

## NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

## BOARD OF DIRECTORS' MEETING

**Meeting Date:** 28 October 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:** Approval

**Key Points to Note:**

1. This is the Quarter 2 2015/16 submission of the Risk Assessment Framework.
2. NTW is declaring a governance rating of GREEN (no issues identified) and for finance a Financial Sustainability 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 Q2 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 Financial Sustainability 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 each quarter in 15/16 and the Trust's plans also delivered a 3 rating across 16/17. These convert to a Financial Sustainability Risk Rating of 4. The Trust is currently a 4 at Q2 and is forecasting a 4 at the year-end based on achieving a surplus of £3.5m. To achieve a 4 next year and to avoid dropping to a 2 the Trust will need to achieve a £2.5m surplus.

The Trust's current plans for next year are to achieve a £4.8m surplus. However, there are currently significant risks to achieving next year's planned efficiency requirements. Work streams are in the process of being put in place to develop action plans to try and ensure financial delivery next year including the identification of non-recurring measures. The efficiency requirement for next year should be confirmed in November/December. Due to the current financial performance of providers, there is an expectation that the efficiency requirement for next year may be reduced.

**Therefore, at this point, it is recommended that the Board confirm the Finance declaration this quarter.**

However, this will need to be reviewed in December following confirmation of the efficiency requirement and a review of delivery plans for next year given the limited headroom. If significant risk still remains against delivery of the 2016/17 plan, then the Board will have to highlight this risk to Monitor.

6. Monitor published a revised risk assessment framework during Q2 2015/16; a summary of the changes was included in the month 5 performance report presented to the Board in September 2015.

**Outcome required:**

To approve the Quarter 2 return - to be submitted to Monitor by 30th October 2015.

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

**BOARD OF DIRECTORS**  
28 October 2015

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

**PURPOSE**

To present to the Board of Directors the quarter 2 in-year monitoring return and declarations, prior to submission to Monitor by the 30<sup>th</sup> October 2015.

**BACKGROUND**

Monitor oversees foundation trusts using the Risk Assessment Framework, which was most recently updated in August 2015.

Monitor provided all Trusts with a new governance rating on implementation of the Risk Assessment Framework in October 2013 – NTW was given the rating of GREEN (no issues identified) and this has been maintained ever since.

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 Financial Sustainability risk rating the Trust is a 4 at Q2. 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	Q2 15-16
Continuity of Services Rating	5	5	5	3	3	4	3	4	4
Governance Risk Rating	Amber/ Red	Green	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:

	Q2 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 most recent guidance for quarterly submissions the declarations are as follows:

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

The Board anticipates that the Trust will continue to maintain a Financial Sustainability 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 (Updated August 2015); 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 22 Table 3: Examples of where an exception report is required and page 66 Table A3: Monitor Reporting Requirements) which have not already been reported.

Board Response – Confirmed

Signed on behalf of the Board of Directors

Signature



Capacity: Chief Executive  
Date: 28th October 2015



Capacity: Chair  
Date: 28th October 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 have been two changes to the Board of Directors during Quarter 2. Alexis Cleveland and Leslie Boobis started their terms as Non-Executive Directors on 1 July 2015.

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

#### **Leavers:**

<b>Name</b>	<b>Type</b>	<b>Date of Change</b>	<b>Reason</b>
Graham Martin	Public – Rest of England and Wales	31 July 2015	Resigned
Keith McCririck	Public - Sunderland	8 September 2015	Dismissed
Jane Hall	Public Sunderland	25 September 2015	Relocated

**Results of any election for the Council of Governors:** There have been no recent elections.

N.B. The next round of Governor Elections will take place during October and November 2015. There will be Governor Elections for 15 vacancies, as follows:

Service User Governors: Learning Disability Services (1)  
Neuro Disability Services (1)

Public Governors: Newcastle and Rest of England/Wales (1)  
Sunderland (1)

Carer Governors: Adult Services (2)  
Children & Young People's Services (1)  
Learning Disability Services (1)  
Neuro Disability Services (1)  
Older People's Services (1)

Staff Governors: Clinical (2)  
Medical (1)  
Non-Clinical (2)



Access targets and outcomes objectives: The following table provides the proposed submission in relation to Quarter 2 performance:

