

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST
BOARD OF DIRECTORS MEETING

Meeting Date: 27 April 2016

Title and Author of Paper:

Contract 2016-17 Update

Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

The enclosed paper provides an update on Contract negotiations. At the date of writing this report NTW have a signed contract with Sunderland CCG and an email exchange agreement in principle with Newcastle Gateshead CCG, Northumberland CCG, North Tyneside CCG, South Tyneside CCG and NHS England. Our other smaller contracts are progressing well with no significant issues.

Attached to this paper are the agreed quality schedules across all our contracts and the agreed CQUINS.

All CQUINS are either national requirements or developed locally led by NTW operational/clinical staff and CCG representatives.

Further updates on contract signatures will be reported through FIBD (sub-committee of the Board).

I would like to personally thank all the Commissioning and Quality Assurance Team who have worked tirelessly since January in order to reach the settlement we have achieved.

Outcome required: Understanding of 2016-17 contract position

BOARD OF DIRECTORS MEETING

27 April 2016

2016-17 Contract Update

PURPOSE

To provide an update on the 2016-17 contract negotiations.

INTRODUCTION

The planning guidance for 2016-17 has been issued centrally over a period of months since December 2015. The actual contract documentation was not issued in full until 30th March 2016. This has led to a national delay in the signing of 2016-17 contracts.

Whilst formal contracts were not signed we did have financial agreements in place across all of our main CCGs and with NHS England by 31st March 2016.

Attached to this paper is a series of Appendices:

Appendix 1: Quality Standards and Information requirements

Appendix 2: Cquin requirements

Appendix 3: SDIP requirements

All CCGs have applied 3.1% uplift, 2% efficiency and 2.5% CQUIN.

All CCGs have agreed to our proposed phase 1 remodelling of the Learning Disability Pathway, leading to the closure of 1 Assessment and Treatment Unit.

All CCGs have reflected outturn in the contract value agreed for variable elements of their contract.

Specific CCG adjustments are shown below:

NEWCASTLE GATESHEAD CCG

We have an agreement in principle for a contract value of £62.2m, which includes the following additional investment:

£150k	Memory Assessment Management
£300k	Psychiatric Liaison

It should be noted that at this stage investments have been made non-recurrently.

Through the repatriation work the Trust has generated savings to be reinvested back into local services. In 2016-17 £390k will be invested in Child and Adolescent Services.

This investment amounts to 1.41% of the NTW contract.

NORTHTYNESIDE CCG

We have an agreement in principle for a contract value of £19.2m, which includes the following additional investment:

£98k	Psychiatric Liaison
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The CCG have continued to invest in NTW's out of area case management function however they have taken back the responsibility for paying for any Out of Area Placements.

Overall there is a net reduction in our contract value with North Tyneside CCG of £700k, which is in line with the Trust commitment to the sustainability of this health economy and contribution to the financial recovery plan.

NORTHUMBERLAND CCG

We have an agreement in principle for a contract value of £48m, which includes the following additional investment:

£109k	Community Clinical Pharmacy
£44k	Psychiatric Liaison

Through the repatriation work the Trust has generated savings to be reinvested back into local services. In 2016-17 the following has been reinvested:

£196k	7 day working
£36k	Psychiatric Liaison

This investment amounts to 0.81% of the NTW contract.

SOUTH TYNESIDE CCG

We have an agreement in principle for a contract value of £21.9m, which includes the following additional investment:

£82k	EIP
£100k	CAMHS Transformation
£37k	Psychiatric Liaison

Through the repatriation work the Trust has generated savings to be reinvested back into local services. In 2016-17 £330k will be invested in Child and Adolescent Services.

This investment amounts to 2.48% of the NTW contract.

SUNDERLAND CCG

We sign have a signed contract for £49.7m. Sunderland CCG have invested significantly in Mental Health and Disability Services in previous years, 2016-17 is a consolidation year allowing new service reforms to embed.

NHS ENGLAND

We have an agreement in principle for a contract value of £51.3m, which includes the following additional investment:

£301k	Neuro Rehab Inpatients
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In addition to this NHS England has agreed to:

- Move to a tariff based approach across Neuro Inpatient Services ensuring payment is received for varying complexity.
- Review bed capacity in Adolescent Forensic Services.

DURHAM & TEES CCGs

Discussions are progressing well with no significant areas of concern. Last year the Durham and Tees CCGs served notice on our current contract form and requested a move to a pure variable contract. It is anticipated that a contract supporting this new arrangement will be signed soon.

RECOMMENDATIONS

To note the information included within the report. Further updates will be provided to the sub-committee of the Board FIBD.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
April 2016

