

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS' MEETING**

**Meeting Date:** 22 July 2015

**Title and Author of Paper:** Quarterly Report to Monitor (Risk Assessment Framework), Lisa Quinn Executive Director of Performance & Assurance

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

**Key Points to Note:**

1. This is the Quarter 1 2015/16 submission of the Risk Assessment Framework.
2. NTW is declaring a governance rating of GREEN (no issues identified) and for finance a Continuity of Services rating of 4.
3. Access and Waiting times standards for mental health services are being introduced in 2015/16, with reporting to Monitor due to commence in quarter 3 for IAPT standards and quarter 4 for EIP standards.
4. The exception reports regarding serious incidents and reputational issues for Q1 are included at **Appendix 2**.
5. As part of the quarterly submission, the Board is asked to declare that it confirms that it is anticipated that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.  
The Trust's Operational Plan submitted to Monitor in May included a planned risk rating of 3 for the each quarter in 15/16 and also for 16/17. The Trust is currently ahead of plan at Q1 and is forecasting achievement at the year-end.  
**Therefore, the Board can confirm the Finance declaration this quarter.**
6. Monitor consulted on changes to the Risk Assessment Framework in June 2015. The consultation closed on 1<sup>st</sup> July 2015 and Monitor plan to update and publish a revised risk assessment framework during Q2 2015/16.

**Outcome required:**

To approve the Quarter 1 return - to be submitted to Monitor by 31 July 2015.

To determine the items (as listed in Appendix 2) that should be reported to the Monitor Regional Manager.

## BOARD OF DIRECTORS

22 July 2015

### Quarterly Report to Monitor (Risk Assessment Framework)

#### PURPOSE

To present to the Board of Directors the quarter 1 in-year monitoring return and declarations prior to submission to Monitor by the 31 July 2015.

#### BACKGROUND

From 1 October 2013, the Risk Assessment Framework has replaced the Compliance Framework as Monitor’s approach to overseeing foundation trusts.

Monitor provided all Trusts with a new governance rating in October 2013 – NTW was given the rating of GREEN (no issues identified) and this has been maintained since that time.

Access and Waiting times standards for mental health services are being introduced in 2015/16 as follows:

- People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral (target 75%)
- People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral (target 95%)
- Early Intervention in Psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral (target 50%)
- Reporting compliance with these standards to Monitor is due to commence in quarter 3 for the two IAPT standards and quarter 4 for the EIP standard.

For the Continuity of Service financial rating the Trust is a 4 at Q1.

A summary of the Trust ratings since the start of financial year 2011/12 are set out below:

	Q1&Q2 11-12	Q3&Q4 11-12	Q1,2,3 &4 12-13	Q1,2,3 &4 13-14	Q1&Q2 14-15	Q3 14-15	Q4 14-15	Q1 15-16
Continuity of Services Rating	5	5	5	3	3	4	3	4
Governance Risk Rating	Amber/ Red	Green	Green	Green	Green	Green	Green	Green

## BOARD CHANGES

It is a requirement to complete the below information as part of the Monitor return each quarter:

	Q1 2015-16
Total number of Executive posts on the Board (voting)	6
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	0
Number of resignations in quarter	0
Number of appointments in quarter	0

## QUARTERLY SUBMISSION

The procedure for preparing the quarterly submission to Monitor is set out in **Appendix 1**.

In accordance with the revised guidance for quarterly submissions published in 2013/14 the declarations are as follows:

### **For finance, that:**

The Board anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.

Board Response – Confirmed

### **For governance, that:**

The Board is satisfied that plans in place are sufficient to ensure: on-going compliance with all targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward.

Board Response – Confirmed

### **Otherwise**

The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Risk Assessment Framework page 21 Diagram 6 and page 63 Diagram 18) which have not already been reported.

Board Response – Confirmed

Signed on behalf of the Board of Directors

Signature



Capacity: Chief Executive

Date: 22 July 2015

In the event that the foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the foundation trust.

The proposed explanation for the non-declaration is:-

The Trust is providing full certification this quarter.

### Board Changes & Elections

**Report on any changes to the Board of Directors:** There has been one change to the Board of Directors during quarter one:

Nigel Paton's last day as a Non-Executive Director was 30 June 2015.

