

# Northumberland, Tyne and Wear NHS Foundation Trust

## Board of Directors

**Meeting Date:** 28<sup>th</sup> February 2018

**Title and Author of Paper:** Integrated Commissioning & Quality Assurance Report (Month 10 January 2018) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

**Paper for Debate, Decision or Information:** Information & Discussion

### Key Points to Note:

- This report provides an update of Commissioning & Quality Assurance issues arising in the month, including progress against quality standards.
- Achievements this month include the highest service user and carer Friends and Family Test score achieved since implementation (89%).
- Challenges remain waiting times across many adult and childrens services, and a significant increase in sickness absence levels for January.
- There are also risks to the delivery of three CQUIN indicators in the quarter.
- There has been little change in the month in relation to other workforce, training and quality standards.
- The executive summary on page 1 provides further points to note.

**Risks Highlighted:** waiting times, sickness and CQUIN delivery.

**Does this affect any Board Assurance Framework/Corporate Risks:** Yes

**Equal Opportunities, Legal and Other Implications:** none

**Outcome Required / Recommendations:** for information and discussion

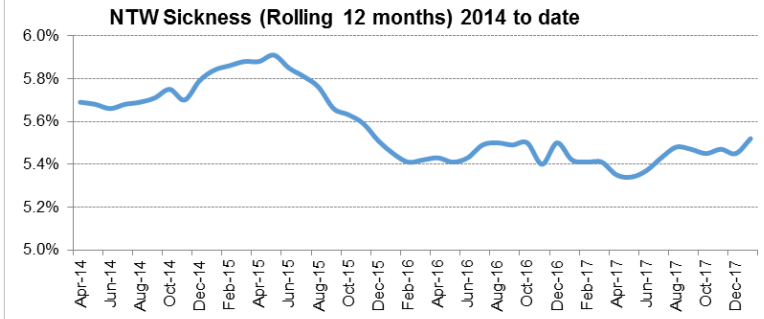
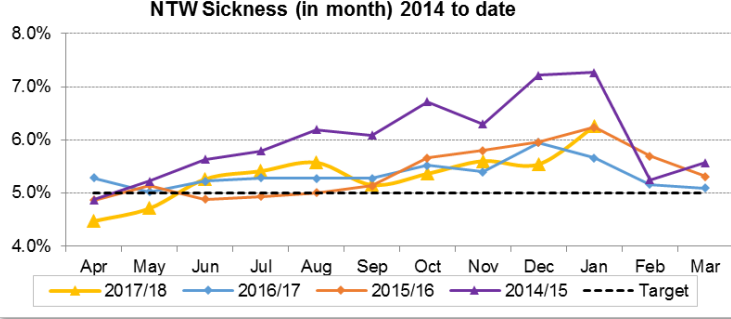
**Link to Policies and Strategies:** NHS Improvement – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

## NTW Integrated Commissioning & Quality Assurance Report 2017-18 Month 10 (January 2018)

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## 1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 10, the Trust has a year to date surplus of £6.3m which is ahead of plan and equates to a finance and use of resources score of 1 (this is a sub theme of the Single Oversight Framework), the forecast year-end risk rating is a 1. The Trust needs to continue to improve its underlying financial position to maintain this year's control totals. The main financial pressures during the month were staffing pressures in CYPS inpatient, Older People's and Adult inpatients, and income being less than plan for Secure Services. See pages 21-22.
- There are a number of contract requirements largely relating to CPA metrics which were not achieved across local CCGs during month 10 with only South Tyneside, Sunderland and Newcastle and Gateshead achieving fully during the month (page 13)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group has developed action plans which are being monitored via the Business Delivery Group and the Executive Management Team. (page 19)
- Three CQUIN schemes are identified as having risks to quarter end delivery. Improving services with mental health needs who present at A&E has been forecast as partially achieved due to slippage on information sharing with acute trusts. Improving physical healthcare which has been rated red for the discharge summary section. Improving staff health and wellbeing has been rated red on the staff health and wellbeing element of the CQUIN with the flu and healthy food elements forecast to be achieved. (page 14)
- Three of the five quality priorities are forecast to be achieved at quarter end, whilst Positive and Safe plus waiting times remain RAG rated as amber. (page 24)
- The Accountability Framework for each group is currently forecast as 4 due to the continuing underperformance in each group against a number of quality metrics. (p 25)
- Reported appraisal rates have increased in the month to 81.6% (was 79.6% last month). (p23)
- The in month sickness absence rate has increased significantly to 6.26% in the month. The 12 month rolling average sickness rate has increased to 5.52%. (p 23)
- Training rates have continued to see most courses above the required standard. The only courses more than 5% below the required standard are PMVA Basic Training (79.0% was 78.0% last month) and Rapid Tranquilisation Training at (75.1% was 76.1% last month), MHA Combined Training (75.4% was 76.0% last month) and Information Governance (88.1% was 88.9% last month). (p 23)
- The service user and carer FFT recommended score increased to 89% in January which is higher than the national average and the highest score NTW has achieved to date. (page 28)

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).			
Waiting Times	<ul style="list-style-type: none"><li>The number of people waiting has slightly increased in the month across adult services (excluding gender dysphoria, adult autism diagnosis etc), while the number waiting over 18 weeks in these areas has slightly decreased during the month.</li><li>Both the number of people waiting and the proportion of these waiting more than 18 weeks for specialised adult services continues to increase.</li><li>Waiting times to treatment for children and young people have increased significantly in the month in Sunderland and South Tyneside, while in Northumberland there have been reductions in the month.</li></ul>				
Quality Priorities:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	Quarter 4 forecast not achieved	In total there are five quality priorities identified for 2017-18 and at month 10 three are forecast as achieved whilst the waiting times and embedding the Positive and Safe strategy are currently assessed as amber.	
	3	2	0		
CQUIN:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	Quarter 4 forecast not achieved	There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. All have been internally forecast as achieved at month 10 apart from improving services for people with mental health needs who present at A&E which has been assessed as partially achieved. Improving physical healthcare (discharge summary element) and improving staff health and wellbeing (staff health and wellbeing element) are currently forecast to be not be delivered.	
	7	1	2		
Workforce:	Statutory & Essential Training:				Appraisals:
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Clinical Supervision training (84.6%), Medicines Management training (81.0%) and PMVA Breakaway (82.2%) are within 5% of the required standard, PMVA Basic training (79.0%), MHA combined training (75.4%), Information Governance training (88.1%) and Rapid Tranquilisation training (75.1%) are more than 5% below the standard.	
	12	3	4	Appraisal rates have increased to 81.6% in January 18 (was 79.6% last month).	
Sickness Absence:					
			<p>The "in month" sickness absence rate is above the 5% target at 6.26% in January 2018</p> <p>The rolling 12 month sickness average has increased to 5.52% in the month</p>		
					

<b>Finance:</b>	<p>At Month 10, the Trust has a year to date surplus of £6.3m which is ahead of plan due to a gain on an asset sale. Pay spend at Month 10 was £207.2m which is £1.2m above plan and includes £6.3m agency spend which is £1.1m under the planned trajectory to hit our agency ceiling of £8.6m. Income was £0.4m less than plan and this and the pay over spend are partially offset by non-pay spend being less than plan.</p> <p>The Trust is forecasting to meet its control total of £7.1m by delivering a surplus before Sustainability and Transformation Fund (STF) funding of £5.2m and receiving its STF funding of £1.9m. The Trust's finance and use of resources score is currently a 1 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is also a 1.</p> <p>The main financial pressures at Month 10 are staffing pressures in CYPS, Older People's &amp; Adult inpatients and income for Secure Services being less than plan. The Trust needs to reduce pay and non-pay spend over the last 2 months of the year to improve the underlying financial position and to achieve this year's control total.</p> <p>To achieve this, spending on temporary staffing (agency, bank and overtime) needs to reduce. Work is ongoing to reduce overspends across the main pressure areas and to improve efficiency and productivity across the Trust.</p>						
<b>Contract Summaries:</b>	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	<p><b>94%</b></p> <p>of metrics achieved in month 10</p>	<p><b>80%</b></p> <p>of metrics achieved in month 10</p>	<p><b>100%</b></p> <p>of metrics achieved in month 10</p>	<p><b>100%</b></p> <p>of metrics achieved in month 10</p>	<p><b>100%</b></p> <p>of metrics achieved in month 10</p>	<p><b>75%</b></p> <p>of metrics achieved in month 10</p>	<p><b>63%</b></p> <p>of metrics achieved in month 10</p>
	<p>The areas of under performance relate mainly to CPA metrics</p>						

## 2. Compliance

### a) NHS Improvement Single Oversight Framework

**Self assessment as at Quarter 4 2017 to date against the “operational performance” metrics included within the Single Oversight Framework:**

Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 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%	100%	100%	89.50%	National data includes all NHS providers and is at November 2017	
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%	78.3%	71%	72.30%	Published data is as at November 2017	
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%	98%	no data	no data	from weekly sheet 08.02.18	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	91%	no data	no data	from weekly sheet 08.02.18	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	87%	no data	no data	from weekly sheet 08.02.18	
Data Quality Maturity Index Score (DQMI)			95%	92%			Published data is at Quarter 2 2017	
Out of Area Placements (Active at period end)					5	675	Published data relates to November 2017	
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%	50.6%	52.0%	50.1%	NEW metric 1079 published data October 2017	
- waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.2%	100.0%	88.3%	published data October 2017	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.5%	published data October 2017	

## NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of January 2018, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement. There are currently 15 mental health providers nationally achieving this rating. There is currently one MH provider in the lowest segment (segment 4) and five providers remain in segment 3.

