

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 27 July 2016

Title and Author of Paper: Quarterly Report to NHS Improvement (Risk Assessment Framework), Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Approval

Key Points to Note:

1. This is the Quarter 1 2016/17 submission of the Risk Assessment Framework. The quarterly Finance & Governance templates are now submitted separately as NHS Improvement wanted to receive the financial information earlier.
2. NTW is declaring a governance rating of GREEN (no issues identified) and for finance a Financial Sustainability rating of 2.
3. 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 is currently under-performing against plan and has a deficit for Q1 of £0.3m. This has resulted in the Trust's risk rating dropping to a 2 this quarter. Action plans are in place to improve the Trust's financial position and performance against plan should gradually improve over the remainder of the year. However, Q2 & Q3 performance is still expected to be below plan with the Trust expected to return to delivering planned levels of surplus in Q4. This means that the Trust will have a risk rating of 2 at Q2, probably still a rating of 2 at Q3, with an expected return to a 3 rating in Q4. To achieve this the Trust must deliver a surplus of at least £2.8m.

Therefore, the Board cannot confirm that the Trust will continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months

Therefore, the Board cannot confirm compliance with all of the governance statements this quarter.

Risks Highlighted to Board : Financial Sustainability Risk Rating

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No Yes – meeting compliance standards

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submission which was approved by Execs and submitted to NHS Improvement on 22 July 2016.

To approve the Quarter 1 Governance statement (to be submitted to NHS Improvement by 29 July 2016)

To determine the items (as listed in Appendix 2) that should be reported to the NHS Improvement Manager as part of the above submission

Link to Policies and Strategies: N/A

BOARD OF DIRECTORS

27 July 2016

Quarterly Report to NHS Improvement (Risk Assessment Framework)

PURPOSE

To present to the Board of Directors the quarter 1 in-year governance monitoring return and declarations, prior to submission to NHS Improvement by the 29th July 2016.

BACKGROUND

NHS Improvement 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.

For the Financial Sustainability risk rating the Trust is a 2 at quarter one. 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	Q1,2,3 & 4 15-16	Q1 16-17
Continuity of Services Rating	5	5	3	3	4	3	4	2
Governance Risk Rating	Amber/ Red	Green	Green	Green	Green	Green	Green	Green

BOARD CHANGES

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

	Q1 2016-17
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	1

QUARTERLY SUBMISSION

The procedure for preparing the quarterly submission to NHS Improvement is set out in **Appendix 1**. The quarterly finance return was approved by Executives prior to submission on 22 July.

In accordance with the most recent guidance for quarterly submissions the declarations are as follows:

The board are required to respond "Confirmed" or "Not confirmed" to the following statements

Board Response

The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.

Not Confirmed

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.

Confirmed

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

Confirmed

The board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (per the Risk Assessment Framework, Table 3) which have not already been reported.

Confirmed

Signed on behalf of the Board of Directors

Signature



Capacity: Chief Executive
Date: 27th July 2016



Capacity: Chair
Date: 27th July 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.

NHS Improvement 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 declaring non-compliance with the financial sustainability statement because the Trust is currently under-performing against its Income & Expenditure plan. This has resulted in a rating of 2 at Q1 and the rating is expected to remain at this level for the next two quarters before returning to a 3 in Q4. This under-performance is due to the following main issues:-

