

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 January 2016

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 3 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. Reporting of IAPT 6 and 18 week access standards has commenced in quarter 3 (achieved) and reporting of EIP standards is due to commence in Q4. Measurement of these standards takes place with effect from 1.4.2016.
4. The exception reports regarding serious incidents and reputational issues for Q3 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 Q3 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 surplus of around £3m.

The Trust is in the process of finalising its draft plans for next year and these are currently looking at delivering a surplus of £3.5m and a risk rating of 4. Although, there will still be risks to delivery due to the Trust facing a number of service and financial pressures, helped by the reduction in the national efficiency requirement to 2.0% it is anticipated that the Trust will maintain its 4 rating next year.

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

Outcome required:

To approve the Quarter 3 return - to be submitted to Monitor by 29th January 2016.
To determine the items (as listed in Appendix 2) that should be reported to the Monitor Regional Manager.

BOARD OF DIRECTORS

27 January 2015

Quarterly Report to Monitor (Risk Assessment Framework)

PURPOSE

To present to the Board of Directors the quarter 3 in-year monitoring return and declarations, prior to submission to Monitor by the 29th January 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 have been 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 (achieved) and quarter 4 for the EIP standard. 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.

For the Financial Sustainability risk rating the Trust is a 4 at Q3. 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
Continuity of Services Rating	5	5	3	3	4	3	4	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:

	Q3 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: 27th January 2016



Capacity: Chair
Date: 27th January 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 has been one change to the Board of Directors during Quarter 3. Chris Watson (Non-Executive Director) came to the end of his tenure on 31 December 2015 and his replacement took up post from 1 January 2016.

Report on any changes to the Council of Governors: There have been two changes to the Council of Governors during Quarter 3. Pauline Dawson, Governor for Neuro Disabilities resigned on 8 December 2015. Lucy Reynolds was reappointed as Governor for Neuro Disabilities on 9 December 2015.

Leavers:

Name	Type	Date of Change	Reason
Ann Clark	Carer Governor for Adult Services	30 November 2015	Term Ended
Norman Hildrew	Carer Governor for Adult Services	30 November 2015	Term Ended
Janet Fraser	Carer Governor for Children and Young Peoples Services	30 November 2015	Term Ended
George Hardy	Carer Governor for Learning Disabilities Services	30 November 2015	Term Ended
Richard Tomlin	Carer Governor for Neuro Disabilities Services	30 November 2015	Term Ended
Anneva Spark	Carer Governor for Older Peoples Services	30 November 2015	Term Ended
Nigel Atkinson	Staff Governor, Clinical	30 November 2015	Term Ended
Phil Brown	Staff Governor, Clinical	30 November 2015	Term Ended
Alan Currie	Staff Governor, Medical	30 November 2015	Term Ended
Glenys Goodwill	Public Governor for Gateshead	15 October 2015	Resigned

Madeleine Elliott	Public Governor for Northumberland	30 November 2015	Term Ended
Lucy Reynolds	Service User Governor for Neuro Disabilities Services	30 November 2015	Term Ended

Results of any election for the Council of Governors: There have been recent Elections. See details below, the six Governors concerned commenced 1 December 2015.

Elected

Name	Type	Date of Change	Reason
Chris Macklin	Carer Governor for Adult Services	1 December 2015	Elected for 3 years
Alan Gibbons	Carer Governor for Children and Young Peoples Services	1 December 2015	Elected for 3 years
Claire Keys	Staff Governor for Clinical	1 December 2015	Elected for 3 years
Lisa Strong	Staff Governor for Non Clinical	1 December 2015	Elected for 3 years
Michael Butler	Public Governor for Sunderland	1 December 2015	Elected for 3 years
Pauline Dawson	Service User Governor for Neuro Disabilities Services	1 December 2015	Elected for 3 years

Re-elected

Name	Type	Date of Change	Reason
Rachel Simpson	Service User for Learning Disabilities Services	1 December 2015	Unopposed for another 3 years
Austin O'Malley	Public Governor for Newcastle/Rest of England	1 December 2015	Unopposed for another 3 years
Grahame Ellis	Staff Governor for non-Clinical	1 December 2015	Unopposed for another 3 years
Bob Waddell	Staff Governor for Non Clinical	1 December 2015	Unopposed for another 3 years

N.B. The next round of Governor Elections will take place during January 2016

There will be Governor Elections for 5 vacancies, as follows:

Carer Governors:	Staff Governors:
Adult Services (1)	Medical (1)
Learning Disability Services (1)	
Neuro Disability Services (1)	
Older People's Services (1)	

Access targets and outcomes objectives: The following table provides the proposed submission in relation to Quarter 3 performance:

Declaration of risks against healthcare targets and indicators for 201516 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:

must complete
may need to complete

Target or Indicator (per Risk Assessment Framework)

	Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1				Quarter 2				Quarter 3			
			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
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
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
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
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
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i				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%			
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
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
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
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
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
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
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
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
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
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
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
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
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
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
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i				0				0				1			
C.Diff cases under review	i				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
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (scored from Q4 2015/16)	i 50%				0.0%	Not relevant			0.0%	Not relevant			0.0%	Not relevant		
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (scored from Q3 2015/16)	i 75%				0.0%	Not relevant			0.0%	Not relevant			99.1%	Achieved		
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (scored from Q3 2015/16)	i 95%				0.0%	Not relevant			0.0%	Not relevant			99.9%	Achieved		
Data completeness, MH: identifiers	i 97%	1.0	No	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
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
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
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
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

Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No		No		No		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
CQC compliance action outstanding (as at time of submission)	N/A		No		No		No		No	
CQC enforcement action within last 12 months (as at time of submission)	N/A		No		No		No		No	
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No		No		No		No	
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i N/A	Report by Exception	No		No		No		No	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i N/A		No		No		No		No	
Overall rating from CQC inspection (as at time of submission)	i N/A		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		No	
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No		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		No	
Results left to complete:	0				0		0		0	
Checks Count:	0									
Checks left to clear:	0								OK	

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 Q3 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 surplus of around £3m.

The Trust is in the process of finalising its draft plans for next year and these are currently looking at delivering a surplus of £3.5m and a risk rating of 4. Although, there will still be risks to delivery due to the Trust facing a number of service and financial pressures, helped by the reduction in the national efficiency requirement to 2.0% it is anticipated that the Trust will maintain its 4 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-Dec-15	Actual YTD to 31-Dec-15	Plan Year to 31-Mar-16	Forecast Year to 31-Mar-16	2015/16 Forecast Year to 31-Mar-16	2016/17 Plan Year to 30-Jun-16	Plan Year to 30-Sep-16	Plan Year to 31-Dec-16
	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m
Liquidity Days (25%)								
Working Capital Balance (cash for liquidity purposes)								
+ Total current assets (+)	34.791	40.991	34.009	36.123	36.123	35.523	34.923	34.323
+ Total current liabilities (-)	(27.383)	(27.790)	(27.752)	(27.752)	(27.752)	(27.752)	(27.752)	(27.752)
- Inventories (+)	0.350	0.326	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
Total Working Capital Balance	7.058	12.875	5.907	8.021	8.021	7.421	6.821	6.221
<i>multiplied by 360</i>	<i>1,905.660</i>	<i>3,476.250</i>	<i>2,126.520</i>	<i>2,887.560</i>	<i>2,887.560</i>	<i>667.890</i>	<i>1,227.780</i>	<i>1,679.670</i>
Annual Operating Expenses								
Operating expenses within EBITDA	217.374	215.388	292.348	288.542	288.542	72.500	145.000	217.500
Total Annual Operating Expenses	217.374	215.388	292.348	288.542	288.542	72.500	145.000	217.500
Liquidity Days Ratio								
= <i>Working Capital Balance * 360</i>	8.8	16.1	7.3	10.0	10.0	9.2	8.5	7.7
Liquidity Risk Rating	4	4	4	4	4	4	4	4
Capital Service Capacity (25%)								
Revenue Available for Debt Service								
+ Surplus / (Deficit) after tax	1.260	4.237	2.000	3.500	3.500	0.875	1.750	2.625
- 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 (-)	(0.488)	(0.338)	(0.650)	(0.450)	(0.450)	(0.125)	(0.250)	(0.375)
- Depreciation & Amortisation (-)	(4.412)	(4.476)	(5.882)	(5.958)	(5.958)	(1.625)	(3.250)	(4.875)
- Total interest expense incl Other Finance Costs (-)	(4.476)	(4.328)	(5.968)	(5.794)	(5.794)	(1.498)	(2.996)	(4.494)
- 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
Total Revenue Available for Debt Service	10.636	13.387	14.500	15.702	15.702	4.123	8.246	12.369
Capital Servicing Costs								
+ PDC dividend expense	0.488	0.338	0.650	0.450	0.450	0.125	0.250	0.375
+ Interest expense on commercial & non-commercial borrowing	1.045	0.968	1.410	1.235	1.235	0.417	0.834	1.251
+ Interest expense on PFIs & finance leases	2.232	2.229	2.962	2.963	2.963	0.728	1.456	2.184
+ Other finance costs & non-operating PFI costs (e.g. contingent rent)	1.199	1.131	1.596	1.596	1.596	0.353	0.706	1.059
+ Loan repayments	3.147	3.147	4.590	4.590	4.590	0.852	2.626	3.478
+ Capital element of PFI & other finance lease payments	1.181	1.182	1.565	1.565	1.565	0.205	0.382	0.615
Total Capital Servicing Costs	9.292	8.995	12.773	12.399	12.399	2.680	6.254	8.962
Capital Service Capacity Ratio								
= <i>Revenue Available for Debt Service</i>	1.14	1.49	1.14	1.27	1.27	1.54	1.32	1.38
Capital Service Capacity Risk Rating	1	2	1	2	2	2	2	2
I&E Margin (25%)								
Surplus/Deficit								
+ Surplus / (Deficit) after tax	1.260	4.237	2.000	3.500	3.500	0.875	1.750	2.625
- 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
Total Surplus/(Deficit)	1.260	4.237	2.000	3.500	3.500	0.875	1.750	2.625
Annual Income								
Annual Income within EBITDA	229.157	228.644	306.590	304.143	304.143	77.000	154.000	231.000
	229.157	228.644	306.590	304.143	304.143	77.000	154.000	231.000
I&E Margin	0.55	1.85	0.65	1.15	1.15	1.14	1.14	1.14
I&E Margin Risk Rating	3	4	3	4	4	4	4	4
I&E Margin Variance (25%)								
I&E Margin Actual		1.85		1.15	1.15	1.14	1.14	1.14
I&E Margin Plan		0.55		0.65	0.65	1.14	1.14	1.14
I&E Margin Variance	0.00	1.30	0.00	0.50	0.50	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	4	4	4	4

