		15-16 Q2
	% of cases where ethnicity has been recorded	95.2	94.5	95.4	91.1	95.5		15-16 Q2
	% of people in contact with MH services with accommodation status recorded	31.4	42.4	21.3	23	21.6		15-16 Q2
	% of people in contact with MH services with employment status recorded	31.9	42.4	21.8	23	21.9		15-16 Q2
Priority groups at greater risk of developing mental ill health	Overall index of multiple deprivation score	20.5	21.3	27.3	30.6	29.7		2015
	% of people aged 60+ living in income deprived households	13.4	19.3	23.4	24.5	24.7		2015
	employment deprivation - average score	0.1	0.1	0.2	0.3	0.2		2015
	crime deprivation - average score	-0.8	-0.7	-0.2	-0.3	-0.2		2015
	% of people in the CCG population who have never worked or are long term unemployed	4.8	5.2	6.8	7.5	7.1		2011
	% of people in the CCG population who are living alone	29.9	33.9	33.8	34.9	31.8		2011
	% of people in the CCG population age 65+ living alone	14	13.8	13	14.8	13.4		2011
	% of people in the CCG population providing unpaid care	11.3	11.1	10	11.3	11.8		2011
	% of households with dependent children and no adults in employment	3.4	4.1	5.3	5.7	5.1		2011
	% of people with LD recorded on the GP patient register	0.6	0.7	0.6	0.6	0.6		2015-16
CYP	Rate of new CYP<18 receiving treatment in NHS funded community MH services per 10,000 population u18	14.2	3.6	21	27.3	16.7	13.7	2016-17 Q1
	Rate of beddays for CYP<18 in CAMHS tier 4 wards per 10,000 population u18	469.6	159.9	244.6	131.7	248.8	275.3	2015-16
	Rate of admissions for CYP<18 in CAMHS tier 4 wards per 10,000 population u18	20.8	7.3	10.3	6.1	11.3	11.7	2015-16
Adult Mental Health Prevalence Profile	% of people who report feeling moderately/extremely/severely anxious or depressed (GP patient survey)	13.80%	12.80%	16.70%	16.40%	17.60%		2015-16
	% of patients 18+ with a diagnosis of depression on GP register	9.40%	8.20%	8.10%	9.90%	8.90%		2015-16
	Estimated prevalence of common MH disorders age 16-74	14.40%	17.80%	19.00%	20.10%	19.50%		2014-15
	% of people completing the GP survey who reported long term MH problems	6.20%	5.80%	7.60%	6.80%	6.90%		2015-16
	new cases of psychosis - estimated incidence rate of psychosis per 100,000 aged 16-64	15.90	18.50	23.90	19.20	19.80		2011
	% of people with a severe mental illness on GP register	0.90%	0.90%	1.00%	0.90%	0.90%		2015-16
	Estimated prevalence of psychotic disorder for people age 16+	0.30%	0.30%	0.50%	0.40%	0.40%		2012
IAPT	IAPT rate of referrals for people age 18+ per 100,000 (quarterly)	874.3	1,035.3	1,344.1	1,122.0	919.4	860.6	15-16 Q4
	% of IAPT referrals entering treatment waiting <18 weeks for first treatment	94.80%	100.00%	96.30%	99.80%	100.00%	97.5%	15-16 Oct-Mar
	% of IAPT referrals entering treatment waiting <6 weeks for first treatment	88.00%	97.70%	90.50%	97.90%	99.50%	86.2%	15-16 Oct-Mar
	% of IAPT referrals that have finished course of treatment <18 weeks for first treatment	98.00%	97.60%	98.00%	99.60%	100.00%	96.4%	15-16 Oct-Mar
	% of IAPT referrals that have finished course of treatment <6 weeks for first treatment	91.00%	93.50%	92.70%	98.30%	99.00%	83.6%	15-16 Oct-Mar
	People entering IAPT as a % of those estimated to have anxiety/depression	1.60%	1.36%	1.80%	1.6	1.20%	1.4%	15-16 Oct-Mar
	rate of people age 18+ beginning IAPT treatment per 100,000 (quarterly)	612.80	622.40	981.10	883.40	638.40	601.30	15-16 Q4
	average wait to enter IAPT treatment - mean wait for first treatment (days)	26.0	14.7	17.5	6.6	6.8		2015-16
	average treatment wait between first and second IAPT appointments	44.3	77.9	35.2	32.0	49.4		2015-16
	% of people who have finished IAPT treatment who achieved "reliable improvement"	69.8%	65.2%	66.2%	69.1%	68.3%	63.7%	15-16 Q4
	% of people who have finished IAPT treatment who are "moving to recovery"	48.7%	42.4%	43.2%	47.3%	48.6%	42.0%	15-16 Q4
	rate of people age 18+ completing IAPT treatment per 100,000	232.3	610.1	431.5	460.5	319.2	315.8	15-16 Q4
Contact with secondary MH services	rate of referrals 18+ into secondary MH services per 100,000	7,955.9	6,434.9	8,490.6	10,075.2	11,019.5	6,624.1	2014-15
	rate of people 18+ referred into secondary MH services by GPs in 2014-15 per 100,000	1,106.0	1,278.6	1,727.4	1,451.5	1,445.9	1,066.9	2014-15
	% of people referred into secondary MH services that are referred by GPs	25.0%	36.9%	36.2%	23.8%	21.1%	32.8%	2014-15
	rate of people who are referred into secondary MH services more than once in 2014-15 per 100,000	1,781.50	1,226.40	1,748.10	2,133.20	2,047.00	1,279.30	2014-15
	rate of people in contact with secondary MH services per 100,000	2,755.7	3,185.9	2,495.3	3,077.3	2,839.3	2,451.1	15-16 Q4
	rate of people in contact with secondary MH services/LD services in 2014-15 per 100,000	3,177.9	3,148.0	3,440.5	3,938.5	3,826.1	3,188.8	2014-15
	rate of contact with secondary MH services by people with open spells from the previous year per 100,000	1,826.5	1,632.3	1,995.4	1,973.0	1,954.4	1,897.8	before 1415
	rate of people in contact with secondary MH services per 100,000 Apr-Aug 14-15	563.6	645.3	620.6	840.0	740.8	552.4	14-15 Apr-Aug
	rate of people in contact with secondary MH services & LD services per 100,000 Sep-Mar 14-15	790.3	876.2	823.1	1,132.6	1,133.8	738.6	14-15 Sep-Mar
	% of all contacts with services that were new contacts for 2014-15	41.6%	47.7%	42.7%	49.5%	48.7%	40.5%	2014-15
	average contacts with a healthcare professional per patient	11.30	10.80	11.00	11.10	15.20	10.80	2014-15