- 1) **CYPS Community Services** – The Trust provides Community CYPS services to 4 local CCGs. In the last 2 years, service costs have increased significantly to deliver CQUIN targets and reduce waiting lists. While the Trust has delivered all the required targets this has been provided through increasing levels of substantive and agency staff. The service is funded through a block contract. As part of the contracting discussions for 2016/17, the Trust received some non-recurring income to deal with some of the immediate pressures, but did not obtain the additional resources required to maintain the current level of service. It was agreed that the Trust would work with commissioners to develop a new service specification and model to deliver the service within the allocated funding. Attempts to engage in these discussions over the first quarter have been difficult but meetings to address the issue are now in place but meetings are now in place. The Trust meanwhile is actively reviewing its model of care delivery and to manage reductions in use of temporary staffing without leading to a failure of service. This will lead to significant pressure on delivering waiting time targets previously agreed with commissioners.
- 2) **CYPS Adolescent Medium Secure Inpatients** – The Trust experienced pay pressures on the CYPS Adolescent Medium Secure Inpatient service in 2014/15 and 2015/16 and as a result has been in negotiation with NHS England with regard to the level of funding for over 12 months. Discussions concluded as part of the contracting arrangements for 2016/17 which resulted in an agreement to maintain funding levels, but reduce the number of beds. This provided a sustainable service model which could be provided within contracted income levels. It also acknowledges the Trust's is one of 2 national providers as a provider to both male and female patients at the highest levels of acuity.

It was recognised that transition to the new model would take place through Q1. However, the unit is currently providing treatment to 2 patients with the highest level of need and other providers are not currently able to provide services to these patients. The new model cannot be delivered with both these patients in service and as a result the implementation of the new model has been delayed and the unit continues to experience pay pressures.

- 3) **Transforming Care for People with LD and Autism** – As part of the national transformation programme, the Trust will reduce its LD inpatient beds by 42 in 2016/17. This is leading to pressures as bed numbers are reducing and due to loss of income from non-contracted activity. The Trust is experiencing pressures on staffing budgets as staff costs are not able to be released as quickly as the loss of this income.
- 4) **Community Transformation** – The Trust is in the process of implementing its new model for community services and is currently incurring some temporary additional staffing costs as services transition from the previous to new model of care and while the new model of care is fully embedded. These transitional costs are in excess of those expected in the transformation plan set out for the current year

The Trust has already started to address these issues and develop a wider recovery plan to get back to delivering planned levels of surplus by Q4. In terms of the issues above, the Trust is taking the following action. In CYPS Community Services, the Trust has started to reduce the levels of temporary staff by reducing agency and overtime to reduce costs. This will result in an increase in waiting time. The Trust is also engaging with external consultants Meridian on a programme to rapidly increase productivity within the CYPS service over the next six months.

In CYPS adolescent in-patients, the condition of one patient is improving and the Trust is looking to move the other patient into more appropriate accommodation under a care package which is currently being discussed with the relevant commissioner. This will allow the new model of care to be implemented and also bring in additional income.

In terms of LD Transformation, plans are in place to re-deploy direct resource to support a reduction in agency costs, with a retraction of indirect and overheads through the remainder of the financial year.

Community Services are continuing to transition to new staffing establishments and plan to significantly step down the use of agency staff.

While the year to date position shows a deficit as a result of the pressures identified above, these pressures are transitional and plans are in place to address the emerging risk. It is not expected that the financial risk in these areas in the first quarter can be recovered in-year, and therefore the Trust is putting in place a range of measures to support the management of this financial risk. These include a hold on all discretionary expenditure, management of leave through the rest of the financial year, and income generation through commercial activity. It is expected that the financial position will gradually improve through the year with a return to a small surplus in Q2, an increasing surplus in Q3 and being back to planned levels of surplus in Q4.

Board Changes & Elections

Report on any changes to the Board of Directors: There has been one change to the Board of Directors during Quarter 1. Rajesh Nadkarni (Executive Medical Director) took up post from 12th May 2016.

Report on any changes to the Council of Governors: There have been a number of changes to the Council of Governors during Quarter 1 as detailed below:

Leavers:

None

Results of any election for the Council of Governors: There have been recent Elections. See details below, the four Governors concerned commenced 1 April 2016.