2016 / 2017 Contract Quality & Reporting Requirements

1. The 2016/17 standard NHS contract includes a number of quality requirements, comprising:
 - Schedule 4A – national operational requirements
 - Schedule 4B – national quality requirements
 - Schedule 4C – local quality requirements
 - Schedule 6 - Reporting Requirements (both national & local)
 - Service Development Improvement Plan - details areas of review and development
2. Local variations to the quality requirements have been agreed with local CCG's.
3. NHS England has prescribed local variations for directly commissioned specialised MH services (applied consistently across all providers of MH specialised services).
4. A number of operational and quality requirements have financial penalties where performance is below the required threshold.
5. There are a number of new requirements not included within the Quality schedules, these are :
 - a. **Freedom to Speak up Guardian** - The Provider must, by 1 October 2016, nominate a Freedom To Speak Up Guardian. The Provider must have in place and promote (and must ensure that all Sub-Contractors have in place and promote) a code and effective procedures to ensure that Staff have appropriate means through which they may raise any concerns they may have in relation to the Services.
 - b. **Register of Gifts , Hospitality and Conflicts of Interest** – Providers are required to publish a register of gifts, hospitality & conflict of interests The Provider must, if and as required by Law and/or Guidance, maintain and publish on its website an up-to-date register containing full and accurate details of all such gifts, hospitality, inducements and actual or potential conflicts of interest.
 - c. **18 Week Waiters RTT** – For all services which the 18 week waiters rules apply the Provider must operate and publish, on its website, a Local Access Policy complying with the requirements of the Co-ordinating Commissioner.

CCG REQUIREMENTS

Schedule 4A - Applicable Operational Standards

Ref	Operational Standards	Threshold 2015 / 16	Method of Measurement 2015 / 16	Consequence of breach	Changes from 2015/16 Contract
	Waiting Times				
E.B.3	Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no no more than 18 weeks from referral	Operating standard of 92% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of Service Users waiting more than 18 weeks at the end of the month exceeds the tolerance permitted by the threshold, £300 in respect of each such Service User above that threshold	This penalty has increased from £150 in 2015/16
	Percentage of admitted Service Users starting treatment within a maximum of 18 weeks from Referral	Operating standard of 90% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £500 in respect of each excess breach above that threshold	REMOVED FOR 2016/17
	Percentage of non-admitted Service Users starting treatment within a maximum of 18 weeks from Referral	Operating standard of 95% at specialty level (as reported on Unify)	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £125 in respect of each excess breach above that threshold	REMOVED FOR 2016/17
	Mixed sex accommodation breaches				
E.B.S.1	Mixed sex accommodation breach*	>0	Review of Service Quality Performance Reports	£250 per day per Service User affected	Change in review methodology
	Mental health				
E.B.S.3	Care Programme Approach (CPA): The percentage of Service Users under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care	Operating standard of 95%	Review of monthly Service Quality Performance Report	Where the number of Service Users in the Quarter not followed up within 7 days exceeds the tolerance permitted by the threshold, £200 in respect of each such Service User above that threshold	Slight changing in wording around consequence

Schedule 4B - Applicable National Quality Requirements

Ref	National Quality Requirement	Threshold 2015 / 16	Method of Measurement 2015 / 16	Consequence of breach	Monthly or annual application of Consequence	Applicable - service category	Changes from 2015/16 Contract
E.B.S.4	Zero tolerance RTT waits over 52 weeks for incomplete pathways	>0	Review of monthly Service Quality Performance Report	£5,000 per Service User with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	Monthly	Services to which 18 Weeks applies	
	Publication of Formulary	Continuing failure to publish	Publication on Provider's website	Withholding of up to 1% of the Actual Monthly Value per month until publication	Monthly	A MH MHSS CR R	REMOVED FOR 2016/17
	Duty of candour	Each failure to notify the Relevant Person of a suspected or actual Reportable Patient Safety Incident in accordance with Regulation 20 of the 2014 Regulations	Review of monthly Service Quality Performance Report	Recovery of the cost of the episode of care, or £10,000 if the cost of the episode of care is unknown or indeterminate	Monthly	All	Change in threshold descriptor & method of measurement
	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	99%	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	A MH MHSS	
	Completion of Mental Health Minimum Data Set ethnicity coding for all detained and informal Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS	
	Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance	Operating standard of 90%	Review of monthly Service Quality Performance Report	Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £10 in respect of each excess breach above that threshold	Monthly	MH MHSS	
E.H.4	Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral	Operating standard of 50%	Review of monthly Service Quality Performance Report	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS	New Requirement
E.H.1	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within six weeks of referral	Operating standard of 75%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS	New Requirement
E.H.2	Improving Access to Psychological Therapies (IAPT) programmes: the percentage of Service Users referred to an IAPT programme who are treated within 18 weeks of referral	Operating standard of 95%	Review of Service Quality Performance Reports	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Quarterly	MH MHSS	New Requirement

Schedule 4C - Local Quality Requirements – CCG funded services

Ref	Quality Requirement	Threshold 2015 / 16	Method of Measurement	Consequence of Breach	Monthly or annual application of Consequence	Applicable Service Specification	Changes from 2015/16 Contract
	Delayed Transfers Of Care (Monitor Definition)	7.50%	Monthly reporting , quarterly monitoring	N/A	Quarterly	As per Monitor Definition	
	The propotion of users with a crisis plan in place,limited to those on Care Programme Approach	95%	Monthly reporting , quarterly monitoring	N/A	Quarterly	All patients on CPA	
	The proportion of users on CPA who have had a review within the last 12 months	95%	Monthly reporting , quarterly monitoring	N/A	Quarterly	All patients on CPA	
	EMERGENCY RE-ADMISSIONS WITHIN 28 DAYS -	Data only	Monthly	N/A	N/A	N/A	
	EMERGENCY RE-ADMISSIONS WITHIN 90 DAYS (LD SERVICES)	Data only	Monthly	N/A	N/A	N/A	
	TOTAL NUMBERS OF SERVICE USERS RECEIVING SERVICES - by service area	Data only	Monthly	N/A	N/A	N/A	REMOVED FOR 2016/17
	NUMBER OF SERVICE USERS ON CPA IN EMPLOYMENT	Data only	Monthly	N/A	N/A	N/A	REMOVED FOR 2016/17
	NUMBER OF SERVICE USERS AGED 18 TO 69 ON CPA WITH EMPLOYMENT STATUS RECORDED IN THE LAST 12 MONTHS	Data only	Monthly	N/A	N/A	N/A	REMOVED FOR 2016/17
	WAITING TIMES BY CLUSTER : wait to first contact	Data only	Monthly from dates agreed in DQUIP	N/A	N/A	N/A	Remove as now part of data set
	WAITING TIMES BY CLUSTER : wait to first contact post cluster (treatment)	Data only	Monthly	N/A	N/A	N/A	Remove as now part of data set