**Sickness** The Trust now has only one notification showing within the Model Hospital this is for overall staff sickness in April 2017 when the Trust had an overall sickness rate of 4.76%. Previously there were two notifications showing the other for nursing staff sickness, however the sickness rate for nursing staff has since reduced to a level which removes the notification.

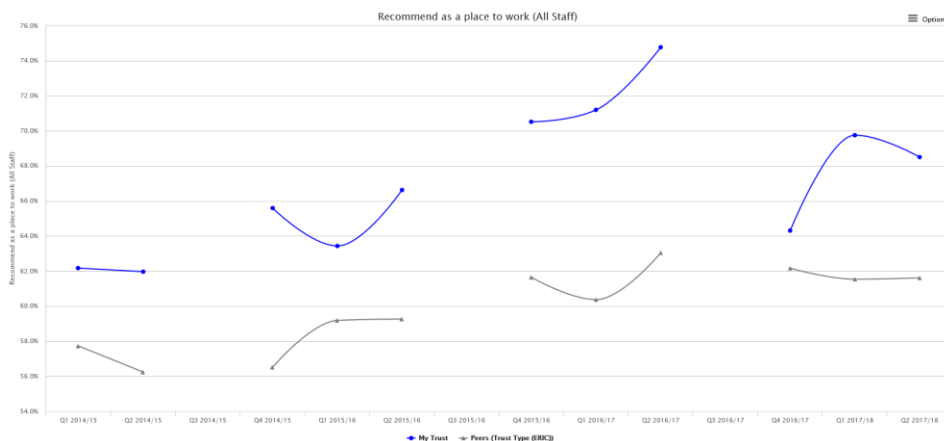
**Friends and Family Test** The table below shows the percentage of staff and patients who reported through the Friends and Family Test that they would be extremely likely or likely to recommend the organisation to friends and family if they need treatment or care. The information within the model hospital does not given comparisons with other organisations for this data. The data shows whether or not staff and patients believe the quality of care offered is good.

Caring	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Recommend to friends & family (Staff)	Q2 2017/18	77.0%	-	-	No variation available		
Recommend to friends & family (Patients)	Oct 2017	85.2%	-	-	No variation available		

The question below shows how many staff through the friends and family test would be extremely likely or likely to recommend the Trust as a place to work, the percentage 68.5% is significantly higher than the peer median of 61.6%.

Recommend as a place to work (All Staff)	Q2 2017/18	68.5%	61.6%	-	No variation available	
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The graph shows a comparison of the Trusts results against other mental health providers nationally; results show that during the quarters when the Trust undertakes the staff friends and family test that results are more positive than those of mental health peers. To note the Trust does not ask staff to undertake the staff Friends and Family test during quarter 3 as all staff receive the NHS Staff Survey to complete during this period.



**Well-Led – People Management and Culture** The table below shows information in relation to sickness during September 2017 for nursing staff and healthcare assistants. For both staff groups the Trust is within quartile 3 however is slightly lower than the peer median (peer median is compared to Mental Health Trusts nationally).

The retention rates for nursing staff and healthcare assistants is for both groups of staff in quartile 1 in October 2017; with the trust having the highest retention rate of all mental health trusts at 91.7% (this is shown in the graph below – see black column). The retention rate is most often referred to as the stability index as it is a way of measuring how stable an organisation is. When a stability index is high, the organisation is generally doing well in all other areas of business.

People, Management & Culture: Well-led	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Sickness Absence Rate - Nursing & Health Visitors	Sep 2017	5.4%	4.8%	4.8%			
Sickness Absence Rate - Healthcare Support Workers	Sep 2017	7.3%	6.4%	6.4%			
Staff Retention Rate - Nursing & Health Visitors	Oct 2017	91.7%	85.2%	85.2%			
Staff Retention Rate - Healthcare Support Workers	Oct 2017	86.4%	83.4%	83.4%			



The proportion of temporary staff within the Trust in July 2017, shown within the model hospital is 3.25% this means that the Trust is within quartile 1 (lowest 25%) when compared to other Mental Health Trusts nationally.

Temporary staff	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Temporary Staff	Jul 2017	3.25%	3.49%	4.85%			



As at June 2017 as reported within model hospital (data taken from NHS Digital) the Trust had the lowest staff turnover rate in comparison to other Mental Health Trusts nationally at 0.45%, the Trust with the highest turnover was 3.96%.

Staff turnover	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Staff turnover	Jun 2017	0.45%	0.85%	1.06%			

**Safe** For all of the indicators below the data has come from information submitted via the Patient Safety Thermometer and shows the Trust in quartile 4 (highest 25%) when compared to other mental health trusts for proportion of patients with harm free care. The other indicators place the Trust in either quartile 1 or quartile 2 and show no concerns in relation to harm from falls or new VTE, Pressure Ulcers and UTI's.

Safe	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Proportion of Patients with Harm Free Care	Dec 2017	99.2%	95.8%	95.8%			
Proportion of Patients with Harm from a Fall	Dec 2017	0.4%	0.4%	0.4%			
Proportion of Patients with New VTE	Dec 2017	0.0%	0.0%	0.0%			
Proportion of Patients with New Pressure Ulcers	Dec 2017	0.0%	0.4%	0.4%			
Proportion of Patients with New UTI	Dec 2017	0.0%	0.0%	0.0%			

**Responsive** The delayed transfer of care indicator identifies patients who are in the wrong care setting for their current level of need and it includes patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay. The Trust is currently within quartile 2.

Responsive	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
Delayed Transfer of Care	Nov 2017	271	546	546			

## **2. Compliance**

### **b) CQC Update January 2018**

#### **CQC Well Led with Core Service Inspection**

On the 8 January 2018 the trust was notified of the Care Quality Commission's intention to undertake a well led with core service inspection. A letter was received from Jenny Wilkes, CQC Head of Hospitals Inspections requesting the trust complete a Routine Provider Information Request (RPIR) by the 29 January 2018. The RPIR was submitted to the CQC within the required timescale.

As the CQC's programme of comprehensive inspections has now concluded, the CQC has changed the way in which they inspect services and they are now inspecting providers on an annual basis. Due to the timing of the notification the trust is expecting to receive unannounced inspections to core services at some point in the period from March to June 2018. There will also be a scheduled "well-led" inspection organised for key staff to attend focus groups and interviews. The date of the "well-led" inspection is yet to be confirmed by the CQC and is expected to be no later than June 2018..

#### **Focussed Inspections**

Publication of the reports following a focussed inspection visit to two core services (acute wards for adults of working age/psychiatric intensive care units and long stay rehabilitation mental health wards for working age adults) in May 2017 are awaited.

#### **Registration notifications made in the month**

No registration notifications have been made to the CQC this month.

#### **Mental Health Act Reviewer visits in the month:**

##### Mowbray, Monkwearmouth Hospital – visited 8 January 2018

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. During the visit the CQC spoke to three detained patients in private or with their carer and four patients informally.

During the previous visit on 20 April 2016 four issues were raised, two of which were resolved and two were partially resolved, these were in relation to:

1. Reference to patient's views within care plans or review documents. There was improvement in this area. However there was still room for improvement. There appeared to be a recording issue as carers told the CQC that they felt listened to and were asked about their relative's likes, dislikes and aspect of their care. The CQC were satisfied that staff were trying to address and improve in this area.