[Click to go to index](#)

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

Target or Indicator (per Risk Assessment Framework)	Annual Plan		Quarter 1				Quarter 2					
	Threshold or target YTD	Scoring Per Risk Assessment Framework	Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation					0.0%				0.0%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation					0.0%				0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	94%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	96%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 2 week (all cancers)	93%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 2 week (breast symptoms)	93%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Care Programme Approach (CPA) follow up within 7 days of discharge	95%	1.0	No	0	99.1%	Achieved		0	98.6%	Achieved		0
Care Programme Approach (CPA) formal review within 12 months	95%	1.0	No	0	96.7%	Achieved		0	96.9%	Achieved		0
Admissions had access to crisis resolution / home treatment teams	95%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	75%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)		1.0	No	0	0	Achieved		0	0	Achieved		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)					0			0	0			0
C.Diff cases under review					0			0	0			0
Minimising MH delayed transfers of care	<=7.5%	1.0	No	0	2.8%	Achieved		0	2.1%	Achieved		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (from Q3 2015/16)	50%				0.0%	Not relevant		0	0.0%	Not relevant		0
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (from Q4 2015/16)	75%				0.0%	Not relevant		0	0.0%	Not relevant		0
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (from Q4 2015/16)	85%				0.0%	Not relevant		0	0.0%	Not relevant		0
Data completeness, MH: identifiers	97%	1.0	No	0	99.8%	Achieved		0	99.8%	Achieved		0
Data completeness, MH: outcomes	50%	1.0	No	0	92.4%	Achieved		0	92.6%	Achieved		0
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	No	0	N/A	Achieved		0	N/A	Achieved		0
Community care - referral to treatment information completeness	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Community care - referral information completeness	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Community care - activity information completeness	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No		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 loc			08/11/2013	The Trust has 16 locations registered with CQC and th		
CQC compliance action outstanding (as at time of submission)	N/A		No		No				No			
CQC enforcement action within last 12 months (as at time of submission)	N/A		No		No				No			
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No		No				No			
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No				No			
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No				No			
Overall rating from CQC inspection (as at time of submission)	N/A		N/A		N/A				N/A			
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		N/A		No				No			
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No		No				No			
Trust has not complied with the high secure services Directorate (high secure MH trusts only)	N/A		N/A		N/A				No			
<b>Results left to complete:</b>	0				0				0			
<b>Checks Count:</b>	0								OK			
<b>Checks left to clear:</b>	0											
<b>Service Performance Score</b>					0			0				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 Financial Sustainability Risk Rating.

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 Financial Sustainability 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 each quarter in 15/16 and the Trust's plans also delivered a 3 rating across 16/17. These convert to a Financial Sustainability Risk Rating of 4. The Trust is currently a 4 at Q2 and is forecasting a 4 at the year-end based on achieving a surplus of £3.5m. To achieve a 4 next year and to avoid dropping to a 2 the Trust will need to achieve a £2.5m surplus.

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However, this will need to be reviewed in December following confirmation of the efficiency requirement and a review of delivery plans for next year given the limited headroom. If significant risk still remains against delivery of the 2016/17 plan, then the Board will have to highlight this risk to Monitor.