Schedule 4C - Local Quality Requirements – CPP reporting requirements

Shadow Metrics for PBR / CPP							Changes from 2015/16 Contract
	The propotion of users with a crisis plan in place,limited to those on Care Programme Approach	95%	Monthly reporting , quarterly monitoring	N/A	N/A	All In Scope services	
	The proportion of users on CPA who have had a review within the last 12 months	95%	Monthly reporting , quarterly monitoring	N/A	N/A	All In Scope services	
	The completeness of ethnicity recording	90%	Monthly reporting , quarterly monitoring	N/A		All In Scope services	
	The accomodation status of all users (as measured by an indicator of settled status)	Data Only	Monthly	N/A	N/A	All In Scope services	
	The intensity of care (beds as a propotion of care beds)	Data Only	Monthly	N/A	N/A	All In Scope services	REMOVED FOR 2016/17
	The proportion of users in each cluster who are on CPA	Data Only	Monthly	N/A	N/A	All In Scope services	
	The proportion of users who have a valid ICD10 diagnosis record	Data Only	Monthly	N/A	N/A	All In Scope services	REMOVED FOR 2016/17
	Proportion of in scope patients assigned to a cluster	Data Only	Monthly	N/A	N/A	All In Scope services	
	Proportion of initial cluster allocations adhering to red rules	Data Only	Monthly	N/A	N/A	All In Scope services	
	Proportion of patients within cluster review periods	Data Only	Monthly	N/A	N/A	All In Scope services	
	PROMS	Data Only	Quarterly	N/A	N/A	All In Scope services	Remove - included in Schedule 6B
	PREMS	Data Only	Quarterly	N/A	N/A	All In Scope services	
	CROMS	Data Only	Quarterly	N/A	N/A	All In Scope services	

Schedule 4C - Local Quality Requirements – NHS England directly commissioned specialised services

A new dataset has been introduced to run in parallel with the MHSDS minimum dataset. This is intended to drive payment and will also provide case managers with patient level information. The implications of this dataset are currently being worked through.

A new quarterly quality template has been introduced and will need to be rolled out over the first 2 quarters of the contract in order to ensure all information can be captured as required – see below. This will be completed for each separate NHSE Service.

A total of 5 KPIs have been retired as the information will be provided within the quality template

Service Name: **XXXXXXXXXXXXXX** Key Performance Indicators

Category	No	KPI	Target
Schedule 2 and 3 - Average Length of Stay including additional Bed Occupancy Information			
ALOS	ALOS	ALOS - Patients remaining on the ward	No Target
		ALOS - Patients discharged from the ward	No Target
Adm/Dis	AD1	Admissions	No Target
		Discharges	No Target
Bed Occupancy (Total XX beds)	O3	OBDS	90%
		Available Bed Days	
		% Bed Occupancy	
		Target	
		% Cumulative Bed Occupancy	
Schedule 4B - National Quality Requirements			
National Quality Standards	NQ 1	Publication of Formulary	-
	NQ 2	Duty of Candour	-
	NQ 3	NHS Number	99%
	NQ 4	Ethnicity	90%
Schedule 4C - Local Requirements			
Clinical Supervision	LQ1	Number of Eligible Staff	85%
		Number of eligible staff who have received clinical supervision as per Trust/organisation policy	
		Target	
		% Compliance	
Equipping Training	LQ2	Number of staff requiring safeguarding vulnerable adults training	90%

		Number of staff who received safeguarding vulnerable adults training	90%
		Target	
		% Compliance	
		Number of staff requiring safeguarding children training	
		Number of staff who received safeguarding children training	
		Target	
		% Compliance	
Improvements	LQ3	Implement at least one Clinical Improvement or Organisational Improvement - provider will demonstrate annual improvements	
Restrictive Intervention	LQ4	Action plan in support of a formal Restrictive Intervention Reduction Programme (in line with DOH 2014) Positive and Proactive Care and the new MHA code of practice to be implemented April 2015.	
HCR 20 and HONOS Secure Assessment	LQ5	Number of admissions in the past 3 months	95%
		Number of patients with a HCR 20 complete in 3 months of admission.	
		Target	
		% Compliance	
		Number patients with length of stay >9 months	
		Number with length of stay >9 months who have had an HCR 20 and HONOS Secure Assessment within previous 6 months	
		Target	
% Compliance			
CPA Risk Assessment	LQ6	All patients on CPA	100%
		All patients on CPA who have a risk assessment undertaken or reviewed in last 6 months (including Crisis Plan Recording and Contingency plans)	
		Target	
		% Compliance	
Outcomes plan in place for all patients and reviewed	LQ7	All patients	100%
		All patients with a completed Outcomes Plan based on identified outcome areas in service specification and CPA	
		Target	
		14/15	