2. No evidence that capacity to consent to treatment had been reviewed when the RC had changed.




#### Embleton, St George's Park – visited 23 January 2018




This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. During the visit five patients were interviewed in private. Ward staff, clinical lead and ward consultant psychiatrist were interviewed.

During the previous visit on 13 September 2016 nine issues were raised, four of which remain unresolved, these were in relation to:

1. Gaps in the recording of section 132 rights – rights not being explained at time of admission and not repeated again despite care plan stating that patient would be given 132 rights information on a monthly basis and when there would be hospital manager and tribunal hearings.
2. Unable to locate a record of how leave had gone from patient's perspective – unclear that the RC had either reviewed the patient or completed a risk assessment prior to section 17 leave being authorised. No record of how leave had gone from a patient's perspective.
3. Concerns regarding care plans – difficult to see if care plans had included any patient views.
4. Patients reported that there was not enough to do.

#### **Recently published CQC inspection reports to note**

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Barnet, Enfield and Haringey Mental Health NHS Trust	Sept 2017	Jan 2018		The trust's overall rating remains the same. However the responsive and well led domains showed an improvement and are now rated as 'good'.	<a href="#">here</a>
Cumbria Partnership NHS Foundation Trust	Sept to Oct 2017  6 core services visited during inspection	Jan 2018		Under the new CQC process of inspection this trust's rating remains the same overall and for each of the domains.	<a href="#">here</a>
Sussex Partnership NHS Foundation Trust	Oct to Dec 2017  4 core services visited during	Jan 2018		Under the new CQC process of inspection this trust's overall rating has improved from an overall rating of 'requires	<a href="#">here</a>

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
	inspection			improvement' to 'good'.	
Leicestershire Partnership NHS Trust	Oct to Nov 2017  5 core services visited during inspection	Jan 2018		Under the new CQC process of inspection this trust's rating remains the same overall and for each of the domains.	<a href="#">here</a>
North East London NHS Foundation Trust	Oct 2017	Jan 2018		The trust's overall rating has improved from 'requires improvement' to 'good'.	<a href="#">here</a>
Humber NHS Foundation Trust	Sept to Oct 2017  9 core services visited	Feb 2018		Under the new CQC process of inspection this trust's overall rating has improved from an overall rating of 'requires improvement' to 'good'.	<a href="#">here</a>

## CQC Recent News Stories

### The rise in the use of the Mental Health Act to detain people in England

The CQC have published a new report looking at the causes of the rise in the use of the Mental Health Act to detain people. A copy of the report can be found [here](#). The CQC's review found the rise in detentions is down to a range of different factors, which can vary across the country. Findings included:

- Patients, carers and staff agreed that an increased focus on early intervention and intensive support in the community had the greatest potential to reduce admissions to hospital and likelihood of using the MHA
- Some of the rise in detention rates might be the result of population changes and in social factors that influence the use of the MHA
- Changes to mental health law and to policy guidance over the past decade may have contributed to the rise in rate of detentions as an unintended consequence
- It is possible that some of the increase in the use of the MHA is due to features of the way that data about the use of the MHA are managed

#### Conclusions:

- There is no single cause for the rise in rates of detention this decade. It is highly likely that a range of factors are at play both nationally and locally
- The rise in part suggests a system under considerable pressure

- CQC found no evidence that professionals are using the MHA to admit people who do not meet the criteria for detention
- Action must be taken to address underlying problems – reform of mental health legislation on its own is unlikely to reduce the rate of detention

## **Inspections of cyber security arrangements**

As part of ongoing efforts to strengthen cyber security in hospitals, CQC is testing the use of unannounced deep dive inspections of cyber security arrangements. A small number of unannounced deep dives will be carried out between now and March 2018 as part of scheduled well-led inspections. Some pre-announced deep dives will also be carried out to allow a comparison of the two approaches.

CQC inspectors will be joined by colleagues from NHS Digital for relevant parts of the deep dive inspections, who may wish to conduct additional interviews with staff members who have direct responsibility for cyber security.

These deep-dives, which follow CQC's [Safe Data, Safe Care review](#), are intended to establish a baseline on what 'good' looks like; at this stage, the findings will not impact on trusts' ratings, and will be reported separately by NHS Digital. Following the testing period, a decision will be taken on whether and how to continue with this approach.

## **First Use of Resources reports published**

The CQC is currently piloting how Use of Resources reports and ratings for non-specialist acute trusts integrate within existing quality assurance, rating and reporting processes. The CQC have published the first Use of Resources reports, which are based on an assessment undertaken by NHS Improvement.

[Northern Devon Healthcare NHS Trust](#), [Ipswich Hospital NHS Trust](#) and [Poole Hospitals NHS Trust](#) have been issued with an indicative, or shadow, Use of Resources rating.

Note that the Use Of Resources measures for provider of mental health services have not yet been established.

## **Long Term Segregation**

The CQC have issued new guidance on how to assess and report on issues arising from the management of patients in Long-Term Segregation. The guidance has been shared across NTW via CQC Compliance Group members and key trust personnel.

## 2. Compliance

### c) Five Year Forward View for Mental Health

Children and Young People Eating Disorders	Quarter 2 UNIFY Submission	April – September 2017 England
Number of Urgent cases seen within one week	73.3%	72.1%
Number of Routine cases seen within four weeks	79.4%	80.6%

Children and Young People		
Under 18 admitted to Adult wards	NTW January 2017	Quarter 1 2017/18 England
Number of patients	1	57
Number of Bed Days	2	428

IAPT - Sunderland	NTW December 2017	April – September 2017 England
% seen within 6 weeks	99.2%	88.9%
% moving to recovery	50.6%	50.7%

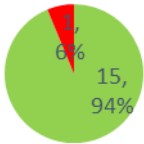
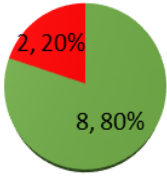
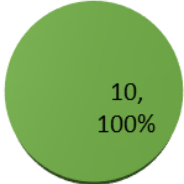

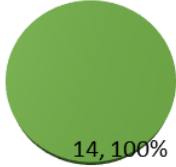
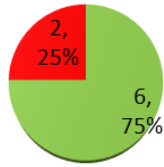
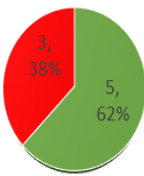







EIP	NTW January 2018	April – September 2017 England
% starting treatment within 2 weeks of referral	78.3%	75.9%

	NTW January 2018	April – September 2017 England
7 day follow up	96.4%	96.7%

Latest NHS England Five Year Forward View CCG dashboards are available [here](#)

### 3. Contract Update January 2018

#### a) Quality Assurance – achievement of quality standards January 2018

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>The contract underperformed in month 10 on percentage of patients who have a completed Outcomes plan (1 patient 98.7%)</p>	 <p>The contract underperformed in month 10 on Crisis and contingency (43 patients, 94.5%) and 7 day follow up (3 patients, 93.5%)</p>	 <p>All achieved in month 10</p>	 <p>All achieved in month 10</p>	 <p>All achieved in month 10</p>	 <p>The contract under performed in month 10 on Crisis &amp; Contingency (4 patients, 89.2%) and Ethnicity MHMDS only (17 patients, 89.9%).</p>	 <p>The contract under performed in month 10 on Completion of Risk assessment (3 patients, 62.5%), Crisis &amp; Contingency (1 patient, 66.7%) and CPA review in 12 months (2 patients, 66.7%)</p>
						

### 3. Contract update January 2018

#### b) CQUIN update January 2018

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				Comments
			Q1	Q2	Q3	Q4	
1.Improving Staff Health and Wellbeing	£625k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.					Flu and healthy foods are forecast to be achieved at Quarter 4 . The staff health and wellbeing element is forecast to be unachieved at quarter end (£153,370 loss of income)
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£625k	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).					3a - on track for delivery in Q4 3b - GP Summary currently below 50% requirement to receive any payment. Discharge summary information is not yet available but given timescale since go live unlikely we will meet requirements. (£36,823 loss of income)
3. Improving services for people with mental health needs who present to A&E	£625k	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.					There has been slippage identifying the cohort of patients and developing care plans therefore a 20% reduction in attendances is at risk (245,489 loss of income)
4. Transitions out of Children and Young People's Mental Health Services	£625k	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.					
5. Preventing ill health by risky behaviours – alcohol and tobacco	£625k	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.					
6. Health and Justice patient Experience	£5k	NHS England has a national priority and focus on patient experience in order to improve the quality of services.					
7. Recovery Colleges for Medium and Low Secure Patients	£1.2m	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
8. Discharge and Resettlement		To find initiatives to remove hold-ups in discharge when patients are clinically ready to be resettled into the community. To include implementation of CUR for MH at pilot sites					
9. CAMHS Inpatient Transitions		To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.					
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services		The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, to improve patient experience whilst maintaining safe services.					
<b>Grand Total</b>	<b>£3.7m</b>						