**Report on any changes to the Council of Governors:** There has been changes to the Council of Governors during quarter one as follows:

#### **Starters:**

<b>Name</b>	<b>Type</b>	<b>Date of Change</b>	<b>Reason</b>
Cllr Anne Dale	Partner – Northumberland County Council	15 June 2015	Took over from Cllr Liz Simpson
Cllr Lesley Spillard	Partner – North Tyneside Council	12 June 2015	Took over from Cllr Alison Waggott-Fairley
Cllr Karen Kilgour	Partner – Newcastle City Council	5 June 2015	Took over from Cllr Jane Streater
Christine Lumsdon	Public – North Tyneside	1 April 2015	Took over from Dianne Graham who resigned on 11 March 2015

#### **Leavers:**

<b>Name</b>	<b>Type</b>	<b>Date of Change</b>	<b>Reason</b>
Cllr Liz Simpson	Partner – Northumberland County Council	15 June 2015	Portfolio Changes
Cllr Alison Waggott-Fairley	Partner – North Tyneside Council	12 June 2015	Portfolio Changes
Cllr Jane Streater	Partner – Newcastle City Council	5 June 2015	Portfolio Changes

**Access targets and outcomes objectives:** The following table provides the proposed submission in relation to Quarter 1 performance:

[Click to go to index](#)

**Declaration of risks against healthcare targets and indicators for 2015/16 by Northumberland, Tyne & Wear NHS Foundation Trust**

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A  
 NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:	Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1			
			Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
must complete								
may need to complete								

Target or Indicator (per Risk Assessment Framework)										
Referral to treatment time, 18 weeks in aggregate, admitted patients	i	90%	N/A	N/A		0.0%	Not relevant			N/A
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	i	95%	N/A	No		99.4%	Achieved			N/A
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i	92%	1.0	No	0	100.0%	Achieved			0
A&E Clinical Quality - Total Time in A&E under 4 hours	i	95%	1.0	N/A	0	0.0%	Not relevant			0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	i	85%	1.0	N/A		0.0%	Not relevant			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	i	90%	1.0	N/A	0	0.0%	Not relevant			0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i					0.0%				
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i					0.0%				
Cancer 31 day wait for second or subsequent treatment - surgery	i	94%	1.0	N/A		0.0%	Not relevant			
Cancer 31 day wait for second or subsequent treatment - drug treatments	i	98%	1.0	N/A		0.0%	Not relevant			
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i	94%	1.0	N/A	0	0.0%	Not relevant			0
Cancer 31 day wait from diagnosis to first treatment	i	96%	1.0	N/A	0	0.0%	Not relevant			0
Cancer 2 week (all cancers)	i	93%	1.0	N/A		0.0%	Not relevant			
Cancer 2 week (breast symptoms)	i	93%	1.0	N/A	0	0.0%	Not relevant			0
Care Programme Approach (CPA) follow up within 7 days of discharge	i	95%	1.0	No		99.1%	Achieved			
Care Programme Approach (CPA) formal review within 12 months	i	95%	1.0	No	0	96.7%	Achieved			0
Admissions had access to crisis resolution / home treatment teams	i	95%	1.0	No	0	100.0%	Achieved			0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	i	95%	1.0	N/A	0	0.0%	Not relevant			0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	i	75%	1.0	N/A	0	0.0%	Not relevant			0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	i	75%	1.0	N/A	0	0.0%	Not relevant			0
Ambulance Category A 19 Minute Transportation Time	i	95%	1.0	N/A	0	0.0%	Not relevant			0
C.Diff due to lapses in care (YTD)	i		1.0	No	0	0	Achieved			0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i					0				
C.Diff cases under review	i					0				
Minimising MH delayed transfers of care	i	<=7.5%	1.0	No	0	2.8%	Achieved			0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (from Q3 2015/16)	i	50%				0.0%	Not relevant			
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (from Q4 2015/16)	i	75%				0.0%	Not relevant			
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (from Q4 2015/16)	i	95%				0.0%	Not relevant			
Data completeness, MH: identifiers	i	97%	1.0	No	0	99.8%	Achieved			0
Data completeness, MH: outcomes	i	50%	1.0	No	0	92.4%	Achieved			0
Compliance with requirements regarding access to healthcare for people with a learning disability	i	N/A	1.0	No	0	N/A	Achieved			0
Community care - referral to treatment information completeness	i	50%	1.0	N/A		0.0%	Not relevant			
Community care - referral information completeness	i	50%	1.0	N/A		0.0%	Not relevant			
Community care - activity information completeness	i	50%	1.0	N/A	0	0.0%	Not relevant			0
Risk of, or actual, failure to deliver Commissioner Requested Services		N/A		No				No		
Date of last CQC inspection		N/A		N/A				08/11/2013	The Trust has 16 locations registered with CQC and the last location inspected was Easterfield Court on 8/11/2013.	
CQC compliance action outstanding (as at time of submission)		N/A		No				No		
CQC enforcement action within last 12 months (as at time of submission)		N/A		No				No		
CQC enforcement action (including notices) currently in effect (as at time of submission)		N/A		No				No		
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)		N/A		No				No		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		No				No		
Overall rating from CQC inspection (as at time of submission)	i	N/A		N/A				N/A		
CQC recommendation to place trust into Special Measures (as at time of submission)		N/A		N/A				No		
Trust unable to declare ongoing compliance with minimum standards of CQC registration		N/A		No				No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)		N/A		N/A				No		
Results left to complete:	0	i						0		
Checks Count:	0	i								
Checks left to clear:	0	i								
Service Performance Score						0		OK		0