		% Compliance	
DTC	LQ9	Patients who are deemed clinically ready for discharge should not be delayed in discharge for service reasons.	100%
		Number of patients delayed	-
		Number of delayed days	-
Staffing	LQ10	6 Monthly Establishment Review to be completed and reviewed by the Board	
		Monthly Safer Staffing report - including actual staffing compared to planned staffing levels	
	LQ 11	Staff establishment levels to be monitored on a shift-to-shift basis and manage implications and trends	
Staffing	LQ 12	The provider will demonstrate the use of an evidenced-based decision making tool and skills mix review is implemented to ensure that correct staffing decisions are made to deliver high quality care	
	LQ 13	Development of a staff culture of care barometer to capture staff views of resources to deliver quality care and support needed to do this.	
	LQ 14	WTE staffing and skills mix must be in place with specs and planned to ensure all patients received safer care and treatment at all times Bank and agency must be kept to a minimum (>5%)	
	LQ 15	Providers are required to submit information on statutory and mandatory training and appraisal/medical revalidation as this is an important element of ensuring an effective and well trained workforce	
Quality Dashboard	LQ 16	Providers must complete and submit the Quality Dashboard:	
	4 MHG 02	Sum of number of days between decision to discharge (excluding day decision made) and actual day of discharge for all specialised service patients within time period	
	5 MHG 03	Number of patients discharged with comprehensive information (as defined in the databook) sent to the receiving clinician and/or GP whichever is most appropriate	
	6 MHG 02 & 03	Number of patient discharges during time period	
	7 MHG 05a-E	Total number of complaints in period	
	8 MHG05b	Number of complaints received from service users (including Advocacy representing service user)	
	9 MHG 05c	Number of complaints received from carers	
	10 MHG 05d	Number of complaints received from Statutory organisations (e.g. CQC)	
	11 MHG 05e	Number of complaints received from Non statutory organisations (e.g. Advocacy not representing service user)	
	12 MHG 09	Number of highest (most serious) category SUI's in specialised service patients	
13 MHG 10	Number of second highest (second most serious) category SUI's in specialised service patients		
Quality Dashboard	14 MHG 5a,09,10	Number of patient contacts during time period (this will be made up of the number of inpatient episodes added to the number of non-admitted care contacts)	
	15 MHG 06	Number of upheld or partially upheld complaints	

	16 MHG 06	Actual number of complaint investigations completed in period	
	17 MHG 08	Total Number of 'Never Events'	
	18 & 19 MHG 11	% of eligible staff who have received clinical supervision as per Trust/organisation policy - See LQ1 above	
	20 & 23 MHG 12a	% of staff who received safeguarding vulnerable adults and childrens training - See LQ2 above	
	24 MHG 13	Of safeguarding reports in denominator, the number investigated by the local authority	
	25 MHG 13	Total number of safeguarding reports made to the local authority	
	27 MHG 01	Annual Number of patients that die while receiving care and treatment from the Service	
	28 MHG 01	Annual Number of patient discharges during time period	
	29 MHG 04	Annual Total number of returned satisfaction surveys	
	30 MHG 04	Annual Number of patients asked to complete satisfaction surveys	
Staffing	LQ17	Provider organisations who employ registered nurses should ensure that they are making the necessary preparations to ensure that their staff are able to revalidate and maintain their registration	
	LQ18	All providers of NHS services are expected to actively engage in the placement of healthcare students. For those providers who don't currently work with a HEI- NHS England expects the provider to commence discussion with HEI[s] and preparation of their clinical areas during 2015/16 in readiness for this requirement in the NHS contracts in 16/17	
Schedule 6, Part B Reporting Requirements - Local Requirements Reported Locally			
			-
			-
Schedule 6, Part B Reporting Requirements - National Requirements Reported Centrally			
Dataset Submissions	1	ACM - DQIP Q3	-
		Secure Services Dataset Submission	-
		PBR Dataset Submission	-
National	2	Updates on Reports for any Service Development/Improvement. i.e. Quality Network Peer review Action Plans and CQC Action Plans	-
		Never Events	-
		HCAI Numbers of:	
		MRSA	
		CDIFF	
		ECOLI	
		MSSA	
OUTBREAKS			

	3	CQUIN Performance Report	-
	4	Safety Thermometer Report	-
	5	Complaints Received:	-
		14/15 Complaints	
		Complaints Resolved:	
		14/15 Compliments	
		Compliments Received Total	-
	6	Report against performance of SDIP	-
		14/15 Incidents	
National	8	Incident Reporting Total	-
	9 & 13	DQIP: Progress against milestones	-
	11	Report on outcome of reviews and evaluations in relation to staff numbers and skill mix	-
	12	National Workforce Race Equality Standard	-
Local Performance Indicators - Business Division Only			
Local Performance Indicators - Business Division Only		Percentage of (eligible) staff who have had security awareness training in the last 12 months (including agency staff)	-
		Percentage of service users where agreement of meaningful activity plan cannot be reached	-
		Percentage of service users achieving 25 hours agreed meaningful activity per week	-

SCHEDULE 6B – REPORTING REQUIREMENTS

Please note the performance management framework for community CYPS has not yet been finalised. Our proposal is to retire 2x KPIs in order to reflect the change in focus for the CQUIN.