### 3. Contract update January 2018

#### c) Service Development and Improvement Plan – NHS England

	Milestones	Progress
Review Mental Health Secure Outreach Team against service specification called Forensic Outreach and Liaison Service	<p>Ensure service meets the national specification</p> <p>Develop action plan to meet service specification with clear timescales</p> <p>Reach a clear understanding of the types of contacts and activity levels by professionals within the team</p>	<p>We are waiting for the publication of the new service specification. The services have contributed to the consultation.</p> <p>There has been a delay in the information being published expected late January 2018</p> <p>Web-ex re the FOLS provision of the service in 3 pilot areas is arranged and NTW are involved</p>
Gender Dysphoria Service	<p>NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded</p> <p>NHS England to review the service against the new specification which is out to consultation</p> <p>NTW will work with NHSE to complete the national reporting template when implemented</p>	<p>We have been progressing this work with the team in line with the new gender service dataset. Submission has been made in line with the requirements for the 6<sup>th</sup> October 2017 and backdated to April 2017.- COMPLETE</p> <p>Awaiting National Specification</p> <p>Changes to the NTW systems are now in place to support reporting. COMPLETE</p>
Mental Health and Deaf Team	<p>NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded</p>	<p>We are waiting for confirmation from NHSE in relation to the continuation of the national MH and deafness dataset.</p>
Peri-natal outreach	<p>If funding is agreed nationally, implement development of peri -natal outreach service in line with agreed business case</p>	<p>We are waiting for confirmation from NHSE of funding</p>
Peri-natal service	<p>To ensure that the service meet the new specification when published</p>	<p>We are waiting for the publication of the new service specification. Service leads are involved in its development.</p>
CAMHS Tier 4 National Service	<p>NTW and NHS England to work together to</p>	<p>We are working with commissioners on the trajectories and bed</p>

	Milestones	Progress
Review	implement recommendations from the national service review	configuration element as part of the new care models arrangements
Adult Secure National Service Review	NTW and NHS England to work together to implement recommendations from the national service review	<p>We are waiting for the specific outcomes of the review with recommendations however we are already working with commissioners on the trajectories and bed configuration element as part of the new care models arrangements</p> <p>There has been a delay in the information being published expected late January 2018</p> <p>NCM's joint application was successful and this was implemented on the 1st October 2018 and is in its infancy with development teams being established to create collaborative service delivery across NE &amp; Cumbria</p>
Secure Outreach and Transitions Team	<p><b>If approved and agreed by NHS England</b></p> <p>Develop Secure Outreach and Transitions Team as per agreed business case</p>	<p>The team has been operational since 8th May 2017</p> <p>The OT post is out to advert again and hopefully this will be recruited to, an agency OT has been in place since May 2017</p> <p>Continued collaborative working with bed based services, TEWV and partner organisations, shared pathways are developed including partnership working with Cumbria to establish discharge pathway to repatriate patients.</p> <p>The case load is expanding as the team becomes established and referral process is embedded. Currently working with 30+patients and all bed based patients are on the case load. The team has discharged 10+ patients</p> <p>Bed trajectories have been supported by SOTT involvement</p> <p>The team are working with bed based services attending review meetings, establishing IDD, working with providers to support discharge.</p> <p>As the discharge date is established SOTT increase their presence to actively establish discharge pathway, working with care provider, delivering training, developing care risk management plans and supporting transition post discharge.</p> <p>Performance criteria has been identified and is being recorded, awaiting</p>

	Milestones	Progress
		<p>RiO go live and will be available to share with commissioners in Q3</p> <p>KLOE's have been updated and shared with LIG, these will be updated again as required.</p>
Adult Medium and Low Secure services	To ensure that the services meet the new specifications when published	<p>We are waiting for the publication of the new service specification. The services have contributed to the consultation.</p> <p>There has been a delay in the information being published expected late January 2018</p> <p>Web-ex re the FOLS provision of the service in 3 pilot areas is arranged and NTW are involved</p>
CAMHs Tier 4 services	To ensure that the services meet the new specifications when published	<p>Service specifications are expected to be published on the 15<sup>th</sup> January 2018.</p> <p>Initial costs to identify an area for high dependency care on both the mental health and LD general adolescent wards to be scoped and shared with NHSE</p>
Neuropsychiatry	The current service specification is in draft. NTW will work with NHSE to ensure that the service meets the specification when finalised.	The service has worked with the commissioners to agree a service specification and are currently working to it as a draft spec. This will be reviewed once the national specification is in place. The quality of care is of a high standard and meets the needs of the population.
CNDS	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded	<p>The team has continued to work on ensuring contacts are appropriately captured in RIO for sharing with commissioners.</p> <p>A narrative report detailing the other elements of work delivered by the service is being provided from Q3</p>

### 3. Contract update January 2018

#### d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			58.0%	58.5%	58.9%	59.1%	59.3%	59.6%	59.4%	59.6%	59.8%	60.1%		
Current Service Users on CPA			10.1%	10.0%	9.8%	9.7%	9.6%	9.5%	9.4%	9.5%	9.4%	9.4%		
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%	87.6%	87.5%	87.6%	87.6%	87.7%	88.1%	88.1%		
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%	84.8%	85.6%	84.8%	84.4%	84.9%	84.4%	85.6%		
Number of Current Service Users within their cluster review threshold		85%	77.4%	78.2%	79.0%	79.4%	78.8%	78.7%	78.8%	79.4%	79.1%	79.5%		
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%	92.8%	92.5%	94.0%	94.0%	93.9%	93.8%	93.6%		
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%	93.5%	93.2%	92.7%	92.4%	91.5%	92.1%	91.3%		
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	68.9%	70.7%	67.7%	71.4%	68.1%	69.4%	72.4%	71.2%	72.9%	75.0%		
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of review within CPP spell		85%	54.7%	55.2%	53.6%	53.5%	55.1%	57.8%	52.1%	56.3%	57.6%	57.3%		
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%	96.4%	96.6%	97.7%	95.9%	96.8%	97.4%	97.0%		

## 4. Waiting Times

As at 31st January 2018, there were almost 6,300 people waiting for a first contact to NTW adult community services and 1,800 waiting for treatment within community CYPS. There were also 3,200 people waiting for a healthcare professional allocation.

Key points to note from January 2018:

- The number of people waiting has slightly increased in the month across adult services (excluding gender dysphoria, adult autism diagnosis etc), while the number waiting over 18 weeks in these areas has slightly decreased during the month.
- Both the number of people waiting and the proportion of these waiting more than 18 weeks for specialised adult services continues to increase.
- Waiting times to treatment for children and young people have increased significantly in the month in Sunderland and South Tyneside, while in Northumberland there have been reductions in the month.

Waiting Times Summary January 2018		As at 31st January 2018:		As at 31st December 2017:	
1. Number of service users waiting to access <b>Adult Services</b> *					
	4884			4839	
Proportion waiting more than 18 weeks at that date:	256	5.2%		269	5.6%
Proportion waiting more than 30 weeks at that date:	64	1.3%		75	1.5%
<i>excluding ** gender dysphoria, adult autism diagnosis, adult ADHD etc</i>					
2. Number of service users waiting to access <b>Specialised Adult services</b> *:					
	1464			1430	
Proportion waiting more than 18 weeks at that date:	924	63.1%		915	64.0%
Proportion waiting more than 30 weeks at that date:	645	44.1%		620	43.4%
<i>* gender dysphoria, adult autism diagnosis, adult ADHD etc</i>					
3. Total number of children and young people waiting for <b>treatment</b> by <b>community CYPS</b> services:					
<b>Northumberland</b>					
	396			442	
Proportion waiting more than 18 weeks at that date:	100	25.3%		142	32.1%
Proportion waiting more than 30 weeks at that date:	6	1.5%		9	2.0%
<b>Newcastle</b>					
	316			295	
Proportion waiting more than 18 weeks at that date:	29	9.2%		23	7.8%
Proportion waiting more than 30 weeks at that date:	1	0.3%		0	0.0%
<b>Gateshead</b>					
	274			257	
Proportion waiting more than 18 weeks at that date:	31	11.3%		25	9.7%
Proportion waiting more than 30 weeks at that date:	3	1.1%		0	0.0%
<b>South Tyneside</b>					
	191			181	
Proportion waiting more than 18 weeks at that date:	89	46.6%		77	42.5%
Proportion waiting more than 30 weeks at that date:	31	16.2%		9	5.0%
<b>Sunderland</b>					
	674			631	
Proportion waiting more than 18 weeks at that date:	221	32.8%		206	32.6%
Proportion waiting more than 30 weeks at that date:	51	7.6%		11	1.7%
4. Services in scope for RTT ( <b>referral to treatment</b> ) measurement:					
Incomplete waiters less than 18 weeks	100% achieved		100% achieved		
Incomplete waiters more than 52 weeks	100% achieved		100% achieved		
5. Number of service users with <b>no recorded HCP/care co-ordinator</b> or <b>record of CPA status</b>					
	3210	3210		3238	

## Gender RTT Waiting Times

The service is working towards achievement of an RTT 18 week standard and has recently commenced submission of waiting times data to NHS England, which is shown below for information. Note that the national procurement exercise is still pending.