Better than 10 most demographically similar GGCs

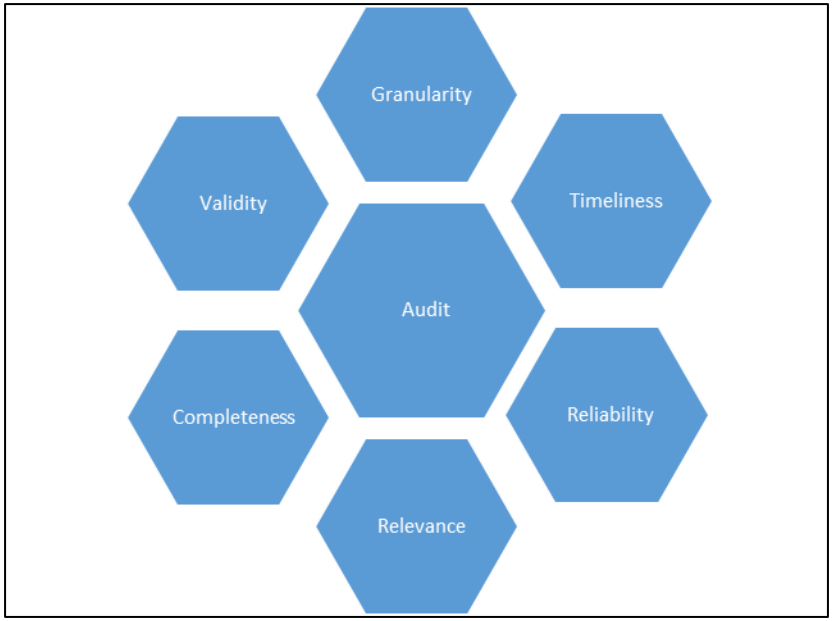
Worse than 10 most demographically similar CCGs