Elected:

Name	Type	Date of Change	Reason
Peter Okey	Staff Governor, Medical	1 April 2016	Unopposed for another 3 years
George Hardy	Carer Governor for Learning Disabilities Services	1 April 2016	Unopposed for another 2 years
Diane Kirtley	Carer Governor for Neuro Disabilities	1 April 2016	Unopposed for another 3 years

	Services		
Anne Carlile	Carer Governor for Adult Services	1 April 2016	Elected for 3 years

Governor Elections

Name	Type	Date of Change	Reason
Mary Foy	Local Authority Governor for Gateshead Council	20 May 2016	Appointed
Margaret Hall	Local Authority Governor for North Tyneside Council	20 May 2016	Appointed

There will be Governor Elections for 1 vacancy in November:

Carer Governors:	Staff Governors:
Older People's Services (1)	

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

[Click to go to index](#)

Declaration of risks against healthcare targets and indicators for 2016/17 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)

Target or indicator (per Risk Assessment Framework)	Threshold or target YTD	Scoring Per Risk Assessment Framework	Annual Plan		Quarter 1			
			Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	i 92%	1.0	No	0	100.0%	Achieved		0
A&E Clinical Quality - Total Time in A&E under 4 hours	i 95%	1.0	N/A	0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	i 85%	1.0	N/A	0	0.0%	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
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	i				0.0%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	i				0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	i 94%	1.0	N/A	0	0.0%	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
Cancer 31 day wait for second or subsequent treatment - radiotherapy	i 94%	1.0	N/A	0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	i 96%	1.0	N/A	0	0.0%	Not relevant		0
Cancer 2 week (all cancers)	i 93%	1.0	N/A	0	0.0%	Not relevant		0
Cancer 2 week (breast symptoms)	i 93%	1.0	N/A	0	0.0%	Not relevant		0
Care Programme Approach (CPA) follow up within 7 days of discharge	i 95%	1.0	No	0	97.4%	Achieved		0
Care Programme Approach (CPA) formal review within 12 months	i 95%	1.0	No	0	96.2%	Achieved		0
Admissions had access to crisis resolution / home treatment teams	i 95%	1.0	No	0	100.0%	Achieved		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	i 75%	1.0	N/A	0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	i 75%	1.0	N/A	0	0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	i 95%	1.0	N/A	0	0.0%	Not relevant		0
C.Diff due to lapses in care (YTD)	i	1.0	No	0	0	Not relevant		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)	i				0			
C.Diff cases under review	i				0			
Minimising MH delayed transfers of care	i <=7.5%	1.0	No	0	1.8%	Achieved		0
Early intension in psychosis: first experience treated with a NICE-approved package within 2 weeks	i 50%	1.0	Yes	1	97.4%	Achieved		0
Improving access to psychological therapies: % patients beginning treatment within 6 weeks of referral	i 75%	1.0	No	0	98.7%	Achieved		0
Improving access to psychological therapies: % patients beginning treatment within 18 weeks of referral	i 95%	1.0	No	0	99.9%	Achieved		0
Data completeness, MH: identifiers	i 97%	1.0	No	0	99.8%	Achieved		0
Data completeness, MH: outcomes	i 50%	1.0	No	0	92.5%	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
Community care - referral to treatment information completeness	i 50%	1.0	N/A	0	0.0%	Not relevant		0
Community care - referral information completeness	i 50%	1.0	N/A	0	0.0%	Not relevant		0
Community care - activity information completeness	i 50%	1.0	N/A	0	0.0%	Not relevant		0

Risk of, or actual, failure to deliver Commissioner Requested Services	i N/A		No		No		
Date of last CQC inspection	i N/A		N/A			31st May 2016	
CQC compliance action outstanding (as at time of submission)	i N/A		No		No		
CQC enforcement action within last 12 months (as at time of submission)	i N/A		No		No		
CQC enforcement action (including notices) currently in effect (as at time of submission)	i N/A		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		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	i N/A		No		No		
Overall rating from CQC inspection (as at time of submission)	i N/A		N/A		N/A	Awaiting rating as at 30th June 2016	
CQC recommendation to place trust into Special Measures (as at time of submission)	i N/A		N/A		No		
Trust unable to declare ongoing compliance with minimum standards of CQC registration	i N/A		No		No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	i N/A		N/A		N/A		

Results left to complete:

Checks Count:

Checks left to clear:

Service Performance Score

0	i	1	OK	0
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Finance Returns

Risk Assessment Framework Financial Risk Rating

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

The summary & table below show the Financial Sustainability Risk Rating.