There has been little change in January and currently there are 577 people waiting for treatment to commence, of whom 372 have not yet had a first contact.

	<b>As at 31 October 2017</b>	<b>As at 30 November 2017</b>	<b>As at 31 December 2017</b>	<b>As at 31 January 2018</b>
Number of Patients waiting for first contact	360	374	374	372
Proportion waiting less than 18 weeks for first contact	30%	36%	28%	28%
Proportion waiting more than 18 weeks for first contact	70%	64%	72%	72%
Number of Patients waiting for treatment	576	590	580	577
Proportion waiting less than 18 weeks for treatment	15%	21%	16%	15%
Proportion waiting more than 18 weeks for treatment	85%	79%	84%	85%

## 5. Finance Update January 2018

### Financial Performance Dashboard

#### NTW Income & Expenditure

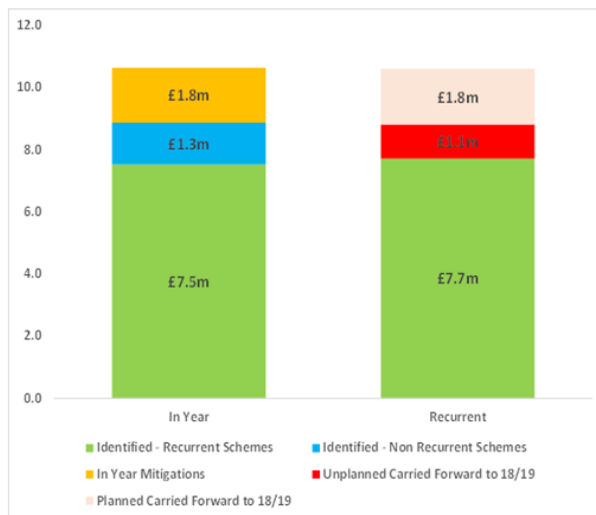
	Plan £m	YTD £m	Variance £m
Income	262.1	261.3	0.8
Pay	(206.0)	(207.2)	1.2
Non Pay	(41.7)	(40.6)	(1.1)
<b>EBITDA</b>	<b>14.4</b>	<b>13.5</b>	<b>0.9</b>
Cost of Capital	(9.1)	(8.9)	(0.2)
Gain on Disposal	0.0	1.7	(1.7)
<b>Surplus/(Deficit)</b>	<b>5.3</b>	<b>6.3</b>	<b>(1.0)</b>

#### Control Totals

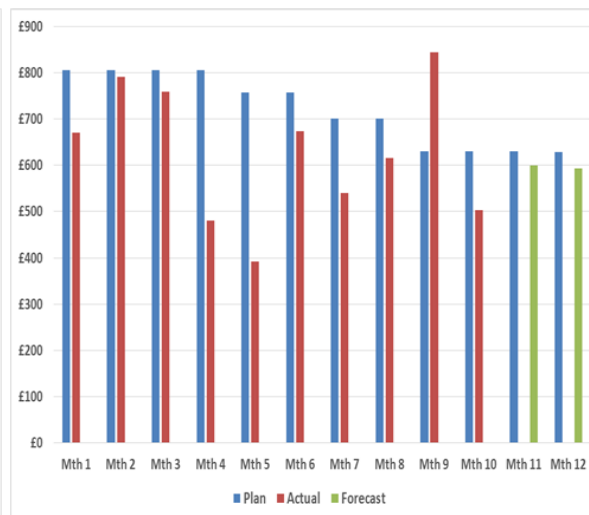
	Plan £m	YTD £m	Variance £m
North	21.3	20.6	0.7
Central	23.5	21.7	1.8
South	26.1	27.0	(0.9)
Central	(65.6)	(64.7)	(0.9)
Gain on Disposal	0.0	1.7	(1.7)
<b>Surplus/(Deficit)</b>	<b>5.3</b>	<b>6.3</b>	<b>(1.0)</b>

Key Indicators	Current	Fore- cast
Risk Rating	1	1
Agency Spend	£6.3m	£7.5m
FDP Delivery	£8.8m	£10.6m
Cash	£16.7m	£19.8m
Capital Spend	£3.8m	£7.2m

#### Financial Delivery Plan



#### Agency Spend



#### Key Issues/Risks

- Surplus - £6.3m at Mth 10 which is ahead of plan.
- Control Total – The Trust is forecasting delivery of its £7.1m Control Total.
- Risk Rating – The Use of Resources rating is a 1 at Mth10 & the forecast year-end rating is a 1
- Pay costs are £1.2m above plan at Mth10. Monthly pay spend needs to reduce if the Trust is to meet its control total this year and to achieve its targets going forward.
- Main pressures - CYPS, Older Peoples & Adult In-patients and below plan income in Secure Services.
- Agency Spend – Target spend in 17/18 is £8.6m. Spend at Mth10 is £6.3m which is £1.1m below target trajectory. Forecast spend is £7.5m.
- Financial Delivery Plan - Planned savings of £8.8m have been achieved at Mth10.
- Cash – £16.7m at Mth10 which is £3.7m below plan. Forecast cash is £19.8m which is in line with plan.
- Capital Spend - £3.8m at Mth10 which is £6.3m below plan.

## Finance Agency

### Agency Dashboard – Month 10 2017/18

#### 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 2016.
2. Cap rates reduced on 1<sup>st</sup> Feb and reduced further on 1st April 2016 when the need to use suppliers on approved frameworks for all staff groups and agency spend ceilings were also introduced.
3. The Trust's ceiling in 16/17 was £8.6m, which was a £5m reduction on 15/16 spend. Agency spend in 16/17 was £11.3m.
4. The Trust's ceiling for 17/18 remains at £8.6m but a medical agency spend target of £3.1m has also been introduced.
5. Agency spend at Mth10 is £6.3m which is £1.1m below trajectory.
6. Medical agency spend at Mth10 is £2.4m which is in line with target.
7. Forecast agency spend is £7.5m which is £1.1m below ceiling.
8. The number of price cap breaches has reduced significantly since price caps were introduced. In January, the Trust reported an average of 25 above price cap shifts (breaches) per week (20 medical & 5 nursing). At the end of January, 3 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

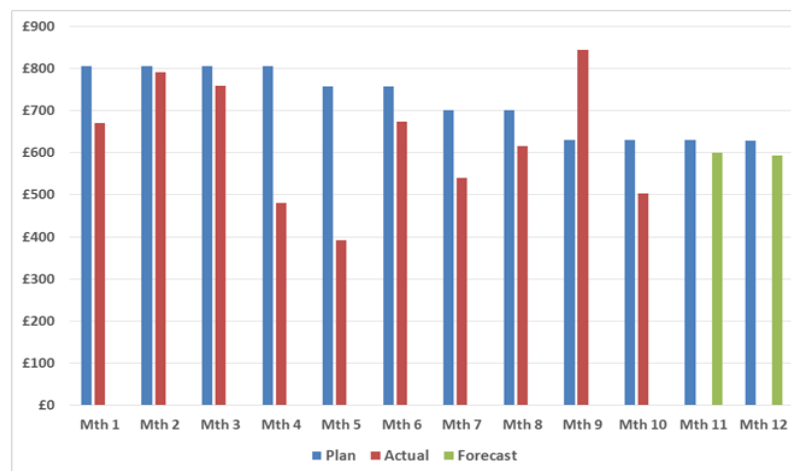
#### Monitor Agency Price Cap Breaches (Number of shifts)