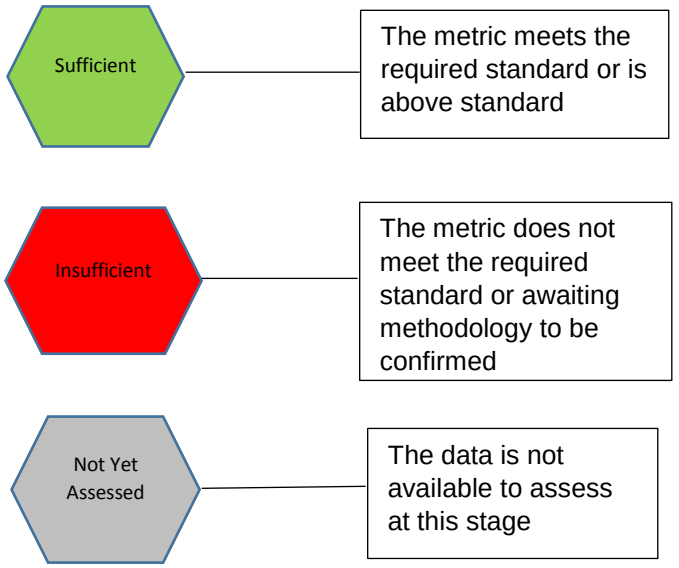
Other information

Commissioning for Value Mental Health & Dementia data pack analysis by CCG		NIand	N Tyneside	NCL/GH	S Tyneside	SIand	England	Reporting period
Clustering	% of all patients in contact with secondary MH/LD services who have been assigned to a MH cluster	29.7%	32.2%	35.3%	25.4%	29.3%	35.9%	2014-15
	rate of people aged 18-64 assigned to the Non-Psychotic superclass (1-8) per 100,000 18-64 population	476.0	413.4	431.4	601.1	568.1	610.1	2014-15
	rate of people aged 65+ assigned to the Non-Psychotic superclass (1-8) per 100,000 65+ population	423.7	473.6	602.2	356.0	386.8	411.0	2014-15
	rate of people aged 18-64 assigned to the Psychosis superclass (1-8) per 100,000 18-64 population	377.7	425.7	516.6	414.7	428.4	458.1	2014-15
	rate of people aged 65+ assigned to the Psychosis superclass (1-8) per 100,000 65+ population	240.1	414.4	435.0	187.8	289.4	301.6	2014-15
EIP	rate of new cases of psychosis served by Early Intervention Teams per 100,000	16.8	20.3	33.8	21.8	22.0	26.7	15-16 Q4
	rate of people being treated by Early Intervention Teams per 100,000	35.1	33.9	62.2	46.1	42.7	39.6	15-16 Q2
	EIP rate of appointments by people aged 18+ per 100,000	2323.0	2,262.9	2,442.3	1,762.9	2,877.1	1,431.8	2014-15
	EIP % of patients waiting less than 2 weeks to start EIP treatment - % of all complete pathways	84.2%	89.7%	83.3%	88.0%	83.0%	71.5%	16-17 Apr-Aug
	EIP rates of referral to services for people age 18+ per 100,000	78.8	79.3	81.3	85.0	107.3	28.9	2014-15
Care Programme Approach	Rate of people aged 18+ on CPA per 100,000 (end of quarter snapshot)	327.9	456.0	417.6	314.0	294.5	384.6	15-16 Q4
	Rate of people aged 18+ on CPA per 100,000 for the whole of 2014-15	613.9	673.5	681.3	564.3	573.7	733.2	2014-15
	% of people in contact with MH services who are on CPA (end of quarter snapshot)	11.9%	14.3%	16.7%	10.2%	10.4%	15.7%	15-16 Q4
	% of people in contact with MH services who are on CPA for the whole of 2014-15	15.3%	16.9%	15.6%	11.4%	11.9%	18.1%	2014-15
	rate of admissions to hospital for people age 18+ who are on CPA per 100,000	242.3	206.1	217.1	260.7	287.8	172.3	2014-15
	rate of admissions to hospital for people age 18+ who are not on CPA per 100,000	4	5.8	30.9	no data	6.6	83.8	2014-15
	% of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care (end of quarter	97.7%	100.0%	97.0%	98.3%	97.4%	97.2%	15-16 Q4
	% of people on CPA with a HONOS assessment recorded (end of quarter)	80.2%	91.5%	87.2%	88.9%	92.4%	84.2%	15-16 Q2
	% of people on CPA for more than 12 months who have had a review (end of quarter)	91.4%	93.3%	88.4%	86.8%	90.3%	78.7%	15-16 Q2
	% of people age 18-69 on CPA who are in settled accommodation (end of quarter)	42.9%	42.2%	38.9%	44.4%	40.9%	59.0%	15-16 Q2
	% of people age 18-69 on CPA who are in employment (end of quarter)	7.48%	5.17%	3.38%	3.17%	4.55%	6.70%	15-16 Q2
	% of people age 18-69 on CPA who are in education	0.80%	0.05%	1.60%	0.08%	1.40%	2.40%	2014-15
Crisis Care	% of people in contact with MH services with a crisis plan in place (end of quarter)	35.1%	19.7%	21.9%	28.6%	32.7%	13.3%	15-16 Q2
	% of people in the non psychosis superclass with a crisis plan in place	16.3%	12.8%	11.5%	12.5%	22.5%	8.9%	2014-15
	% of people in the psychosis superclass with a crisis plan in place	26.1%	19.5%	21.1%	29.4%	25.1%	19.2%	2014-15
	rate of admission to hospital for people age 18+ who have a crisis plan in place per 100,000	124.50	66.80	102.00	136.50	151.60	44.20	2014-15
	rate of admission to hospital for people age 18+ who do not have a crisis plan in place per 100,000	129.50	148.80	152.30	136.70	154.10	228.10	2014-15
Admissions to hospital (for a MH condition)	rate of admission to hospital people age 18+ per 100,000	254.60	215.70	253.80	273.40	306.00	272.20	2014-15
	patients with one admission in 2014-15 as a % of all patients admitted 18+	72.50	81.00	72.60	75.00	74.00	77.60	2014-15
	patients with two admissions in 2014-15 as a % of all patients admitted 18+	18.70	13.80	18.30	19.20	15.00	15.60	2014-15
	patients with three admissions in 2014-15 as a % of all patients admitted 18+	9.90	5.20	9.20	5.80	10.00	6.80	2014-15
	% of patients in the non psychosis superclass who were admitted to hospital at some point during 14-15	10.00	8.10	7.10	7.40	9.10	7.70	2014-15
	% of patients in the psychosis superclass who were admitted to hospital at some point during 14-15	17.70	13.40	15.10	17.40	14.80	16.00	2014-15
LoS	average inpatient length of stay per admission (in days) for people age 18+ (incl home leave)	56.10	56.90	52.50	47.20	44.80	40.50	2014-15
	rate of total beddays for people age 18+ per 100,000 (incl home leave)	12,627.30	11,200.90	11,808.20	11,349.80	11,543.10	10,402.40	2014-15
Mental Health Act	rate of people subject to the Mental Health Act per 100,000 (end of quarter)	50.70	46.20	62.20	54.40	60.70	37.90	15-16 Q2
	rate of people subject to the Mental Health Act per 100,000 2014-15	48.80	47.00	46.30	52.40	52.90	35.70	2014-15
	rate of detentions that occurred on admission to hospital (rather than the rate detained) by people age 18+ per 100,000	88.80	83.40	90.60	87.40	85.30	67.30	2014-15
	rate of detentions under the Mental Health Act age 18+ per 100,000	104.20	100.80	101.20	91.40	105.00	89.70	2014-15