Risk Ratings	Weight	Plan	Q1 Actual	Q2 Forecast	Q3 Forecast	Q4 Forecast
Capital Service Capacity	25%	2	1	1	1	2
Liquidity Ratio	25%	4	4	4	4	4
I&E Margin	25%	4	2	2	3	3
I&E Margin Variance	25%	4	2	2	2	2
Overall Rating		4	2	2	2	3

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 is currently under-performing against plan and has a deficit for Q1 of £0.3m. This has resulted in the Trust's risk rating dropping to a 2 this quarter. Action plans are in place to improve the Trust's financial position and performance against plan should gradually improve over the remainder of the year. However, Q2 & Q3 performance is still expected to be below plan with the Trust expected to return to delivering planned levels of surplus in Q4. This means that the Trust will have a risk rating of 2 at Q2, probably still a rating of 2 at Q3, with an expected return to a 3 rating in Q4. To achieve this the Trust must deliver a surplus of at least £2.8m.

Therefore, the Board cannot confirm the Finance sustainability risk rating declaration this quarter.

Risk Assessment Framework Financial Sustainability Risk Rating

2016/17

	Historic Year to 31-Mar-16	Plan YTD to 30-June-16	Actual YTD to 30-June-16	Plan Year to 31-Mar-17	Forecast Year to 31-Mar-17	Forecast Year to 30-Sep-16	Forecast Year to 31-Dec-16	Forecast Year to 31-Mar-17
Liquidity Days (25%)								
	£ m	£ m	£ m	£ m	£ m	£ m	£ m	£ m
Working Capital Balance (cash for liquidity purposes)								
+ Total current assets (+)	41.105	38.159	38.175	39.864	34.834	34.925	35.383	34.834
+ Total current liabilities (-)	(32.454)	(30.682)	(30.628)	(30.019)	(30.019)	(29.426)	(29.880)	(30.019)
- Inventories (+)	0.303	0.350	0.373	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	8.348	7.127	7.174	9.495	4.465	5.149	5.153	4.465
<i>multiplied by 360</i>	3,005.280	641.430	645.660	3,418.200	1,607.400	926.820	1,391.310	1,607.400
Annual Operating Expenses								
Operating expenses within EBITDA	289.947	71.229	72.960	283.336	289.200	145.298	217.147	289.200
Total Annual Operating Expenses	289.947	71.229	72.960	283.336	289.200	145.298	217.147	289.200
Liquidity Days Ratio								
= <i>Working Capital Balance * 360</i>	10.4	9.0	8.8	12.1	5.6	6.4	6.4	5.6
Liquidity Risk Rating	4	4	4	4	4	4	4	4
Capital Service Capacity (25%)								
Revenue Available for Debt Service								
+ Surplus / (Deficit) after tax	11.715	0.883	(0.270)	8.030	4.280	(0.100)	1.000	4.280
- 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	7.586	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 (-)	(0.339)	(0.200)	(0.200)	(0.800)	(0.800)	(0.400)	(0.600)	(0.800)
- Depreciation & Amortisation (-)	(6.007)	(1.610)	(1.515)	(6.722)	(6.323)	(3.039)	(4.678)	(6.323)
- Total interest expense incl Other Finance Costs (-)	(5.777)	(1.412)	(1.404)	(5.731)	(5.569)	(2.749)	(4.141)	(5.569)
- Gain (+) / Loss (-) on asset disposals	(0.107)	0.000	0.000	1.500	1.500	0.000	0.000	1.500