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan
Staff Group	3/4 - 30/4	1/5 - 28/5	29/5 - 25/6	26/6 - 30/7	31/7 - 3/9	4/9 - 1/10	2/10 - 29/10	30/10 - 3/12	4/12 - 1/1	2/1 - 29/1
Medical	70	40	45	70	72	64	81	110	88	78
Nursing	15	20	20	20	25	20	20	25	20	20
Total	85	60	65	90	97	84	101	135	108	98

#### NTW - Temporary Staffing Spend 2017/18

Group	Year to date - Mth 10			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
North	2.2	1.6	1.1	4.9
Central	1.3	2.9	0.2	4.4
South	1.6	2.8	0.2	4.6
Support Services	1.2	0.1	0.3	1.6
	<b>6.3</b>	<b>7.4</b>	<b>1.8</b>	<b>15.5</b>

#### Agency Spend v Agency Ceiling





## 6. Monthly Workforce Update January 2018

Workforce Dashboard											
Training and Appraisals	Standard	M10 position	Overall Trend	North Locality Care Group	Central Locality Care Group	South Locality Care Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.4%	▲	88.6%	89.0%	90.5%	86.1%	39.4%	88.1%	88.0%	93.3%
Health and Safety Training	85%	91.9%	▲	93.2%	92.2%	93.2%	91.6%	46.2%	91.4%	96.0%	94.1%
Moving and Handling Training	85%	93.2%	▬	95.4%	92.8%	94.3%	92.4%	44.7%	96.3%	96.0%	94.1%
Clinical Risk Training	85%	91.2%	▲	90.7%	91.9%	92.1%			78.7%		
Clinical Supervision Training	85%	84.6%	▲	83.3%	84.8%	85.8%			78.7%		
Safeguarding Children Training	85%	92.7%	▼	95.4%	93.8%	94.2%	92.9%	43.9%	93.8%	92.0%	89.0%
Safeguarding Adults Training	85%	91.5%	▼	92.0%	93.6%	92.6%	92.3%	43.9%	94.5%	96.0%	88.3%
Equality and Diversity Introduction	85%	93.3%	▼	95.1%	93.9%	94.4%	91.7%	45.5%	92.7%	100.0%	96.2%
Hand Hygiene Training	85%	92.8%	▼	95.4%	92.9%	93.8%	93.5%	45.5%	90.5%	100.0%	93.8%
Medicines Management Training	85%	81.0%	▼	77.8%	81.4%	83.0%	88.7%		77.7%		
Rapid Tranquillisation Training	85%	75.1%	▼	79.1%	85.6%	74.1%			45.7%		
MHCT Clustering Training	85%	87.7%	▼	86.1%	86.4%	89.9%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	75.4%	▼	74.6%	78.7%	80.1%			54.0%		
Seclusion Training (Priority Areas)	85%	92.7%	▲	89.2%	96.1%	89.9%					
Dual Diagnosis Training (80% target)	80%	88.2%	▼	93.9%	93.4%	86.9%			59.7%		
PMVA Basic Training	85%	79.0%	▲	83.4%	85.3%	78.5%			67.4%		
PMVA Breakaway Training	85%	82.2%	▲	86.9%	82.2%	77.8%					
Information Governance Training	95%	88.1%	▼	89.1%	87.3%	89.7%	86.7%	39.7%	86.8%	76.0%	96.7%
Records and Record Keeping Training	85%	97.7%	▲	99.2%	98.5%	98.8%	96.8%	54.5%	98.7%	100.0%	99.0%

Managing Attendance - includes NTW Solutions	Target	M10 position	Trend
In Month sickness	<5%	6.26%	▼
Short Term sickness (rolling)		1.49%	
Long Term sickness (rolling)		4.03%	
Average sickness (rolling)	<5%	5.52%	▼

NB - NTW Solutions Sickness absence in the month was 6.09%

### NTW Sickness (in month) 2014 to date

Month	2017/18	2016/17	2015/16	2014/15	Target
Apr	4.5%	5.2%	4.8%	4.8%	5.0%
May	4.8%	5.0%	4.8%	5.2%	5.0%
Jun	5.2%	5.5%	4.8%	5.5%	5.0%
Jul	5.5%	5.8%	4.8%	5.8%	5.0%
Aug	5.8%	5.5%	4.8%	5.5%	5.0%
Sep	5.2%	5.0%	4.8%	5.2%	5.0%
Oct	5.5%	5.5%	5.2%	6.8%	5.0%
Nov	5.8%	5.8%	5.5%	6.2%	5.0%
Dec	5.5%	5.8%	5.8%	7.2%	5.0%
Jan	6.2%	5.5%	6.2%	7.3%	5.0%
Feb	5.8%	5.2%	5.8%	5.2%	5.0%
Mar	5.5%	5.5%	5.5%	5.5%	5.0%

### NTW Sickness (Rolling 12 months) 2014 to date

Month	2017/18	2016/17	2015/16	2014/15	Target
Apr	4.5%	5.2%	4.8%	4.8%	5.0%
May	4.8%	5.0%	4.8%	5.2%	5.0%
Jun	5.2%	5.5%	4.8%	5.5%	5.0%
Jul	5.5%	5.8%	4.8%	5.8%	5.0%
Aug	5.8%	5.5%	4.8%	5.5%	5.0%
Sep	5.2%	5.0%	4.8%	5.2%	5.0%
Oct	5.5%	5.5%	5.2%	6.8%	5.0%
Nov	5.8%	5.8%	5.5%	6.2%	5.0%
Dec	5.5%	5.8%	5.8%	7.2%	5.0%
Jan	6.2%	5.5%	6.2%	7.3%	5.0%
Feb	5.8%	5.2%	5.8%	5.2%	5.0%
Mar	5.5%	5.5%	5.5%	5.5%	5.0%

\* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	81.6%	▲	85.4%	82.9%	82.7%	66.1%				92.6%
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Best Use of Resources	Target	M10 position	Trend
Agency Spend		£505,737	▲
Admin & Clerical Agency (included in above)		£62,626	▲
Overtime Spend		£167,156	▲
Bank Spend		£639,697	▲

Recruitment, Retention & Reward	Target	M10 position	Trend
Corporate Induction	100%	100.0%	→
Local Induction	100%	99.6%	▼
Staff Turnover (includes NTW Solutions)	<10%	*16.81%	▲
Current Headcount		6281	

\*this is a rolling 12 month figure

\*Trainee Doctors rotate every 4-6 months and it takes approx. one month for them to complete all of the training they are required to complete. There have been issues identified relating to ESR. Time delays are incurred when receiving information from other organisations when training has been completed outside of NTW. These issues are currently being addressed and this involves streamlining the process, part of this work has involved the recent activation between ESR and Intrepid whereby an issues with Intrepid meant the data did not transfer over. These issues have been rectified and will be active for the rotation in February 2018 whereby the training record will move with the Doctor.

## 7. Quality Goals/Quality Priorities/Quality Account Update January 2018

Progress for the quarter three requirements for each of the 2017-18 quality priorities is summarised below.





Three of the seven priorities are currently rated green and two are rated amber against the Quarter 4 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				Comments
			Q1	Q2	Q3	Q4	
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					There was slippage into quarter 4 on some elements of this quality priority
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There are continuing challenges in maintaining waiting times.
	3	Implement principles of the Triangle of Care					Progressing as planned
	4	Co-production and personalisation of care plans					Progressing as planned
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	5	Use of the Mental Health Act – Reading of Rights					Progressing as planned

## 8. Accountability Framework

N.B reflects the revised Accountability Framework for 2017-18 which took effect from 1<sup>st</sup> April 2017

	Overall Rating	North Locality Care Group		Central Locality Care Group		South Locality Care Group		Comments:
		Q3 actual	Q4 forecast	Q3 actual	Q4 forecast	Q3 actual	Q4 forecast	
		4	4	4	4	4	4	
Quality Governance	Performance against National Standards:	1	1	1	1	1	1	
	CQC Information:	2	2	2	2	1	2	South Locality Care Group - Although the Group have implemented changes in how older people's care plans are developed further work is currently taking place to ensure this is embedded through-out the services
	Performance against Contract Quality Standards:	3	3	3	3	2	1	
	Clinical Quality Metrics:	3	3	4	4	4	4	South Locality Care Group - A number of metrics have breached for 3 consecutive quarters. Improvement plans required.
Use of Resources	YTD Contribution	4	4	4	4	1	1	
	Forecast Contribution	4	4	4	4	1	1	
	Agency Spend	1	1	1	1	1	1	