## Finance Returns

### Risk Assessment Framework Financial Risk Rating

The full returns have been prepared in line with the Monitor requirements. Figures within the returns are consistent with those within the Finance Report considered on the agenda under Performance.

The table below shows the 'Continuity of Services' risk rating.

This quarter, the Trust is able to confirm the Finance Declaration, which states that it is anticipated that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. The Trust's Operational Plan for 15/16, anticipates that the Trust will maintain a Continuity of Services rating of 3 for all the remaining quarters of this year and also a 3 rating for 16/17. The Trust is ahead of plan at quarter 1 and it is forecast that the plans for the year will be achieved so it is anticipated that a 3 will be maintained for the next 12 months (till Q1 16/17).

### Risk Assessment Framework 'Continuity of Services' Financial Risk Rating

	Plan YTD to 30-June-15	Actual YTD to 30-June-15	Plan Year to 31-Mar-16	Forecast Year to 31-Mar-16	2015/16		2016/17	
					Adjusted Plan Year to 30-Sept-15	Adjusted Plan Year to 30-Dec-15	Forecast Year to 31-Mar-16	Plan Year to 30-Jun-16
	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m
<b>Liquidity Days (60%)</b>								
Working Capital Balance (cash for liquidity purposes)								
+ Total current assets (+)	37,799	43,844	34,009	34,250	35,626	34,791	34,250	33,848
+ Total current liabilities (-)	(28,141)	(30,279)	(27,752)	(27,752)	(28,044)	(27,379)	(27,752)	(27,707)
- Inventories (+)	0,350	0,348	0,350	0,350	0,350	0,350	0,350	0,350
- Non-current assets held for sale (+)	0,000	1,645	0,000	0,000	0,000	0,000	0,000	0,000
Total Working Capital Balance	9,308	11,572	5,907	6,148	7,232	7,062	6,148	5,791
multiplied by 300	837,720	1,041,480	2,120,520	2,213,280	1,301,700	1,000,740	2,213,280	521,100
Annual Operating Expenses								
Operating expenses within EBITDA	72,761	71,707	290,884	290,895	145,741	218,443	290,895	66,395
Total Annual Operating Expenses	72,761	71,707	290,884	290,895	145,741	218,443	290,895	66,395
Liquidity Days Ratio								
= Working Capital Balance / 300	11.5	14.5	7.3	7.6	8.9	8.7	7.6	7.8
<b>Liquidity Risk Rating</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
<b>Capital Service Capacity (60%)</b>								
Revenue Available for Debt Service								
+ Surplus / (Deficit) after tax	0,510	3,328	2,000	2,500	3,082	2,776	2,500	1,305
- Impairments/losses (-) or reversals (+) on PFI	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
- Impairments/losses (-) or reversals (+) on non PFI	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
- Restructuring costs (-)	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
- POC expense (-)	(0,163)	(0,133)	(0,650)	(0,650)	(0,325)	(0,488)	(0,650)	(0,131)
- Depreciation & Amortisation (-)	(1,442)	(1,467)	(5,882)	(5,882)	(2,911)	(4,391)	(5,882)	(1,534)
- Total interest expense incl Other Finance Costs (-)	(1,470)	(1,432)	(5,968)	(5,969)	(2,964)	(4,455)	(5,968)	(1,498)
- Gain (+) / Loss (-) on asset disposals	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