## Risk Assessment Framework Financial Sustainability Risk Rating

	Plan YTD		Actual YTD		Plan Year		Forecast		2015/16		2016/17	
	to	to	to	to	to	to	to	to	Adjusted	Forecast	Plan Year	Plan Year
	30-Sep-15	30-Sep-15	31-Mar-16	31-Mar-16	31-Mar-16	31-Mar-16	30-Dec-15	31-Mar-16	30-Jun-16	30-Sep-16	30-Dec-15	30-Sep-16
	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m
<b>Liquidity Days (25%)</b>												
<b>Working Capital Balance (cash for liquidity purposes)</b>												
+ Total current assets (+)	35.626	45.506	34.009	35.403	38.791	35.403	33.848	33.171				
+ Total current liabilities (-)	(28.048)	(28.945)	(27.752)	(27.752)	(27.879)	(27.752)	(27.707)	(26.598)				
- Inventories (+)	0.350	0.296	0.350	0.350	0.350	0.350	0.350	0.350				
- Non-current assets held for sale (+)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000				
<b>Total Working Capital Balance</b>	<b>7.228</b>	<b>16.265</b>	<b>5.907</b>	<b>7.301</b>	<b>10.562</b>	<b>7.301</b>	<b>5.791</b>	<b>6.223</b>				
<i>multiplied by 360</i>	<i>1,301.040</i>	<i>2,927.700</i>	<i>2,126.520</i>	<i>2,628.360</i>	<i>2,851.740</i>	<i>2,628.360</i>	<i>521.190</i>	<i>1,120.140</i>				
<b>Annual Operating Expenses</b>												
Operating expenses within EBITDA	144.897	143.634	290.884	289.850	216.943	289.850	66.395	132.790				
<b>Total Annual Operating Expenses</b>	<b>144.897</b>	<b>143.634</b>	<b>290.884</b>	<b>289.850</b>	<b>216.943</b>	<b>289.850</b>	<b>66.395</b>	<b>132.790</b>				
<b>Liquidity Days Ratio</b>												
= <i>Working Capital Balance * 360</i>	<b>9.0</b>	<b>20.4</b>	<b>7.3</b>	<b>9.1</b>	<b>13.1</b>	<b>9.1</b>	<b>7.8</b>	<b>8.4</b>				
<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 (25%)</b>												
<b>Revenue Available for Debt Service</b>												
+ Surplus / (Deficit) after tax	0.750	4.448	2.000	3.500	3.500	3.500	1.305	2.506				
- 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				
- PDC expense (-)	(0.325)	(0.225)	(0.650)	(0.450)	(0.338)	(0.450)	(0.131)	(0.262)				
- Depreciation & Amortisation (-)	(2.942)	(2.955)	(5.882)	(5.882)	(4.391)	(5.882)	(1.534)	(3.172)				
- Total interest expense incl Other Finance Costs (-)	(2.964)	(2.882)	(5.968)	(5.869)	(4.455)	(5.968)	(1.498)	(2.996)				
- Gain (+) / Loss (-) on asset disposals	0.000	(0.008)	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				
<b>Total Revenue Available for Debt Service</b>	<b>6.981</b>	<b>10.518</b>	<b>14.500</b>	<b>15.701</b>	<b>12.684</b>	<b>15.800</b>	<b>4.468</b>	<b>8.936</b>				
<b>Capital Servicing Costs</b>												
+ PDC dividend expense	0.325	0.225	0.650	0.450	0.338	0.450	0.131	0.262				
+ Interest expense on commercial & non-commercial borrowing	0.672	0.635	1.410	1.310	1.029	1.410	0.417	0.834				
+ Interest expense on PFIs & finance leases	1.494	1.493	2.962	2.963	2.229	2.962	0.728	1.456				
+ Other finance costs & non-operating PFI costs (e.g. contingent rent)	0.798	0.754	1.596	1.596	1.197	1.596	0.353	0.706				
+ Loan repayments	2.295	2.295	4.590	4.590	3.147	4.590	0.852	2.503				
+ Capital element of PFI & other finance lease payments	0.776	0.769	1.564	1.565	1.183	1.564	0.205	0.382				
<b>Total Capital Servicing Costs</b>	<b>6.360</b>	<b>6.171</b>	<b>12.772</b>	<b>12.474</b>	<b>9.123</b>	<b>12.572</b>	<b>2.686</b>	<b>6.143</b>				
<b>Capital Service Capacity Ratio</b>												
= <i>Revenue Available for Debt Service</i>	<b>1.10</b>	<b>1.70</b>	<b>1.14</b>	<b>1.26</b>	<b>1.39</b>	<b>1.26</b>	<b>1.66</b>	<b>1.45</b>				
<b>Capital Service Capacity Risk Rating</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>				
<b>I&amp;E Mar (25%)</b>												
<b>Surplus/Deficit</b>												
+ Surplus / (Deficit) after tax	0.750	4.448	2.000	3.500	3.500	3.500	1.305	2.506				
- 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				
<b>Total Surplus/(Deficit)</b>	<b>0.750</b>	<b>4.448</b>	<b>2.000</b>	<b>3.500</b>	<b>3.500</b>	<b>3.500</b>	<b>1.305</b>	<b>2.506</b>				
<b>Annual Income</b>												
Annual Income within EBITDA	154.140	154.100	305.642	305.642	229.871	305.642	71.233	142.070				
<b>Total Annual Income</b>	<b>154.140</b>	<b>154.100</b>	<b>305.642</b>	<b>305.642</b>	<b>229.871</b>	<b>305.642</b>	<b>71.233</b>	<b>142.070</b>				
<b>I&amp;E Margin</b>												
<b>I&amp;E Margin</b>	<b>0.49</b>	<b>2.89</b>	<b>0.65</b>	<b>1.15</b>	<b>1.52</b>	<b>1.15</b>	<b>1.83</b>	<b>1.76</b>				
<b>I&amp;E Margin Risk Rating</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>				
<b>I&amp;E Margin Variance (25%)</b>												
I&E Margin Actual		2.89		1.15	1.52	1.15	1.83	1.76				
I&E Margin Plan		0.49		0.65	0.55	0.65	1.83	1.76				
<b>I&amp;E Margin Variance</b>	<b>0.00</b>	<b>2.40</b>	<b>0.00</b>	<b>0.49</b>	<b>0.97</b>	<b>0.49</b>	<b>0.00</b>	<b>0.00</b>				
<b>I&amp;E Margin Variance 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>Financial Sustainability Risk Rating</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>				