		1 	2 	3 	4 
Quality Governance	Performance against national standards	All Achieved or failure to meet any standard in no more than one month	Failure to meet any standard in 2 consecutive months triggered during the quarter	Failure to meet any standard in 3 or more consecutive months triggered during the quarter	Trust is assigned a segment of 3 (mandated support) or 4 (special measures)
	CQC Information	No Concerns -all core services are rated as Good or Outstanding and there are no “Must Do’s” with outstanding actions.	No Concerns - all core services are rated as Good or Outstanding however there are “Must Do’s” with outstanding actions.	Concerns raised – one or more core services are rated as “Requires Improvement”	Concerns raised – one or more core services are rated as “Inadequate”
	Performance against contract quality standards ( <i>measured at individual contract level</i> )	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2 <sup>nd</sup> consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached and contract penalties applied or are at risk of being applied.
	Clinical Quality Metrics	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2 <sup>nd</sup> consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3 <sup>rd</sup> consecutive quarter.
Use of resources	YTD contribution	Exceeding or meeting plan.	Just below plan (within 1%).	Between 1% and 2% below plan	More than 2% below plan
	Forecast contribution				
	Agency Spend	Below or meeting ceiling.	Up to 25% above ceiling.	Between 25% and 50% above ceiling.	More than 50% above ceiling.
	Use of resources metrics	TBC	TBC	TBC	TBC

## 9. Monthly activity update (Currently in development)

## 10. Service User & Carer Experience Monthly Update January 2018

### Experience Feedback:

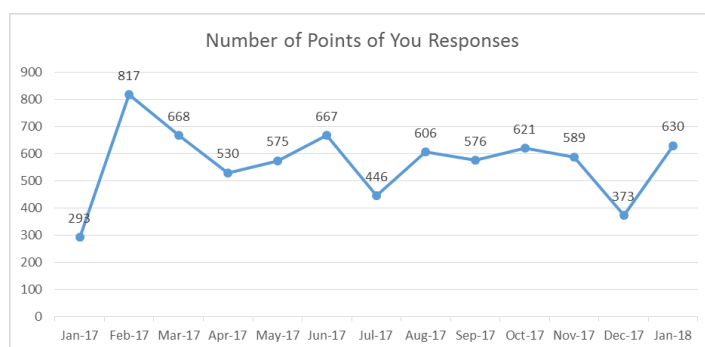
Feedback received in the month – January 2018:

	Responses received January 2018	Results January 2018
Points of You Feedback from Service Users ('Both' option included here)	456	Overall, did we help? Scored: 8.8 out of 10* (8.5 in December)
Points of You Feedback from Carers	174	
Total Points of You responses received	630	FFT Recommend Score**: 89% (88% in December)

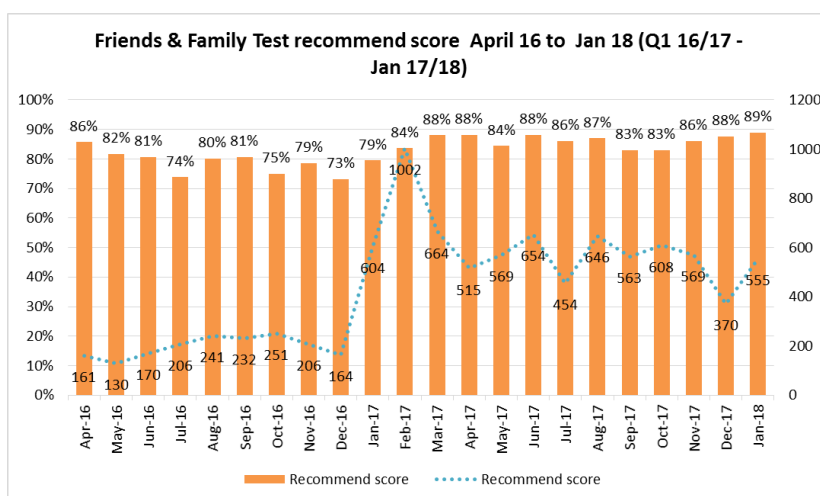
\* score of 10 being the best, 0 being the worst

\*\* national average recommend score resides around 88%

Graph showing Points of You responses received by month:



In January the number of Points of You responses increased compared to the previous month of December. The results have increased with 89% of respondents identifying they would recommend our services to family or friends, which is higher than the national average of 88%.



*Nb 17 of the 630 PoY responses in the month did not answer the FFT question within the survey*

## 11. Mental Health Act Dashboard

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	92.0%	92.4%	See Below			88.8%	97.8%	91.8%	91.9%	89.7%		
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%				93.8%	93.8%	95.5%	94.0%	94.8%		
Record of Rights (Detained) Assessed at Section Change within the Period	87.0%	73.9%				88.2%	90.8%	90.8%	93.0%	88.6%		
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%				55.4%	36.0%	44.1%	52.9%	64.5%		
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%				81.1%	85.9%	86.3%	88.5%	91.5%		
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%				75.0%	75.0%	85.7%	66.7%	72.7%		

The revised local rights recording form went 'live' on the 5<sup>th</sup> June 2017. The dashboard metrics for rights have been amended to link with the structure of the new form.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. The lead for this priority is Dr R Nadkarni.

In April 2017 compliance with Rights assessed within 7 days of the detention start date (metric 918) – was 92%. For the month of January 2018 the dashboards show compliance as 89.7%

For April 2017, compliance with rights having been revisited within a period not exceeding 3 months (metric 993) was 94.8%. For the month of January 2018 compliance was recorded on the dashboards as 94.8%.

Compliance in relation to the provision of rights where the section the patient was detained under changed (metric 994) - in April 2017 was 87%. This metric is included within the Rights Quality Priorities for 2017/2018. For the month of January 2018 compliance was recorded as 88.6% which is below the quarter 4 trajectory. This will be reported at the three CBU Quality Standards Meetings scheduled for next week.

Compliance in relation to the provision of rights to detained patients continues for the most part to be good. The above rates of compliance provide assurance of this however improvement is needed in relation to the provision of rights where the section the patient is detained under changes.

It has been reinforced throughout the rights awareness training that the provision of rights is a legal requirement so we should continue to strive to see further improvement.

Awareness sessions to support the introduction of the new form and the changes in practice required in relation to the provision of rights have been delivered by members of the 'MHA Local Forms and Practice Group' from June 2017 up until the end of November 2017. Registered Nurses were required to attend. The sessions have been, for the most part, well attended and feedback has been good. Some further sessions were delivered during January 2018.

It is anticipated that any registered staff who have not attended an awareness session will have their session delivered via a cascade model. E learning will also be an option.

In relation to CTO patients compliance with the provision of rights at the point the CTO is made (metric 998) in April 2017 was 42.9%. However significant improvement in compliance has been noted since the introduction of the revised form and associated training. For the month of November 2017 significant improvement was noted with compliance at 85.7% However compliance was lower (72.7%) in January 2018 Compliance will therefore need to improve throughout quarter 4 to meet the trajectory set at 80%.

Compliance with the provision of further explanations within a three month period (metric 985) has been consistently lower than the related metric for detained patients, In April 2017, compliance was 45.7%. Significant improvement in compliance has been noted since the introduction of the revised form and associated training. Compliance for the month of January 2018 2017 is shown on the dashboards as 91.5%. This metric exceeds the quarter 3 and quarter 4 'Rights Quality Priorities' trajectories.

The CTO Task and Finish Group has been merged with the Local Forms Review Group. The new Group (The MHA Local Forms and Practice Group) will continue to monitor compliance and consider other options to improve compliance for both detained and CTO patient groups. Levels of compliance are reported at each of the CBU Quality Standards Group meetings. Ownership for ongoing monitoring of the provision of rights to detained and CTO patients will need to be transferred to these groups.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention – metric 916) - in relation to section 58 treatment (medication for mental disorder) has been consistently under 68.3%. The average for the year 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 was 61%. For April 2017 the compliance rate was 50.8% and for May 2017 42.44%. This is despite a prompt to undertake this, from the MHA office when the section papers are received. Compliance for June 2017 has gone up to 55.1% however compliance for July 2017 is down to 49.1%. The data for September showed compliance at 55.4%. In October compliance was recorded at 36%. There was some improvement noted for November, with compliance shown on the dashboards at 44.1%. An improvement has been noted in December 2017, compliance being 52.9%. In January 2018 compliance has risen to 64.5%

The review of the capacity/consent to treatment recording forms and associated practice issues is underway by the MHA Local Forms & Practice Review Group. As with the 'The Provision of Rights' the group will develop measures for improvement together with a communication strategy.