RECOMMENDATIONS

To note the information included within the report

Lisa Quinn
Executive Director of Performance & Assurance
January 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 Q3 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
01/10/2015	204975	Warkworth	DE01 Unexpected Death	Conclusion Pending
05/10/2015	205631	Crisis Response & Home Treatment - Ravenswood	DE01 Unexpected Death	Conclusion Pending
08/10/2015	206483	Crisis Response & Home Treatment - Ravenswood	DE18 Unexpected Death Local AAR	Conclusion Pending
10/10/2015	206352	NCL Clinical Drug And Alcohol Service - Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
10/10/2015	206464	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
17/10/2015	206935	North Tyneside Recovery Partnership - Wallsend	DE01 Unexpected Death	Conclusion Pending
19/10/2015	207590	NCL Clinical Drug And Alcohol Service - Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
20/10/2015	207072	Gender Dysphoria Team - Benfield	DE01 Unexpected Death	Conclusion Pending
21/10/2015	207228	GHD Community Psychosis Team - Tranwell	DE18 Unexpected Death Local AAR	Conclusion Pending
22/10/2015	209248	Ward 4	DE18 Unexpected Death Local AAR	Conclusion Pending
26/10/2015	207622	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
28/10/2015	207982	S Tyneside Psychosis/Non Psychosis - Boldon Lane	DE01 Unexpected Death	Conclusion Pending
29/10/2015	207963	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
30/10/2015	208522	Crisis Response & Home Treatment SLD - HWP	DE18 Unexpected Death Local AAR	Conclusion Pending
03/11/2015	208488	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
06/11/2015	208998	Central & S Northumberland CMHT - Greenacres	DE01 Unexpected Death	Conclusion Pending
10/11/2015	209225	North Tyneside West Adult CMHT - Wallsend	DE01 Unexpected Death	Conclusion Pending
12/11/2015	209905	North Tyneside West Adult CMHT - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
16/11/2015	209692	CYPS Community NLD - NGH	DE04 Alleged Homicide By A Patient	SUI Review
17/11/2015	209867	SLD North Psychosis / Non Psychosis - MWM	DE01 Unexpected Death	Conclusion Pending
17/11/2015	209991	SLD Psychological Wellbeing Service - MWM	DE18 Unexpected Death Local AAR	Conclusion Pending

Incident Date	Incident Number	Department	Cause 1	Outcome Type
18/11/2015	209895	NLD Recovery Partnership - Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
24/11/2015	210504	Crisis Response & Home Treatment NLD - SGP	DE01 Unexpected Death	Conclusion Pending
26/11/2015	210761	Crisis Response & Home Treatment - Ravenswood	DE01 Unexpected Death	Conclusion Pending
27/11/2015	211309	SLD North EIP Hub - MWM	DE01 Unexpected Death	Conclusion Pending
30/11/2015	211228	Central & S Northumberland CMHT - Greenacres	DE01 Unexpected Death	Conclusion Pending
01/12/2015	211410	NLD Recovery Partnership - Bowes St	DE18 Unexpected Death Local AAR	Conclusion Pending
07/12/2015	211945	NCL Clinical Drug And Alcohol Service - Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
09/12/2015	212513	Psychology LD South Of Tyne - Monkton Hall	DE01 Unexpected Death	Conclusion Pending

Adverse national press attention Q3 2015-16

The following adverse national media coverage was received in the period:

Hero of Paris attacks let down by NHS

Michael O'Connor, British survivor of Paris attacks, claims he has an eight to 12 week wait to speak to a therapist from the Talking Matters Cognitive Therapy service run by NTW.

The Weekly Telegraph – Wednesday 30 December 2015

The Daily Telegraph (Web) - Monday 21 December 2015

The Daily Telegraph – Monday 21 December 2015

Mail Online UK (Web) – Sunday 20 December 2015

Mirror.co.uk (Web) – Sunday 20 December 2015