

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 27 April 2016

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

Paper for Debate, Decision or Information: Approval

Key Points to Note:

1. This is the Quarter 4 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 have been introduced in 2015/16. While measurement of these standards commences from April 2016, current performance is to be included within the quarter 4 2015-16 submission as required by Monitor. These standards are declared as achieved however please note that the EIP data for quarter 4 does not reflect the full caseload that will be seen by EIP teams from April 2016.
4. The exception reports regarding serious incidents and reputational issues for Q4 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 submitted its Operational Plan for 16/17 on 18 April which includes a planned risk rating of 3 in the 1st quarter and a rating of 4 for the other quarters in 16/17. This is based on achieving the Trust's control total which is a surplus of £4.7m. To achieve at least a 3 next year and to avoid dropping to a 2 the Trust needs to achieve a surplus of £2.7m.

Although, there will still be risks to delivery due to the Trust facing a number of service and financial pressures, the Trust expects to deliver its control total of £4.7m in 2016/17. Therefore, it is anticipated that the Trust will achieve at least a 3 rating next year.

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

Outcome required:

To approve the Quarter 4 return - to be submitted to Monitor by 29th April 2016.
To determine the items (as listed in Appendix 2) that should be reported to the Monitor Regional Manager.

BOARD OF DIRECTORS MEETING

27 April 2015

Quarterly Report to Monitor (Risk Assessment Framework)

PURPOSE

To present to the Board of Directors the quarter 4 in-year monitoring return and declarations, prior to submission to Monitor by the 29th April 2016.

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 were introduced in 2015/16 as follows:

- IAPT programme - 75% treated within 6 weeks of referral and 95% treated within 18 weeks
- Early Intervention in Psychosis (EIP): treatment with a NICE approved care package within two weeks of referral (target 50%)

Reporting compliance with these standards to Monitor commenced in quarter 3 for the two IAPT standards (achieved) and will commence from quarter 4 for the EIP standard (achieved). Measurement of these standards commences with effect from 1st April 2016 and the achievement of these standards is a pre-requisite for the release of Sustainability Funds in 2016/17. While these standards are declared as achieved for quarter 4, please note that the EIP data for quarter 4 does not reflect the full caseload that will be seen by EIP teams from April 2016.

For the Financial Sustainability risk rating the Trust is a 4 at Q4. 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 All qtrs 12-13	Q1,2,3 &4 13-14	Q1&Q2 14-15	Q3 14-15	Q4 14-15	Q1 & Q2 15-16	Q3 15-16	Q4 15-16
Continuity of Services Rating	5	5	3	3	4	3	4	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:

	Q4 2015-16
Total number of Executive posts on the Board (voting)	5
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	1
Number of resignations in quarter	1
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: 27th April 2016



Capacity: Chair
Date: 27th April 2016

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 4. Peter Studd was appointed as Non-Executive Director from 1 January 2016 and Dr Rajesh Nadkarni was appointed as Interim Executive Medical Director from 16 January 2016 following the resignation of Dr Douglas Gee.

Report on any changes to the Council of Governors: There have been no changes to the Council of Governors during Quarter 4.

Results of any election for the Council of Governors: Elections took place in quarter 4 (see details below). The elected Governors commenced in post from 1st April 2016. One vacancy remains for one carer governor for older people's services and the next round of Governor Elections is planned to take place during September 2016

Elected

Name	Type	Date of Change	Reason
Anne Carlile	Carer Governor for Adult Services	1 st April 2016	Elected for 3 years
George Hardy	Carer Governor for Learning Disability Services	1 st April 2016	Elected for 3 years
Dr Peter Okey	Staff Governor for Medical	1 st April 2016	Elected for 3 years
Diane Kirtley	Carer Governor for Neuro Disabilities Services	1 st April 2016	Elected for 3 years

Access targets and outcomes objectives: The following table provides the proposed submission in relation to Quarter 4 performance:

Declaration of risks against healthcare targets and indicators for 201516 by Northumberland, Tyne & Wear NHS Foundation Trust

	Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1				Quarter 2				Quarter 3				Quarter 4				
			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	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework	
<p><i>Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A</i> <i>NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.</i></p> <p>Key: must complete may need to complete</p>																					
Target or Indicator (per Risk Assessment Framework)																					
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i	92%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		0	100.0%	Achieved		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	0.0%	Not relevant		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	i	85%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		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	i	90%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		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	i					0.0%				0.0%				0.0%				0.0%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i					0.0%				0.0%				0.0%				0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	i	94%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	i	98%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i	94%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		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	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 2 week (all cancers)	i	93%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Cancer 2 week (breast symptoms)	i	93%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Care Programme Approach (CPA) follow up within 7 days of discharge	i	95%	1.0	No	0	99.1%	Achieved		0	98.6%	Achieved		0	98.7%	Achieved		0	98.1%	Achieved		0
Care Programme Approach (CPA) formal review within 12 months	i	95%	1.0	No	0	96.7%	Achieved		0	96.9%	Achieved		0	97.2%	Achieved		0	97.3%	Achieved		0
Admissions had access to crisis resolution / home treatment teams	i	95%	1.0	No	0	100.0%	Achieved		0	100.0%	Achieved		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	i	95%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		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	0.0%	Not relevant		0	0.0%	Not relevant		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	0.0%	Not relevant		0	0.0%	Not relevant		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	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)	i		1.0	No	0	0	Achieved		0	0	Achieved		0	1	Not relevant	< de-minimis level of 12 plus	0	1	Not relevant	< de-minimis level of 12 plus	0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i					0				0				1				1			
C.Diff cases under review	i					0				0				0				0			
Minimising MH delayed transfers of care	i	<=7.5%	1.0	No	0	2.8%	Achieved		0	2.1%	Achieved		0	2.0%	Achieved		0	2.6%	Achieved		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (scored from Q4 2015/16)	i	50%	1.0			0.0%	Not relevant			0.0%	Not relevant			0.0%	Not relevant			65.4%	Achieved		0
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (scored from Q3 2015/16)	i	75%	1.0			0.0%	Not relevant			0.0%	Not relevant			99.1%	Achieved		0	98.8%	Achieved		0
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (scored from Q3 2015/16)	i	95%	1.0			0.0%	Not relevant			0.0%	Not relevant			99.9%	Achieved		0	99.9%	Achieved		0
Data completeness, MH: identifiers	i	97%	1.0	No	0	99.8%	Achieved		0	99.8%	Achieved		0	99.8%	Achieved		0	99.8%	Achieved		0
Data completeness, MH: outcomes	i	50%	1.0	No	0	92.4%	Achieved		0	92.6%	Achieved		0	93.0%	Achieved		0	93.5%	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	N/A	Achieved		0	N/A	Achieved		0	N/A	Achieved		0
Community care - referral to treatment information completeness	i	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Community care - referral information completeness	i	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Community care - activity information completeness	i	50%	1.0	N/A	0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0	0.0%	Not relevant		0
Risk of, or actual, failure to deliver Commissioner Requested Services		N/A		No																	
Date of last CQC inspection	i	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 the last loc			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 the last loc		
CQC compliance action outstanding (as at time of submission)		N/A		No																	
CQC enforcement action within last 12 months (as at time of submission)		N/A		No																	
CQC enforcement action (including notices) currently in effect (as at time of submission)		N/A		No																	
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		No																	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i	N/A		No																	
Overall rating from CQC inspection (as at time of submission)	i	N/A		N/A																	
CQC recommendation to place trust into Special Measures (as at time of submission)		N/A		N/A																	
Trust unable to declare ongoing compliance with minimum standards of CQC registration		N/A		No																	
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)		N/A		N/A															N/A		

Finance Returns

Risk Assessment Framework Financial Risk Rating

The full returns have been prepared in line with 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 submitted its Operational Plan for 16/17 on 18 April which includes a planned risk rating of 3 in the 1st quarter and a rating of 4 for the other quarters in 16/17. This is based on achieving the Trust's control total which is a surplus of £4.7m. To achieve at least a 3 next year and to avoid dropping to a 2 the Trust needs to achieve a surplus of £2.7m.

Although, there will still be risks to delivery due to the Trust facing a number of service and financial pressures, the Trust expects to deliver its control total of £4.7m in 2016/17. Therefore, it is anticipated that the Trust will achieve at least a 3 rating next year.