Ref	National Requirements reported Centrally	Reporting Period	Format of Report	Timing & Method for delivery of report	Application	Changes from 2015/16 Contract
1	As specified in the list of omnibus, secure electronic file transfer data collections and BAAS schedule of approved collections published on the HSCIC website to be found at https://rocrsubmissions.ic.nhs.uk/Pages/search.aspx?k=R* where mandated for and as applicable to the Provider and the Services	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	ALL	
2	Patient Reported Outcome Measures (PROMS) http://www.hscic.gov.uk/proms	As set out in relevant Guidance	As set out in relevant Guidance	As set out in relevant Guidance	ALL	
Ref	National Requirements reported locally	Reporting Period	Format of Report	Timing & Method for delivery of report	Application	Changes from 2015/16 Contract
1	Activity & Finance Report	Monthly		submit to NECs within 15 operational days of month end	ALL	*By no later than the First Reconciliation Date for the month to which it relates, consistent with data submitted to SUS, where applicable. The guidance actually states the above but since this date is significantly later than the 15 days have left is as 15/16. As a result data may vary from SUS
2	Service Quality Performance Report, detailing performance against Operational Standards, National Quality Requirements, Local Quality Requirements, Never Events and the duty of candour, including, without limitation: a. details of any thresholds that have been breached and any Never Events and breaches in respect of the duty of candour that have occurred; b. details of all requirements satisfied; c. details of, and reasons for, any failure to meet requirements	Monthly		submit to NECs within 15 operational days of month end	ALL	Additional requirements for part a) in relation to Duty of Candour
3	CQUIN Performance Report and details of progress towards satisfying any Quality Incentive Scheme Indicators, including details of all Quality Incentive Scheme Indicators satisfied or not satisfied	Quarterly		submit to NECs by the 23rd of month following the period to which it relates	ALL	
4	NHS Safety Thermometer Report, detailing and analysing: a. data collected in relation to each relevant NHS Safety Thermometer; b. trends and progress; c. actions to be taken to improve performance.	Monthly using data / graphs as per national website	As per published information on national website	submit to NECs by the 23rd of month as per data & timescales per the NHS Safety Thermometer reporting requirements	All (not AM, Ph, D, 111, PT)	
5	Complaints monitoring report, setting out numbers of complaints received and including analysis of key themes in content of complaints	Monthly	[For local agreement]	submit to NECs within 15 operational days of month end	ALL	

Appendix 1 Quality Schedule Requirements 2016/17

Ref	National Requirements reported locally	Reporting Period	Format of Report	Timing & Method for delivery of report	Application
6	Report against performance of Service Development & Improvement Plan (SDIP)	In accordance with relevant SDIP	In accordance with relevant SDIP	In accordance with relevant SDIP	ALL
8	Summary report of all incidents requiring reporting	Monthly	[For local agreement]	submit to NECs within 15 operational days of month end	ALL
9	Data Quality Improvement Plan: report of progress against milestones	In accordance with relevant DQUIP	In accordance with relevant DQUIP	In accordance with relevant DQUIP	ALL
11	Report on outcome of reviews and evaluations in relation to Staff numbers and skill mix in accordance with GC5.2 (Staff)	6 monthly (or more frequently if and as required by the Co-ordinating Commissioner from time to time)	As per national guidance	6 monthly	ALL
12	Report on compliance with National Workforce Race Equality Standard	Annually	[For local agreement]	submit to NECs by the 23rd of month following the period to which it relates	All
Ref	Local requirements reported locally	Reporting Period	Format of Report	Timing & Method for delivery of report	Application
	External Reports (including Monitor, CQC, staff and patient and others)	As relevant		As relevant	ALL
	Delayed Transfers Of Care (all ages)	Monthly	Data set to be provided with Patient details	submit to NECs by the 23rd of month following the period to which it relates	ALL
	Memory Protection Service MDS & MAMs	Monthly	Agreed data set	submit to NECs by the 23rd of month following the period to which it relates	Commissioned MPS only
	CYPS data set	Monthly	Agreed data set	submit to NECs by the 23rd of month following the period to which it relates	Commissioned CYPSS only
	CPP Data set	Monthly	Agreed data set	Dependant on requirements of contract - see above	All In Scope services
	CCG Summary Activity Report / Dashboard	Monthly	Agreed data set	submit to NECs by the 23rd of month following the period to which it relates	All In Scope services
	IAPT Dashboard	Monthly	Dashboard Proforma	Submit by 23rd of the month Agreed partial submission in months 1 and 2. Full report form	
	Emergency Readmissions report	Monthly	Agreed data set	submit to NECs by the 23rd of quarter following the period to which it relates	All In Scope services
	Waiting times data	Monthly	Agreed data set	submit to NECs within 15 operational days of month end	All In Scope services

Changes from 2015/16 Contract
Providers are requested to report using the WRES report template submitted via UNIFY2
Changes from 2015/16 Contract
Reworded to include MAMs though already providing in 15/16
Discussing removing this requirement
Previously listed in 4c

Appendix 2 NHS England 2016/2017 CQUIN Indicators:

Reference	CQUIN	Descriptor	CQUIN Value	Applicable Services
MH2	Recovery Colleges for Medium and Low Secure Patients	<p>The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services. This approach supports transformation and is central to driving recovery focused change across these services.</p> <p>Recovery Colleges deliver peer-led education & training programmes within mental health services. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals, and are based on recovery principles.</p> <p>In mental health the term recovery is used to describe the personal lived experiences and journeys of people as they work towards living a meaningful and satisfying life. Recovery does not only equate to cure or to clinical recovery, which is defined by the absence of symptoms. Recovery principles focus on the whole person in the context of their life, considering what makes that person thrive. Positive relationships, a sense of achievement and control over one's life, feeling valued, and having hope for the future are some of the factors we know contribute to personal wellbeing.</p> <p>Most secure services will have access to an appropriate base from which the college will run. Staffing costs are incurred as re-profiling roles and job plans of individuals displaces other activity. Service user involvement is crucial but voluntary. There are some costs associated with printing and publicity.</p> <p>It is expected that after one year of this CQUIN, a needs analysis and patient engagement programme would have produced a prospectus, and the means to deliver the programme identified, and by quarter four course will have commenced. In year two, the college will have begun to establish itself and begin delivering courses and the expected outcomes in terms of patient engagement and satisfaction.</p>	<p>Estimate £484,559 Target payment is £2000 per eligible patient), plus £10,000 per provider for administration overhead.</p>	Medium and low secure mental health services
MH3	Reducing Restrictive Practices within Adult Low and Medium Secure Services	<p>The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.</p> <p>For providers that have already implemented an effective Restrictive Practice Framework, this CQUIN scheme should be adapted to fund their partnership with other providers who have not yet done so. In what follows these providers are referred to as Framework Champions.</p> <p>Adult secure services are committed to ensuring that least restrictive practice is observed at all times. A number of important national documents have recommendations associated with this issue: e.g. the MIND Report 'Restraint in Crisis' (2013); Department of Health guidance: Positive and Proactive Care: reducing the need for physical interventions (2014), the revised Mental Health Act Code of Practice (2015) and recent NICE guidance (NG10) Violence and Aggression: Short Term Management in mental health, health and community settings (2015) have highlighted the need for services to review and reduce restrictive practices in services.</p> <p>The overall aim is to develop an ethos in which people with mental health problems are able fully to participate in formulating plans for their well-being, risk management and care in a collaborative manner. As a consequence more positive and collaborative service cultures develop reducing the need for restrictive interventions.</p> <p>The impact of these changes would be to improve service user and staff experience and safety indicators on the wards. It is expected that the use of restrictive practices would reduce in the domains identified.</p> <p>Findings indicate that where this is achieved, there are often financial benefits in terms of reduced cost pressures such as staff sickness and mitigation claims. Furthermore, there are organisational benefits in terms of improved service ethos and environment by the development of a positive and compassionate culture.</p> <p>NTWFT will seek to use this CQUIN as an opportunity to strengthen its service user and carer feedback processes and to review with current service users its list of restrictions to ensure only those absolutely necessary are included.</p>	<p>Estimated £242,280 £1200 per patient (i.e. per occupied bed) plus £20,000 set up costs</p>	Medium and low secure mental health services

Reference	CQUIN	Descriptor	CQUIN Value	Applicable Services
MH4	Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	<p>Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.</p> <p>The scheme will help to achieve the following quality markers:</p> <ul style="list-style-type: none"> • Clinicians will consciously think about how to increase meaningful engagement of the family in the care and treatment of their young person. • When a young person moves between services within the network, families should nonetheless experience consistent engagement. • Every effort will be made to make families part of decision making process. <p>By including a focus on the family / carer experience, this CQUIN scheme seeks to build on the themes identified for improvement arising from Improving Care Pathway Journeys CQUIN of 2015/16 and the Enhancing Family Support CQUIN of 2014/15.</p> <p>Data generated by this CQUIN will allow services to strengthen admission and discharge elements of the pathway, and inform system wide improvements including family and carers' experience of consistency across the Network.</p> <p>NTWFT will utilise this CQUIN to enable them to undertake in collaboration with families and carers, a review of the current family/carers information and seek to update/amend this where applicable</p>	<p>Estimated £242,280</p> <p>Payment of £25,000 overhead plus £1,000 per patient (based on average number of occupied beds)</p>	CAMHS secure and T4 mental health services
MH5	Benchmarking Deaf CA and Developing Outcome Performance Plans and Standards	<p>Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.</p> <p>The service is founded on equity of access, in terms of language and culture as well as geographical location.</p> <p>The following factors lend urgency to this initiative for the child and adolescent population:</p> <ul style="list-style-type: none"> •greater vulnerability and incidence of mental health issues for deaf children and young people (CYP) •greater complexity, compounded by a higher incidence of co-morbidity •greater likelihood of abuse •different development trajectories and pace •heightened risk of misdiagnosis and diagnostic over-shadowing •a general failure on the part of service providers with respect to understanding deaf children and family communication needs and preferences •a lack of understanding among professionals re the deaf experience, culture and preferences. 	£40,000	Deaf CAMHS Services
MH7	Perinatal Involvement and Support for Partner / Significant Other	<p>This CQUIN scheme requires providers to develop care plans to ensure that appropriate emotional, informational and practical support is offered to partners and significant others to robustly encourage their understanding and participation in the mother's treatment, care and recovery and to promote their bond with the infant.</p> <p>Postnatal psychiatric illness can be devastating, not only for the woman but also for her partner and family. Effective involvement of partner/family can be vital to a rapid recovery. This scheme aims to address this latter aspect of patients' care.</p> <p>Marital and family conflict and lack of spousal support have been implicated in the onset and maintenance of maternal mood disorders. Maternal postnatal depression has also been linked to increased levels of depression in men.</p> <p>This CQUIN will also support NTWFT assist partners and in particular men to access information in relation to their own mental health should this be required. The service will, where indicated, run a support group for partners and in particular men to enable them to access support from other people in a similar situation to themselves. This will support a whole family approach and will help to ensure the woman has the necessary support in place to optimise her recovery.</p>	£242,280	Perinatal MH Services