The Trust scored a 4 at Quarter 2. The forecast is a 4 for the remainder of 2015-16 based on achieving an above plan surplus of £3.5m.

## **RECOMMENDATIONS**

To note the information included within the report

**Lisa Quinn**  
**Executive Director of Performance & Assurance**  
**October 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 & CDT
	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 Q2 2015-16

**Table 3: Examples of where an exception report is required**

	Examples
Continuity of services	<ul style="list-style-type: none"> <li>• unplanned significant reductions in income or significant increases in costs</li> <li>• discussions with external auditors which may lead to a qualified audit report</li> <li>• future transactions potentially affecting the financial sustainability risk rating</li> <li>• risk of a failure to maintain registration with CQC for CRS</li> <li>• loss of accreditation of a CRS</li> <li>• proposals to vary CRS provision or dispose of assets, including:               <ul style="list-style-type: none"> <li>○ cessation or suspension of CRS</li> <li>○ variation in asset protection processes</li> </ul> </li> <li>• proposed disposals of CRS-related assets</li> </ul>
Financial governance	<ul style="list-style-type: none"> <li>• requirements for additional working capital facilities</li> <li>• failure to comply with the statutory reporting guidance</li> <li>• adverse report from internal auditors</li> <li>• significant third-party investigations or reports that suggest potential material issues with governance</li> <li>• CQC inspections and their outcomes</li> <li>• performance penalties to commissioners</li> </ul>
Governance	<ul style="list-style-type: none"> <li>• third-party investigations or reports that could suggest material issues with financial, operational, clinical service quality or other aspects of the trust's activities that could indicate material issues with governance</li> <li>• CQC responsive or planned inspections and the outcomes/findings</li> <li>• changes in chair, senior independent director or executive director</li> <li>• any never events*</li> <li>• any patient suicide, homicide or absconsion (mental health trusts only)</li> <li>• non-compliance with safety and security directions and outcomes of safety and security audits (providers of high security mental health services only)</li> <li>• other serious incidents or patient safety issues that may impact compliance with the licence (eg serious incidents, complaints)</li> </ul>
Other risks	<ul style="list-style-type: none"> <li>• enforcement notices or other sanctions from other bodies implying potential or actual significant breach of a licence condition</li> <li>• patient group concerns</li> <li>• concerns from whistleblowers or complaints</li> <li>• any significant reputation issues, eg any adverse national press attention</li> </ul>

\*Never events should always be reported to us at the same time as to commissioners, even if they will later be deemed not to be never events.