- 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	16.359	4.105	2.849	19.783	15.472	6.088	10.419	15.472
Capital Servicing Costs								
+ PDC dividend expense	0.339	0.200	0.200	0.800	0.800	0.400	0.600	0.800
+ Interest expense on commercial & non-commercial borrowing	1.307	0.360	0.382	1.529	1.429	0.679	1.035	1.429
+ Interest expense on PFIs & finance leases	2.963	0.717	0.704	2.864	2.864	1.433	2.150	2.864
+ Other finance costs & non-operating PFI costs (e.g. contingent re	1.507	0.335	0.318	1.338	1.276	0.637	0.956	1.276
+ PDC repayments	0.700	0.000	0.000	0.000	0.000	0.000	0.000	0.000
+ Loan repayments	4.590	0.852	0.852	5.164	5.164	2.503	3.355	5.164
+ Capital element of PFI & other finance lease payments	1.565	0.207	0.199	0.769	0.768	0.384	0.591	0.768
Total Capital Servicing Costs	12.971	2.671	2.655	12.464	12.301	6.036	8.687	12.301
Capital Service Capacity Ratio								
= <i>Revenue Available for Debt Service</i>	1.26	1.54	1.07	1.59	1.26	1.01	1.20	1.26
Capital Service Capacity Risk Rating	2	2	1	2	2	1	1	2
I&E Mar (25%)								
Surplus/Deficit								
+ Surplus / (Deficit) after tax	11.715	0.883	(0.270)	8.030	4.280	(0.100)	1.000	4.280
- Gain (+) / Loss (-) on asset disposals	(0.107)	0.000	0.000	1.500	1.500	0.000	0.000	1.500
- 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	7.586	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Surplus/(Deficit)	4.236	0.883	-0.270	6.530	2.780	-0.100	1.000	2.780
Annual Income								
Annual Income within EBITDA	306.306	75.333	75.744	303.121	303.082	151.552	228.029	303.082
	306.306	75.333	75.744	303.121	303.082	151.552	228.029	303.082
I&E Margin	1.38	1.17	-0.36	2.15	0.92	-0.07	0.44	0.92
I&E Margin Risk Rating	4	4	2	4	3	2	3	3
I&E Margin Variance (25%)								
I&E Margin Actual	1.38		-0.36		0.92	-0.07	0.44	0.92
I&E Margin Plan	0.65		1.17		2.15	1.72	2.07	2.15
I&E Margin Variance	0.73	0.00	-1.53	0.00	-1.24	-1.78	-1.63	-1.24
I&E Margin Variance Risk Rating	4	4	2	4	2	2	2	2
Financial Sustainability Risk Rating	4	4	2	4	3	2	2	3

RECOMMENDATIONS

To note the information included within the report and approve the proposed governance statement.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
July 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, RABAC & Executive Directors
Finance Declaration			
Governance			
Targets and Indicators	Executive Director of Commissioning & Quality Assurance Executive Director of Finance Board Secretary	Integrated Performance & Assurance Report	Board, Q&P & Executive Directors
Governance Declaration		Relevant Audit Reports	AC & Executive Directors
		Minutes of relevant Board/committee meetings	Board & Sub Committees
		Quality Governance Framework	
Elections	Board Secretary	Any results of elections held in the period	Board
Changes to the Board of Directors and Council of Governors	Board Secretary	Register of Board of Directors and Council of Governors	Board
Exception reporting	Executive Directors	Any exception reports made during the period	Board & Sub Committees