CCG 2016/2017 CQUIN Indicators:
Services to which the CQUINS apply

CQUIN	Descriptor	In Patient Services	Community Services	Specialist Services (CCG Commissioned)
Embedding Clinical Outcomes	<p>The purpose of this CQUIN is to further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.</p> <p>This is designed to be a two year CQUIN, comprising:</p> <p>16-17: focussing upon developing clinical outcomes leadership and working closely with two specified adult community clinical teams (one NoT & one SoT – TBC before contract sign off) to evaluate current approaches and attitudes, increase awareness, improve feedback of outcomes information to wards and explore presentation methods for use both in teams and with service users, demonstrate learning from both internal and external sources</p> <p>17-18: to focus on delivery and measurement, aligning with developing national guidance.</p>		<p>Focus on two clinical teams (EIP Northumberland & Gateshead CTT)</p>	
Patients & Carers Involvement & Engagement CQUIN	<p>To improve the involvement and engagement with carers and service users when they access Crisis services.</p> <p>Part A relates to all patients and their carers who have been taken on for Home based Treatment.</p> <p>Part B relates to all patients assessed by the Crisis Team but who, following this assessment , are not taken on for treatment by any NTW service.</p>		<p>CRHT Teams</p>	
Measuring effectiveness in Community Children and Young Peoples Services	<p>In order to ensure that the Community Children and Young Peoples Service is delivering a high quality service commissioners would like to be assured that children and young people completing a course of treatment achieve their identified goals and that their outcomes have improved.</p> <p>This will be measured from the perspective of service users.</p> <p>This approach will provide a first step in work towards an outcome based contract for the future and is in keeping with the recent report of the Children and Young People's Mental Health Taskforce Future in Mind (March 2015).</p>			<p>CYPS</p>
Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	<p>Providers will be assessed against quarterly implementation of governance-focused indicators which are:</p> <ol style="list-style-type: none"> 1. Routine reporting on and review of the use of the Mental Health Act, in order to identify those detained with the most frequency 2. Retrospective root-cause analysis of the 50 most frequently detained service users 3. Focus groups with detained service users and their supporters, to seek recommendations on safe and appropriate alternatives to care 4. Enhanced care reviews of service users repeatedly detained. 			
Health Equality Framework: outcome measurement for services to people with learning disabilities	<p>To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities using the service. The tool will be implemented in phases to allow for training to be completed and any necessary systems put in place.</p>	<p>Learning Disability Services</p>	<p>Community LD Team</p>	<p>Learning Disability Services</p>

CCGs to which the CQUINS apply

As at the 7.4.16 we have not yet received the financial splits across CQUINS from CCGs

CQUIN	Sunderland	South Tyneside	Gateshead / Newcastle	North Tyneside	Northumberland
FINANCIAL VALUE OF CQUIN SCHEME	£1,212,688	£530,805	£1,516,185	£467,125	£1,121,135
Embedding Clinical Outcomes					
Patients & Carers Involvement & Engagement CQUIN					
Measuring effectiveness in Community Children and Young Peoples Services					
Safely Reducing Avoidable Repeat Detentions under the Mental Health Act					
Health Equality Framework: outcome measurement for services to people with learning disabilities					

Appendix 3 Service Development & Improvement Plan
NHS England 2016/2017

SDIP	Description
Adult Eating Disorder Intensive Day Service	NTW to continue to work with NHS England to implement the recommendations of the Health Needs Analysis.
	Review the existing eating disorder Intensive Day Service pathway including the community element of provision with particular emphasis on transitions between different levels of service dependent on need.
	Service to articulate a revised clinical care pathway and the process to step up and down from the intensive day service based on need and complexity
	Service to articulate a revised clinical care pathway and the process to step up and down from the intensive day service based on need and complexity
	Service to define the role of the consultant psychiatrist and psychologist and the expectations of these roles in the clinical care pathway and delivery and management of the intensive day service.
	Service to work with commissioners to agree the level of scaffolding/earlier intervention support available to other elements of the pathway e.g. those service users being supported by CMHTs.
Alnwood Transition	<i>The below points are subject to an agreed national position as these services sit within a framework :</i>
	The service and commissioners to work together to agree a revised model of clinical delivery and to agree a bed configuration in line with the current budget and agreed reduction in activity level/ bed occupancy for 16/17.
	The 15/16 OBD and £ contractual baseline have been rolled forward to the 16/17 contract pending further work around the revised model. All parties agree that the contracted activity levels reflect the current model with 15 beds and should not be binding as the revised service model with 11 beds becomes operational.
	The service and commissioners to agree a framework to support the transition from the current model of delivery to the new model
Gender Dysphoria Service	The service will work in collaboration with NHS England to develop achievable timescales for meeting the requirements to meet 18 week waiting times target agreed between both parties. By end of Q2
	The service will provide a monthly update on progress against the plan
	The service and commissioners will agree an acceptable level of activity for the team in keeping with expected team capacity
	NHS England to consider potential penalty for non-achievement of action plan timescales relating to the recruitment of staff, increased activity and the continued reduction of the waiting list. This statement does not relate to RTT.
Mental Health Forensic Outreach and Outpatient Service	The service will work with the commissioners to identify the range of activities delivered by each of these elements of service provision.
	The service and commissioners will work together to agree an activity plan and a mechanism for measuring and reporting on this
Agree level of Contact activity for all block contracts and process for review/revision of these in year	Provisional contact activity put in place for block contracts to be reviewed and revisions to be agreed where necessary
Wards 1a and 1b neuro rehab at Walkergate Park	Specialised Commissioning and NTW to work together to negotiate and agree and a local weighted bed day tariff for wards 1a and 1b.