Note that any results that are significant outliers compared with other local CCGs have been highlighted yellow (local analysis).

Data Quality Kite Mark Assessment





Each metric has been assessed using the seven elements listed in blue to provide assurance that the data quality meets the standard of sufficient, insufficient or Not Yet Assessed

Data Quality Kite Mark – This page provides guidance relating to how the metrics have been assessed within NHS Improvements, Single Oversight Framework and Contract Standards

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Timeliness	Is the data the most up to date and validated available within the system?	The data is the most up to date available	Data is not available for the current period due to problems with the system or process	The data is not the most up to date and decisions may be made on inaccurate data	Understand why the data was not completed within given timeframes. Report this to relevant parties as required
Granularity	Can the data be broken down to different levels e.g. Available at Trust level down to client level?	Where relevant the Trust has the ability to drill down into the data to the correct level	The Trust is unable to drill down into the data to the correct level	It is not possible to drill down to the relevant level of data to understand any issues	Work with relevant teams to ensure the data can be broken down to varying levels
Completeness	Does the data demonstrate the expected number of records for that period?	There is assurance that effective controls are in place to ensure 100% of records are included within the metrics as required and no individual records are excluded without justification	There is inadequate assurance or no assurance that effective controls are in place to ensure 100% of records are included within the metrics	Performance cannot be assured due to the level of missing data	Understand why the data was not complete and request when the data will be updated. Report this to relevant parties as required

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Validity	Is the data validated by the Trust to ensure the data is accurate and compliant with relevant rules and definitions?	The Trust have agreed procedures in place for the validation and creation of new metrics and amendments to existing metrics	A metric is added or amended to the dashboard without the correct procedures being followed	The data has not been validated therefore performance cannot be assured	The metrics are regularly reviewed and updated as appropriate
Audit	Has the data quality of the metric been audited within the last three years?	The data quality of the metric has been audited within the last three years	The metric has not been audited within the last 3 years	The system and processed have not been audited within the last three years therefore assurance cannot be guaranteed	Ensure metrics that are outside the three year audit cycle are highlighted and completed within the next year. Review the rolling programme of audit
Reliability	The process is fully documented with controls and data flows mapped	Mostly a computerised system with automated controls	Mostly a manual system with no automated controls	Process is not documented and/or for manual data production controls and validation procedures are not adequately detailed	Ensure processes are reviewed and updated accordingly and changes are communicated to appropriate parties
Relevance	The indicator is relevant to the measurement of performance against the Performance question, strategic objective, internal, contractual and regularity standards	This indictor is relevant to the measurement of performance	This indicator is no longer relevant to the measurement of performance	The metric may no longer be relevant to the measurement of standards	Ensure dashboards are reviewed regularly and metrics displayed are relevant and updated or retired if no longer relevant