### 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
01/07/2015	196503	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
01/07/2015	196649	Addictions Service NCL N Tyneside	DE01 Unexpected Death	Conclusion Pending
01/07/2015	196737	ACTS	DE18 Unexpected Death Local AAR	Conclusion Pending
02/07/2015	197520	Northumberland Head Injuries Team - NGH	DE18 Unexpected Death Local AAR	Conclusion Pending
07/07/2015	202998	Sunderland Psychological Wellbeing Service - MWM	DE01 Unexpected Death	Misadventure
10/07/2015	197186	Crisis Response & Home Treatment - Ravenswood	DE01 Unexpected Death	Conclusion Pending
12/07/2015	197909	South Tyneside Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
21/07/2015	198391	North Northumberland OP CMHT	DE01 Unexpected Death	Conclusion Pending
25/07/2015	198879	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
27/07/2015	199523	Gender Dysphoria Team - Benfield	DE01 Unexpected Death	Conclusion Pending
30/07/2015	199427	Sunderland Adult Community Treatment Team - MWM	DE01 Unexpected Death	Conclusion Pending
31/07/2015	199550	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
02/08/2015	199533	North Tyneside East Adult CMHT - Station Rd	DE01 Unexpected Death	Misadventure
06/08/2015	199883	Fellside	DE01 Unexpected Death	Conclusion Pending
07/08/2015	200241	Sunderland Adult Community Treatment Team - MWM	DE01 Unexpected Death	Conclusion Pending
13/08/2015	200807	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
13/08/2015	200813	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
14/08/2015	200841	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Natural Causes
14/08/2015	201013	Memory Assessment Service - CAV	DE01 Unexpected Death	Conclusion Pending
14/08/2015	201117	Central & S Northumberland CMHT - Greenacres	DE01 Unexpected Death	Conclusion Pending
20/08/2015	201220	Tweed Unit (V5)	AA09 Absented Themselves From Hospitals	SUI Review
20/08/2015	201797	NLD Recovery Partnership - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
24/08/2015	201790	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
24/08/2015	201807	NLD Recovery Partnership - Bowes St	DE18 Unexpected Death Local AAR	Conclusion Pending
24/08/2015	201721	Initial Response Team SoT - HWP	DE01 Unexpected Death	Conclusion Pending
25/08/2015	201822	Tyne	DE01 Unexpected Death	Conclusion Pending
25/08/2015	201900	Newcastle West Adult CMHT - Silverdale	DE18 Unexpected Death Local AAR	Conclusion Pending
26/08/2015	201897	Newcastle North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
26/08/2015	201910	NLD Recovery Partnership - Bowes St	DE18 Unexpected Death Local AAR	Conclusion Pending
28/08/2015	202261	Newcastle North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
30/08/2015	202334	Initial Response Team SoT - HWP	DE18 Unexpected Death Local AAR	Conclusion Pending
01/09/2015	202550	Newcastle West Adult CMHT - Silverdale	DE01 Unexpected Death	Conclusion Pending
01/09/2015	203919	NLD Recovery Partnership - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending

<b>Incident Date</b>	<b>Incident Number</b>	<b>Department</b>	<b>Cause 1</b>	<b>Outcome Type</b>
05/09/2015	203105	CYPS Community NCL GHD - Benton House	DE04 Alleged Homicide By A Patient	Police Involvement
15/09/2015	203797	Sunderland Adult Community Treatment Team - MWM	DE18 Unexpected Death Local AAR	Conclusion Pending
17/09/2015	204434	NCL West Adult CMHT - CAV	DE18 Unexpected Death Local AAR	Conclusion Pending
17/09/2015	205045	Acquired Brain Injury Service - MWM	DE01 Unexpected Death	Conclusion Pending
18/09/2015	204361	Sunderland North Psychosis / Non Psychosis - MWM	DE01 Unexpected Death	Conclusion Pending
20/09/2015	204366	CYPS Community NCL GHD - Benton House	DE01 Unexpected Death	Conclusion Pending
21/09/2015	204297	Sunderland Psychological Wellbeing Service - MWM	DE01 Unexpected Death	Conclusion Pending
22/09/2015	205088	Central & S Northumberland OP CMHT - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
23/09/2015	205064	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
26/09/2015	205068	Newcastle North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
28/09/2015	205041	Hexham Adult CMHT - Farnington Ctr	DE01 Unexpected Death	Conclusion Pending
29/09/2015	205043	Initial Response Team SoT - HWP	DE01 Unexpected Death	Conclusion Pending
29/09/2015	204975	Warkworth	DE01 Unexpected Death	Conclusion Pending

#### Adverse national press attention Q2 2015-16

There was no adverse national media coverage in the period.