CCG 2016/2017

SDIP	Description	Sunderland	South Tyneside	Gateshead / Newcastle	North Tyneside	Northumberland	Other *
PLANNED CARE							
Psychotherapy and CBT Centre Review (All NE CCGs)	In 2015/16 the North and South of Tyne CCGs shared with NTW the plan to complete a cross CCG review of psychotherapy and CBT centre services including Sunderland CAT. (this did not occur this plan will be rolled over to 2016/17.) This will be a commissioner led review with involvement from NTW including clinicians.						
RAID	To consider findings of formal evaluation of the service(due April 16) and review cost effectiveness/scope of the service						
Liaison Psychiatry (Newcastle Gateshead CCG)	NTW to work with the CCG to collaboratively review, design and implement a new service model (which may involve a range of providers) and which offers a sustainable service for the local health economy						
EIP	NTW to demonstrate how they will ensure that staff delivering EIP services are fully trained to deliver the new access standards & NTW to commit to sign up to nationally-approved accreditation programmes						
SPECIALIST CARE							
ADHD and Autism (All NE CCGs)	In 16/17 CCGs and Northumberland, Tyne and Wear NHS Foundation Trust will jointly work on further developing the plans for the Adult ADHD and Autism Diagnostic service in accordance with phase 2 of the model. A communication strategy will also need to be developed to support the service launch during 2016-2017.						
CYPS in Sunderland currently demonstrating significant overperformance which is likely to have detrimental effect on service if situation continues..	Review will be undertaken on understanding that future model will be delivered within the current cost envelope - - notwithstanding future announcements regarding new recurrent investments into CYPS - clearly this introduces significant risk to the scale and scope of the future model and this principle is acknowledged by all parties. the commissioned services						
CYPS Transformation Plan (Newcastle Gateshead CCG)	NTW to work with the CCG to collaboratively review, design and implement a new service model (which may involve a range of providers) and which offers a sustainable service for both CCG and NTW.						
ICTS (North Tyneside)	For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services.						
EDICT (All)	CCG CAMHS Transformation Plans refer to the need to review existing eating disorder services, explore best practice, improve early identification, establish robust data monitoring around eating disorder services. CCGs will carry out a review of these services with support from NTW.						
	For North Tyneside CCG, to establish a robust pathway system with NHCT to ensure appropriate and timely referrals between the services.						
Community CYPS (All)	To work towards fully embedding a culture of using clinician rated outcome tools into clinical practice aligning with emerging national guidance and supporting as part of this, the work towards developing an outcomes based contract.						

SDIP	Description	Sunderland	South Tyneside	Gateshead / Newcastle	North Tyneside	Northumberland	Other *
TRUST WIDE							
Learning Disabilities	NTW is fully committed to work collaboratively with CCGs to meet the requirements of the Transforming Care agenda, and any emerging guidance, policy or requirements. This will include :						
	Developing shared plans for the future configuration of services including in patient and community provision						
	To embed a MDT approach to support the delivery of individual care plans						
	Developing shared plans for the future configuration of services including in patient and community provision						
	To develop the CTR approach to support the delivery of individual care plans						
	Consideration of Lead Provider model for Learning Disability Services						
	To review NTW services provided at Craigavon						
Development of new contractual form for MH services	Building on the work completed in 15/16 to develop and propose new contractual forms for MH services incorporating :						
	Outcome based Contracts						
	Development of Lead Provider Contract for Adult MH Pathway						
	Development of Joint contract with STFT for provision of CaMHS/CYPS						
	Consideration of integrating Organic MH pathway with emerging community contract for Integrated Provision						
	Consider inclusion of LD pathway in Adult contract						
Outcome Based Contract (All)	Collaborative work between Northumberland, Tyne and Wear NHS Foundation Trust and CCGs to develop plans for moving towards an outcome based contract. This will require further workshops to consider outcome based measures and implementation etc.		CCG has agreed to continue with its cluster based model for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17.	New castle Gateshead CCG has decided to continue on the basis of a service activity contract for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17.	CCG has decided to continue on the basis of a service activity contract for 16/17. The CCG supports the concept of an outcome based contract and is committed to working towards an outcome based model during 16/17.	Keen to develop an outcome based model which aligns with its emerging Accountable Care Organisation status through 2016/17	
Digital transformation	Digital Transformation to support local digital roadmap						
E-referral	Implement use of national E-referral service						
Service Specifications	Review Service specifications to align to CRS and transformation programme.						
OATS Expansion (Newcastle Gateshead CCG)							