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

Risk Assessment Framework Financial Sustainability Risk Rating

	Plan YTD to 31-Jan-16	Actual YTD to 31-Jan-16	Plan Year to 31-Mar-16	Forecast Year to 31-Mar-16	2016/17 Plan				
					Plan Year to 30-Jun-16	Plan Year to 30-Sep-16	Plan Year to 31-Dec-16	Plan Year to 31-Mar-17	
					£ m	£ m	£ m	£ m	
Liquidity Days (25%)									
Working Capital Balance (cash for liquidity purposes)									
+ Total current assets (+)	34.009	41.105	34.009	41.105	37.701	34.925	35.383	38.034	
+ Total current liabilities (-)	(27.752)	(32.454)	(27.752)	(32.454)	(30.682)	(29.426)	(29.880)	(30.019)	
- Inventories (+)	0.350	0.303	0.350	0.303	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	
Total Working Capital Balance	5.907	8.348	5.907	8.348	6.669	5.149	5.153	7.665	
<i>multiplied by 360</i>	<i>2,126.520</i>	<i>3,005.280</i>	<i>2,126.520</i>	<i>3,005.280</i>	<i>600.210</i>	<i>926.820</i>	<i>1,391.310</i>	<i>2,759.400</i>	
Annual Operating Expenses									
Operating expenses within EBITDA	290.884	289.946	290.884	289.946	71.229	142.298	212.647	283.336	
Total Annual Operating Expenses	290.884	289.946	290.884	289.946	71.229	142.298	212.647	283.336	
Liquidity Days Ratio									
= <i>Working Capital Balance * 360</i>	7.3	10.4	7.3	10.4	8.4	6.5	6.5	9.7	
Liquidity Risk Rating	4	4	4	4	4	4	4	4	
Capital Service Capacity (25%)									
Revenue Available for Debt Service									
+ Surplus / (Deficit) after tax	2.000	11.816	2.000	11.816	0.425	1.685	3.339	4.700	
- 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	7.587	0.000	7.587	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 (-)	(0.650)	(0.339)	(0.650)	(0.339)	(0.200)	(0.400)	(0.600)	(0.800)	
- Depreciation & Amortisation (-)	(5.882)	(6.007)	(5.882)	(6.007)	(1.610)	(3.239)	(4.978)	(6.722)	
- Total interest expense incl Other Finance Costs (-)	(5.968)	(5.777)	(5.968)	(5.777)	(1.412)	(2.833)	(4.264)	(5.734)	
- Gain (+) / Loss (-) on asset disposals	0.000	(0.007)	0.000	(0.007)	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	14.500	16.359	14.500	16.359	3.647	8.157	13.181	17.956	
Capital Servicing Costs									
+ PDC dividend expense	0.650	0.339	0.650	0.339	0.200	0.400	0.600	0.800	
+ Interest expense on commercial & non-commercial borrowing	1.410	1.307	1.410	1.307	0.360	0.729	1.110	1.529	
+ Interest expense on PFIs & finance leases	2.962	2.963	2.962	2.963	0.717	1.434	2.150	2.867	
+ Other finance costs & non-operating PFI costs (e.g. contingent rent)	1.596	1.507	1.596	1.507	0.335	0.670	1.004	1.338	
+ PDC repayments	0.000	0.700	0.000	0.700	0.000	0.000	0.000	0.000	
+ Loan repayments	4.590	4.590	4.590	4.590	0.852	2.503	3.355	5.164	
+ Capital element of PFI & other finance lease payments	1.565	1.565	1.565	1.565	0.207	0.382	0.591	0.769	
Total Capital Servicing Costs	12.773	12.971	12.773	12.971	2.671	6.118	8.810	12.467	
Capital Service Capacity Ratio									
= <i>Revenue Available for Debt Service</i>	1.14	1.26	1.14	1.26	1.37	1.33	1.50	1.44	
Capital Service Capacity Risk Rating	1	2	1	2	2	2	2	2	
I&E Mar (25%)									
Surplus/Deficit									
+ Surplus / (Deficit) after tax	2.000	11.816	2.000	11.816	0.425	1.685	3.339	4.700	
- 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	7.587	0.000	7.587	0.000	0.000	0.000	0.000	
Total Surplus/(Deficit)	2.000	4.229	2.000	4.229	0.425	1.685	3.339	4.700	
Annual Income									
Annual Income w within EBITDA	305.867	306.197	305.867	306.197	74.876	150.452	225.829	301.291	
	305.867	306.197	305.867	306.197	74.876	150.452	225.829	301.291	
I&E Margin									
	0.65	1.38	0.65	1.38	0.57	1.12	1.48	1.56	
I&E Margin Risk Rating	3	4	3	4	3	4	4	4	
I&E Margin Variance (25%)									
I&E Margin Actual		1.38		1.38	0.57	1.12	1.48	1.56	
I&E Margin Plan		0.54		0.65	0.57	1.12	1.48	1.56	
I&E Margin Variance	0.00	0.84	0.00	0.73	0.00	0.00	0.00	0.00	
I&E Margin Variance Risk Rating	4	4	4	4	4	4	4	4	
Financial Sustainability Risk Rating	2	4	2	4	3	4	4	4	