- Donations & Grants of PPE or Intangibles	0,000	0,000	0,000	0,000	0,000	0,000	0,000	0,000
Total Revenue Available for Debt Service	3,585	8,360	14,500	15,001	9,252	12,110	15,000	4,468
Capital Servicing Costs								
+ POC dividend expense	0,163	0,133	0,650	0,650	0,325	0,488	0,650	0,131
+ Interest expense on commercial & non-commercial borrowing	0,323	0,310	1,410	1,410	0,672	1,029	1,410	0,417
+ Interest expense on PFIs & finance leases	0,748	0,746	2,962	2,963	1,494	2,229	2,962	0,728
+ Other finance costs & non-operating PFI costs (e.g. contingent rent)	0,399	0,376	1,596	1,596	0,798	1,197	1,596	0,383
+ Loan repayments	0,852	0,852	4,590	4,590	2,295	3,147	4,590	0,882
+ Capital element of PFI & other finance lease payments	0,401	0,399	1,564	1,565	0,777	1,183	1,564	0,205
Total Capital Servicing Costs	2,885	2,816	12,772	12,774	6,361	9,273	12,772	2,835
Capital Service Capacity Ratio								
= Revenue Available for Debt Service	1.24	2.26	1.14	1.17	1.45	1.31	1.17	1.66
<b>Capital Service Capacity Risk Rating</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Continuity of Services Risk Rating</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

The Trust scored a 4 at Quarter 1. The forecast is a 3 for the remainder of 2015-16.

## RECOMMENDATIONS

To note the information included within the report

**Lisa Quinn**  
**Executive Director of Performance & Assurance**  
**July 2015**

### Procedure for preparing in-year submissions

In preparing in-year submissions the following reviews will be undertaken:

Reporting Area	Lead	Information to be reviewed	Responsible Committee & Management Forum
<b>Finance</b>			
Finance Worksheets	Executive Director of Finance	Finance Reports	Board, FIBD & CDT
Finance Declaration			
<b>Governance</b>			
Targets and Indicators	Executive Director of Performance & Assurance	Integrated Performance & Assurance Report	Board, Q&P & CDT
Governance Declaration	Executive Director of Finance	Relevant Audit Reports	AC & SMT
	Board Secretary	Minutes of relevant Board/committee meetings	Board & Sub Committees
		Quality Governance Framework	
Elections	Board Secretary	Any results of elections held in the period	Board
Changes to the Board of Directors and Council of Governors	Board Secretary	Register of Board of Directors and Council of Governors	Board
Exception reporting	Executive Directors	Any exception reports made during the period	Board & Sub Committees



## Exception report Q1 2015-16

**Diagram 6: Examples of exception reporting**



### Any Never Events

There have been no never events reported as per the DH guidance document.

### Any patient suicide, homicide or absconsion (MH Trusts only)

The table overleaf provides a brief breakdown of serious incidents classed as unexpected deaths and any significant absconsion classed as serious (all other Awols / absconds are reported as patient safety incidents on a weekly basis to the NRLS). It should be noted that the vast majority of the following unexpected death incidents are still waiting a coroner's verdict.