## 12.Outcomes/Benchmarking/National datasets Update and Other Useful Information

### Benchmarking

The Corporate Functions final report has now been received into the Trust and is being reviewed.

The collection for the Perinatal benchmarking has been received and the data is currently being collated prior to submission at the end of February 2018.

The dates of upcoming NHS Benchmarking Conferences are:

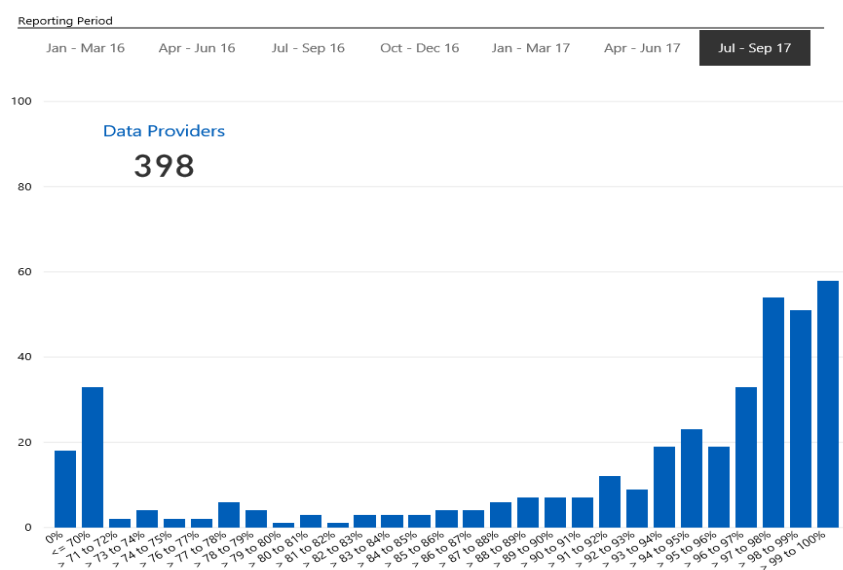
Learning Disability – 6<sup>th</sup> March 2018

**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) – NB This became part of the SOF from October 2017
- Improving Access to Psychological Therapies (IAPT)

#### Data Quality Maturity Index - Score Distribution



NTW’s most recent result is 91.7% (Jul – Sept 2017) which remains the same as reported in the previous period.

Provider DQMI Values

[Return to 'Title Sheet'](#)

Notes:

<sup>1</sup> A hyphen is used to indicate that a dataset was not submitted by a provider.

<sup>2</sup> This score is not used to calculate the final DQMI Score, please refer to the methodology document.

The Data Quality Maturity Index (DQMI) is a 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.



PROVIDER CODE	PROVIDER NAME	DQMI (%)					DATASET SCORE (%) <sup>1,2</sup>							
		<div><div></div><div>Jul 17 - Sep 17</div></div>	<div><div></div><div>Apr 17 - Jun 17</div></div>	<div><div></div><div>Jan 17 - Mar 17</div></div>	<div><div></div><div>Oct 16 - Dec 16</div></div>	<div><div></div><div>Jul 16 - Sep 16</div></div>	A&E	APC	CYPHS	DIQ	IAPT	MHSDS	MSDS	OP
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	91.7	91.7	92.0	91.9	83.3	-	91.1	-	-	99.9	99.2	-	85.2

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This information can be found at the NHS Digital website link [here](#)

## Improving Access to Psychological Therapies (IAPT)

Listed below are the Sunderland IAPT Outcome Measures for January 2018.

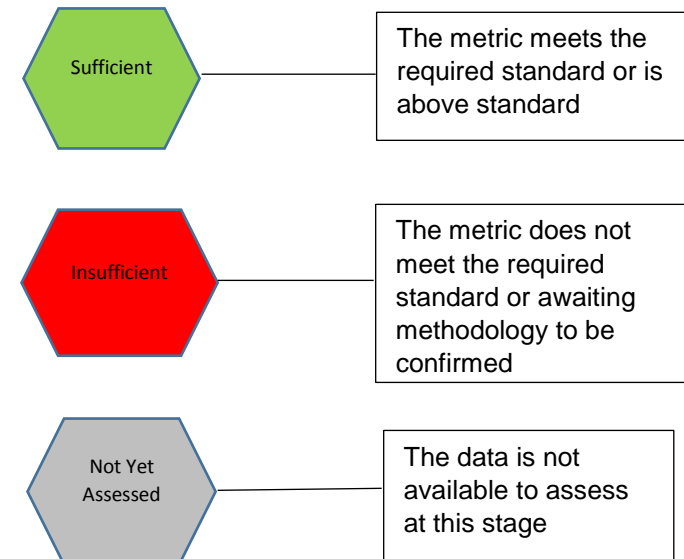
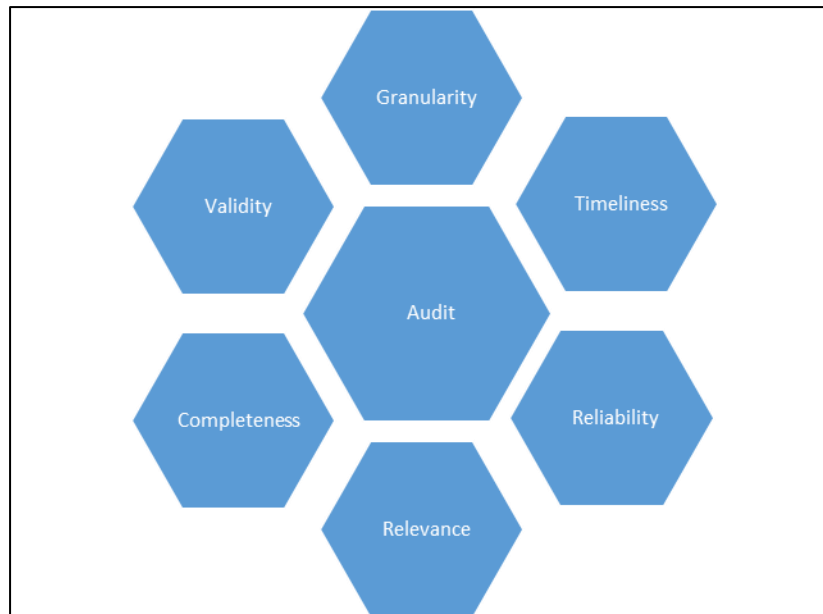
### SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2017-2018

Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.44%	2.53%	2.41%	2.04%	2.32%	1.94%	1.68%	2.77%	3.02%	2.88%		
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%	7.95%	7.65%	5.06%	3.35%	7.02%	5.96%	6.19%		
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09%	10.68%	10.30%	11.17%	10.13%	12.36%	13.49%	10.55%	10.69%	15.00%		
Choice - % answering no	TBA	0%	0%	0%	0.37%	0%	0%	0%	0%	0%	0%		
Choice - % answering partial	TBA	1.94%	5.26%	4.85%	0.38%	1.27%	0.86%	1.67%	0.49%	0.57%	1.16%		
Choice - % answering yes	TBA	98.06%	94.74%	95.15%	99.25%	98.73%	99.14%	98.33%	99.51%	99.43%	98.84%		
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6	1	2	5	3	3	2	1		
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36	19.42	19.51	19.27	19.35	19.54	19.68	19.8		
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%	51.50%	51.64%	51.70%	51.56%	51.30%	50.70%	50.60%		
Reduced Disability Improved Wellbeing	TBA	36.31%	32.00%	30.90%	33.19%	32.16%	30.48%	30.17%	33.45%	28.88%	29.32%		
Reliable Improvement	TBA	73.53%	68.73%	72.53%	71.06%	67.32%	72.86%	68.81%	70.69%	70.66%	69.14%		
Self Referrals ( % of discharges who had self referred)	TBA	73.81%	75.60%	73.82%	77.87%	78.43%	77.32%	79.66%	77.59%	76.00%	81.48%		
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%	99.66%	100%	99.83%	99.66%	99.82%	99.80%	99.24%		

An element of the IAPT contract payment will be linked to these outcomes from April 2018

## Appendix 1 Data Quality Kite Marks

### 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 indicator 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