RECOMMENDATIONS

To note the information included within the report

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
April 2016

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
Finance			
Finance Worksheets	Executive Director of Finance	Finance Reports	Board, FIBD & CDT
Finance Declaration			
Governance			
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 Q4 2015-16

Table 3: Examples of where an exception report is required

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

*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
01/01/2016	214039	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
05/01/2016	214114	GHD Community Psychosis Team - Tranwell	DE18 Unexpected Death Local AAR	Conclusion Pending
06/01/2016	214225	NLD Recovery Partnership - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
08/01/2016	214352	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
13/01/2016	214780	Initial Response Team SoT - HWP	DE01 Unexpected Death	Conclusion Pending
14/01/2016	215967	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
15/01/2016	214948	North Tyneside West Adult CMHT - Oxford Centre	DE01 Unexpected Death	Conclusion Pending
18/01/2016	215150	NLD Recovery Partnership - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
27/01/2016	215984	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
29/01/2016	216148	Hadrian Clinic - Gainsborough	DE18 Unexpected Death Local AAR	Conclusion Pending
30/01/2016	216500	Crisis Response & Home Treatment - Ravenswood	DE18 Unexpected Death Local AAR	Conclusion Pending
04/02/2016	216548	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
06/02/2016	216751	SLD Psychiatry & Liaison Team - SLD Royal	DE01 Unexpected Death	Conclusion Pending
09/02/2016	217057	Initial Response Team SoT - HWP	DE01 Unexpected Death	Conclusion Pending
12/02/2016	217213	NLD Recovery Partnership - Wallace Green	DE01 Unexpected Death	Conclusion Pending
16/02/2016	217997	North Tyneside Recovery Partnership - Wallsend	DE01 Unexpected Death	Conclusion Pending
23/02/2016	218093	Central & S Northumberland CMHT - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
01/03/2016	218636	NLD Recovery Partnership - Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
05/03/2016	218987	Crisis Response & Home Treatment - Ravenswood	DE01 Unexpected Death	Conclusion Pending
06/03/2016	219150	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
08/03/2016	219240	S Tyneside Psychosis/Non Psychosis - Barrington St	DE18 Unexpected Death Local AAR	Conclusion Pending
11/03/2016	219707	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
12/03/2016	219723	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
13/03/2016	219658	SLD North Psychosis / Non Psychosis - MWM	DE01 Unexpected Death	Conclusion Pending

Incident Date	Incident Number	Department	Cause 1	Outcome Type
15/03/2016	219957	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
18/03/2016	220096	Personality Disorder Service - Benfield	DE01 Unexpected Death	Conclusion Pending
20/03/2016	220317	Central & S Northumberland OP CMHT - Greenacres	DE01 Unexpected Death	Conclusion Pending
20/03/2016	220311	NCL North & East Adult CMHT - Molineux	DE18 Unexpected Death Local AAR	Conclusion Pending
30/03/2016	221021	Cognitive Behaviour Therapy - Benfield	DE18 Unexpected Death Local AAR	Conclusion Pending

Adverse national press attention Q4 2015-16

There was no adverse national media coverage in the period.