Incident Date	Incident Number	Department	Cause 1	Outcome Type
02/04/2015	187716	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
04/04/2015	187854	S'land Crisis Response & Home Treatment - HWP	DE01 Unexpected Death	Conclusion Pending
10/04/2015	188220	Morpeth Adult CMHT	DE01 Unexpected Death	Conclusion Pending
10/04/2015	188601	Addictions Service Central & Rural NLD	DE18 Unexpected Death Local AAR	Conclusion Pending
11/04/2015	188627	Newcastle OPS CMHT	DE01 Unexpected Death	Conclusion Pending
13/04/2015	188567	Addictions NTRP	DE18 Unexpected Death Local AAR	Conclusion Pending
23/04/2015	189990	Addictions Service Blyth Valley	DE18 Unexpected Death Local AAR	Conclusion Pending
25/04/2015	189975	Addictions Service NCL Day Services	DE18 Unexpected Death Local AAR	Conclusion Pending
29/04/2015	190053	Blyth Adult CMHT	DE01 Unexpected Death	Conclusion Pending
02/05/2015	190356	Sunderland Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
03/05/2015	190380	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
07/05/2015	190874	Akenside	DE18 Unexpected Death Local AAR	Conclusion Pending
07/05/2015	191013	Addictions Service Blyth Valley	DE18 Unexpected Death Local AAR	Conclusion Pending
10/05/2015	190981	South Tyneside Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
12/05/2015	191582	Addictions Service NCL N Tyneside	DE01 Unexpected Death	Conclusion Pending
13/05/2015	191905	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
18/05/2015	191985	Hexham Adult CMHT	DE01 Unexpected Death	Conclusion Pending
19/05/2015	192036	Gateshead Community Psychosis Team - Tranwell	DE01 Unexpected Death	Conclusion Pending
22/05/2015	192364	Addictions Service Central & Rural NLD	DE18 Unexpected Death Local AAR	Conclusion Pending
22/05/2015	192570	Gateshead Community Psychosis Team - Tranwell	DE18 Unexpected Death Local AAR	Conclusion Pending
24/05/2015	192578	Ncl & NTyneside Crisis Response & Home Treatment	DE18 Unexpected Death Local AAR	Conclusion Pending
25/05/2015	192313	S Tyneside Crisis Response & Home Treatment	DE01 Unexpected Death	Conclusion Pending
25/05/2015	192554	Ncl & NTyneside Crisis Response & Home Treatment	DE01 Unexpected Death	Conclusion Pending
29/05/2015	192914	Greenacres - Ashington CMHT	DE18 Unexpected Death Local AAR	Conclusion Pending
31/05/2015	192825	Addictions NTRP	DE18 Unexpected Death Local AAR	Conclusion Pending
03/06/2015	193118	North Tyneside East Adult CMHT	DE01 Unexpected Death	Conclusion Pending
07/06/2015	193607	Addictions Service Blyth Valley	DE18 Unexpected Death Local AAR	Conclusion Pending
11/06/2015	194282	Newcastle West Adult CMHT	DE01 Unexpected Death	Conclusion Pending
12/06/2015	194312	Community Aspergers Support Team	DE01 Unexpected Death	Conclusion Pending
19/06/2015	195198	Greenacres - Ashington CMHT	DE01 Unexpected Death	Conclusion Pending
22/06/2015	195217	Ncl & NTyneside Crisis Response & Home Treatment	DE18 Unexpected Death Local AAR	Conclusion Pending
22/06/2015	195328	Addictions Service NCL N Tyneside	DE01 Unexpected Death	Conclusion Pending

Adverse national press attention Q1 2015-16

Date	Publication	Headline	Content
3 April 2015	Private Eye Pg 32	<b>'Whistleblowing – Uncharitable trust'</b>	This piece talks about the Trust's involvement with Dr Antoinette Geoghegan and the settlement she has received from NTW.
15 April 2015	Nursing Standard Pg 8	<b>'College vows to fight employers over pay refunds'</b>	An article focusing on the RCN who are looking for legal advice to challenge employers who are demanding nurses pay back money that has been over paid to them. It mentions the Trust and there is quote from Lisa Crichton-Jones.
29 May 2015	ITV.Com	<b>'NHS apology over patient who stabbed nephew'</b>	Story about the Trust's involvement with Alan Copper who went on to kill his nephew Jordan.
29 May 2015	BBC News online	<b>'Mistakes made in killer's care'</b>	An article covering the Trust's role in the care of Alan Copper and the independent investigation into his involvement in the death of his nephew Jordan. There is a comment from Douglas Gee.