Exception report Q1 2016-17

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
13/04/2016	222249	Learning Disabilities Gateshead - Monkton Hall	DE01 Unexpected Death	Accidental Death
16/04/2016	222594	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
18/04/2016	222597	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
18/04/2016	222621	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
18/04/2016	222703	North Tyneside East Adult CMHT - Station Rd	DE01 Unexpected Death	Conclusion Pending
20/04/2016	222836	Hadrian Clinic - Collingwood Court	AA09 Absented Themselves From Hospitals	Local After Action Review
23/04/2016	224669	NLD Recovery Partnership - Bowes St	DE18 Unexpected Death Local AAR	Conclusion Pending
25/04/2016	223497	S Tyneside Psychosis/Non Psychosis - Palmers	DE01 Unexpected Death	Conclusion Pending
26/04/2016	223626	SLD North Psychosis / Non Psychosis - MWM	DE01 Unexpected Death	Conclusion Pending
27/04/2016	223524	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
30/04/2016	224281	NLD Recovery Partnership - Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
30/04/2016	224390	GHD Community Non Psychosis Team - Dryden Rd	DE18 Unexpected Death Local AAR	Conclusion Pending
09/05/2016	224665	IAPT Newcastle - Silverdale	DE01 Unexpected Death	Conclusion Pending
10/05/2016	224949	NLD Recovery Partnership - Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
11/05/2016	224873	North NLD CMHT - Anderson Ct	DE01 Unexpected Death	Conclusion Pending
13/05/2016	225385	North Tyneside West Adult CMHT - Oxford Centre	DE01 Unexpected Death	Conclusion Pending
14/05/2016	225352	SLD South Psychosis/Non Psychosis - Doxford	DE01 Unexpected Death	Conclusion Pending
15/05/2016	225665	NCL Clinical Drug And Alcohol Service - Plummer Ct	DE01 Unexpected Death	Conclusion Pending
16/05/2016	225327	S Tyneside Psychosis/Non Psychosis - Palmers	DE01 Unexpected Death	Conclusion Pending
16/05/2016	225470	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
23/05/2016	226246	NCL West OPS CMHT - CAV	DE01 Unexpected Death	Conclusion Pending

Incident Date	Incident Number	Department	Cause 1	Outcome Type
25/05/2016	226332	North Tyneside East Adult CMHT - Hawkeys Lane	DE01 Unexpected Death	Conclusion Pending
25/05/2016	226494	NCL Clinical Drug And Alcohol Service - Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
30/05/2016	227230	IAPT Newcastle - Silverdale	DE18 Unexpected Death Local AAR	Conclusion Pending
02/06/2016	227702	Hexham Adult CMHT - Farnington Centre	DE18 Unexpected Death Local AAR	Conclusion Pending
03/06/2016	227171	Crisis Response & Home Treatment SLD - HWP	DE01 Unexpected Death	Conclusion Pending
06/06/2016	227631	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
07/06/2016	227723	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
09/06/2016	227833	North Tyneside Recovery Partnership - Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
12/06/2016	228379	NCL North & East Adult CMHT - Molineux	DE01 Unexpected Death	Conclusion Pending
14/06/2016	228484	SLD & S Tyneside Step Up Hub - Palmers	DE18 Unexpected Death Local AAR	Conclusion Pending
19/06/2016	228892	Beckfield	AA09 Absented Themselves From Hospitals	Local After Action Review
20/06/2016	229070	NLD Recovery Partnership - Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
22/06/2016	229181	EIP NCL & N Tyneside - Benton View	DE01 Unexpected Death	Conclusion Pending
23/06/2016	229411	Central & S Northumberland CMHT - Greenacres	DE01 Unexpected Death	Conclusion Pending
24/06/2016	229685	NLD Recovery Partnership - Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
28/06/2016	229809	S Tyneside Psychosis/Non Psychosis - Palmers	DE01 Unexpected Death	Conclusion Pending
28/06/2016	229721	Outpatients Neuro Rehabilitation - WGP	DE18 Unexpected Death Local AAR	Conclusion Pending

Adverse national press attention Q1 2016-17

There has been no adverse national media coverage received in the period: