

**Northumberland, Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

Meeting Date: 26<sup>th</sup> October 2016

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

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

Paper for Debate, Decision or Information: Approval

Key Points to Note:

1. The new Single Oversight Framework which replaces the Risk Assessment Framework (RAF) was published on 30 September and came into effect on 1 October. Its use starts with Month 7 returns but some transitional arrangements have been applied for Q2 returns.

2. This is the Quarter 2 2016/17 submission of the Risk Assessment Framework. The quarterly Finance & Governance templates are now submitted separately as NHS Improvement want to receive the financial information earlier. This quarter no Governance Return is required due to the launch of the new Single Oversight Framework. However, the Trust is still making its declaration for Governance in its supporting commentary.

3. NTW is declaring a Financial Sustainability risk rating of 3. Due to the implementation of the Single Oversight Framework a governance submission is not required for this quarter – however if it were the rating would remain GREEN (no issues identified).

4. As part of the RAF 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. This is not required this quarter as the Financial Sustainability risk rating is replaced by the Use of Resources rating from 1 October.

However, if the FSRR had continued the Board would probably have been able to confirm that the Trust would continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months. Although this would have required further work to be undertaken on next year's position.

5. From Month 6 NHSI have introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This month the Trust is still reporting achievement of its control total so this statement is not required. It is recognised there are a number of risks to delivery and these will continue to be closely evaluated to inform any potential future changes to the Trust's forecast position.

6. NHSI have also introduced three new agency information reporting requirements. Trust level

data on agency expenditure will be included in NHS Improvement's quarterly finance report from quarter two and is likely to include the best and worst performing trusts against ceiling and relative to workforce costs. Information showing agency staff (anonymised) employed for more than 6 consecutive months and also the top 20 highest earning agency staff is included within the report.

7. Additionally, NHSI are seeking assurance that Trust Boards are holding executive directors to account to reduce excess costs associated with agency spending and have released a self-certification checklist to be completed by Boards by 30<sup>th</sup> November 2016. This is included within the report and the Board are asked to consider the most appropriate approach to completion of this checklist.

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  
If Yes please outline

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 17<sup>th</sup> October 2016.

To note the Quarter 2 Governance position (which is **not** required to be submitted to NHS Improvement due to the implementation of the Single Oversight Framework)

To determine the governance items (as listed in Appendix 2) that will be reported to the NHS Improvement Manager for quarter 2.

To note the Quarter 2 self-assessed position against the requirements of the Single Oversight Framework, which takes effect from Quarter 3.

To note the required submission of agency information that will be reported to NHS Improvement in October 2016.

To consider the preferred approach to completion of the agency expenditure checklist by 30<sup>th</sup> November 2016.

Link to Policies and Strategies: N/A

**BOARD OF DIRECTORS**  
26<sup>th</sup> October 2016

**Quarterly Report to NHS Improvement  
(Risk Assessment Framework & Single Oversight Framework)**

**PURPOSE**

To present to the Board of Directors the position against the governance requirements of the existing Risk Assessment Framework and also the new Single Oversight Framework. Note that the in-year governance monitoring return and declarations for quarter 2 are not required by NHS Improvement due to the implementation of the new Single Oversight Framework. However, this report presents the position as it would have been reported, notes the position as self-assessed against the new framework and also includes the governance commentary for Quarter 2 which **will** be shared with NHS Improvement.

**BACKGROUND**

NHS Improvement oversees foundation trusts using the Risk Assessment Framework, which is superseded from 1<sup>st</sup> October 2016 by the Single Oversight Framework.

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 3 at quarter two. A summary of the Trust ratings since the start of financial year 2011/12 are set out below:

|                               | Q1&Q2<br>11-12 | Q3&Q4<br>11-12<br>All qtrs<br>12-13 | Q1,2,<br>3 &4<br>13-14 | Q1&<br>Q2<br>14-15 | Q3<br>14-15 | Q4<br>14-15 | Q1,2,3<br>& 4<br>15-16 | Q1 & 2<br>16-17    |
|-------------------------------|----------------|-------------------------------------|------------------------|--------------------|-------------|-------------|------------------------|--------------------|
| Continuity of Services Rating | 5              | 5                                   | 3                      | 3                  | 4           | 3           | 4                      | 2 (Q1)<br>& 3 (Q2) |
| Governance Risk Rating        | Amber/<br>Red  | Green                               | Green                  | Green              | Green       | Green       | Green                  | Green              |

**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 17<sup>th</sup> October.

In accordance with the most recent guidance for quarterly submissions the Board declarations for this quarter would be as below – **however, there is no requirement for the Board to agree this declaration for this quarter as NHS Improvement have confirmed that there is no requirement for the Quarter two governance return to be submitted.**

## In Year Governance Statement from the Board of Northumberland, Tyne & W

*The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)*

**Board Response**

**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.

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

**For governance, that:**

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

**Otherwise:**

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

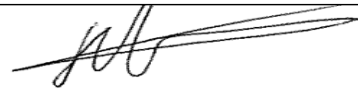
**Consolidated subsidiaries:**

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.

0

Signed on behalf of the board of directors

Signature   
 Name   
 Capacity   
 Date

Signature   
 Name   
 Capacity   
 Date

Quarter 2 Governance narrative – the following information **WILL** still be submitted to NHS Improvement:

**Board Changes & Elections**

**Report on any changes to the Board of Directors:** There have been no changes to the Board of Directors during Quarter 2.

|  | <b>Q2 2016-17</b> |
|--|-------------------|
| 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                 |

**Report on any changes to the Council of Governors:**

There has been one change to the Council of Governors during Quarter 2 as detailed below:

**Leavers:** Mary Foy stepped down on 20<sup>th</sup> September 2016

**Results of any election for the Council of Governors:**

**Elected: None**

**Governor Elections**

There will be Governor Elections for 5 vacancies in November:

|   |  |
|---|--|
| <u>Carer Governors:</u><br>Older People's Services (1)  | <u>Staff Governors:</u><br>None                                      |
| <u>Service User Governors:</u><br>Children and Young Peoples Services (1)<br>Older Peoples Services (1) | <u>Public Governors:</u><br>North Tyneside (1)<br>South Tyneside (1) |

Access targets and outcomes objectives: The following table provides the position in relation to Quarter 2 performance for assurance purposes (note that this is presented using the internal format as the NHS Improvement template is not required to be submitted)

| NHS Improvement Risk Assessment Framework Dashboard     |                                      |            |         |        |            |         |        |            |         |        |            |         |        |        |
|---|--------------------------------------|------------|---------|--------|------------|---------|--------|------------|---------|--------|------------|---------|--------|--------|
| Key Indicators:   | Standard                             | Q3 2015-16 |         |        | Q4 2015-16 |         |        | Q1 2016-17 |         |        | Q2 2016-17 |         |        |        |
|   |                                      | Oct        | Nov QTD | Q3     | Jan        | Feb QTD | Q4     | Apr        | May QTD | Q1     | July       | Aug QTD | Q2     |        |
| <b>Governance Risk Rating</b>                           |                                      |            |         |        |            |         |        |            |         |        |            |         |        |        |
| <b>Financial Sustainability Risk Rating</b>             |                                      | 4          | 4       | 4      | 4          | 4       | 4      | 3          | 3       | 2      | 2          | 2       |        |        |
| Access  | 7 day follow up                      | 95%        | 98.4%   | 98.5%  | 98.7%      | 98.5%   | 98.3%  | 98.1%      | 95.7%   | 97.2%  | 97.4%      | 96.8%   | 97.1%  | 97.2%  |
|   | Service users on CPA 12 month review | 95%        | 96.3%   | 97.0%  | 97.2%      | 96.0%   | 97.0%  | 97.2%      | 97.1%   | 95.9%  | 96.2%      | 95.8%   | 96.6%  | 96.9%  |
|   | Gatekeeping admissions by CRHT teams | 95%        | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 99.8%  |
|   | EIP 2 w eek w ait                    | 50%        |         |        |            | 35.3%   | 76.1%  | 74.7%      | 90.3%   | 88.8%  | 87.4%      | 91.7%   | 85.2%  | 82.3%  |
|   | IAPT 6 w eek w ait                   | 75%        | 98.8%   | 98.8%  | 99.1%      | 98.4%   | 98.8%  | 98.8%      | 99.6%   | 99.0%  | 98.7%      | 98.0%   | 98.5%  | 98.6%  |
|   | IAPT 18 w eek w ait                  | 95%        | 100.0%  | 99.8%  | 99.9%      | 100.0%  | 99.8%  | 99.9%      | 100.0%  | 99.8%  | 99.9%      | 99.6%   | 99.8%  | 99.9%  |
|   | RTT w aiting times (incomplete)      | 92%        | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 100.0%     | 100.0%  | 100.0% | 100.0% |
|   | Clostridium Difficile objective      |            | 1       |        |            |         |        |            |         |        |            |         |        |        |
| Outcomes  | Delayed Transfers of care            | 7.5%       | 2.2%    | 2.0%   | 2.0%       | 2.7%    | 2.4%   | 2.3%       | 2.4%    | 2.0%   | 1.8%       | 2.0%    | 2.0%   | 1.8%   |
|   | Data Quality : Outcomes              | 50%        | 92.4%   | 93.1%  | 93.0%      | 92.4%   | 92.8%  | 93.4%      | 93.4%   | 93.1%  | 92.5%      | 92.7%   | 92.9%  | 92.5%  |
|   | Data Quality: completeness           | 97%        | 99.8%   | 99.8%  | 99.8%      | 99.8%   | 99.8%  | 99.8%      | 99.8%   | 99.8%  | 99.8%      | 99.8%   | 99.8%  | 99.9%  |
|   | LD access requirements               |            |         |        |            |         |        |            |         |        |            |         |        |        |
| Risk/failure to deliver Commissioner Requested Services |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| CQC Compliance action outstanding                       |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| CQC enforcement action in the last 12 months            |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| CQC enforcement action in effect                        |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| Moderate CQC concerns                                   |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| Major CQC concerns                                      |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |
| Non compliance w ith CQC registration                   |                                      | No         | No      | No     | No         | No      | No     | No         | No      | No     | No         | No      | No     |        |

The following table presents the quarter two operational performance against the requirements of the new Single Oversight Framework:

| Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)   | Frequency | Source                        | Standard              | Quarter 2 1617 self assessment | NTW % as per most recently published MHSDS/RTT/EIP/IAPT data | National % from most recently published MHSDS data | Comments. NB those classed as "NEW" were not included in the previous framework  |
|---|-----------|-------------------------------|-----------------------|--------------------------------|--|--|--|
| Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway                                     | Monthly   | UNIFY2 and MHSDS              | 92%                   | 100%                           | 100%   | 91.00%   | Currently achieved but when gender is included in RTT data NTW will not meet 92% standard. National data includes all NHS providers and is at July 2016                      |
| Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards | Quarterly | UNIFY2 and MHSDS              | 95%                   | 99.8%                          | no data  | no data  |  |
| People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral                             | Quarterly | UNIFY2 and MHSDS              | 50%                   | 82.3%                          | 88%  | 74.60%   | While the waiting times element of the standard is achieved there are risks to achievement of the NICE compliance element of the standard. Published data is as at July 2016 |
| Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:                  |           |                               |                       |                                |  |  |  |
| a) inpatient wards  | Quarterly | Provider return / CQUIN audit | 90%                   | 57%                            | no data  | no data  | from weekly sheet 6.10.16  |
| b) early intervention in psychosis services   | Quarterly | Provider return / CQUIN audit | 90%                   | 72%                            | no data  | no data  | from weekly sheet 6.10.16  |
| c) community mental health services (people on Care Programme Approach)   | Quarterly | Provider return / CQUIN audit | 65%                   | 26%                            | no data  | no data  | from weekly sheet 6.10.16  |
| Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:                                    |           |                               |                       |                                |  |  |  |
| - identifier metrics:   |           |                               |                       |                                |  |  |  |
| NHS Number  | Monthly   | MHSDS                         | 95%                   | 99.9%                          | 99.4%  | 99.3%  |  |
| Date of Birth   | Monthly   | MHSDS                         | 95%                   | 100.0%                         | 100.0%   | 100.0%   |  |
| Postcode  | Monthly   | MHSDS                         | 95%                   | 99.9%                          | 99.8%  | 99.3%  |  |
| Current Gender  | Monthly   | MHSDS                         | 95%                   | 100.0%                         | 100.0%   | 99.8%  |  |
| GP code   | Monthly   | MHSDS                         | 95%                   | 99.8%                          | 99.1%  | 97.1%  |  |
| CCG code  | Monthly   | MHSDS                         | 95%                   | 99.5%                          | 98.5%  | 96.3%  |  |
| - priority metrics:   |           |                               |                       |                                |  |  |  |
| ethnicity   | Monthly   | MHSDS                         | 85% by 16/17 year end | 93.0%                          | 95.20%   | 82.30%   | NEW. Data from metric 17 in dashboard  |
| employment status (adults)  | Monthly   | MHSDS                         | 85% by 16/17 year end | 94.5%                          | 26.64%   | 26.77%   | MHSDS methodology TBC  |
| school attendance (CYP)   | Monthly   | MHSDS                         | 85% by 16/17 year end | no data                        | no data  | no data  | NEW. Not currently collected in RIO or reported via MHSDS  |
| accommodation status (adults)   | Monthly   | MHSDS                         | 85% by 16/17 year end | 94.2%                          | 25.90%   | 28.50%   | MHSDS methodology TBC  |
| ICD10 coding  | Monthly   | MHSDS                         | 85% by 16/17 year end | 96.5%                          | 0.43%  | 16.04%   | NEW. (used metric 427). MHSDS methodology TBC  |
| Improving Access to Psychological Therapies (IAPT)/talking therapies  |           |                               |                       |                                |  |  | (Sunderland service only)  |
| - proportion of people completing treatment who move to recovery  | Quarterly | IAPT minimum dataset          | 50%                   | 53.4%                          | 49.0%  | 45.0%  | NEW metric 1079  |
| - waiting time to begin treatment :   |           |                               |                       |                                |  |  |  |
| - within 6 weeks  | Quarterly | IAPT minimum dataset          | 75%                   | 98.6%                          | 93.20%   | 83.80%   | published data as at April 2016  |
| - within 18 weeks   | Quarterly | IAPT minimum dataset          | 95%                   | 99.9%                          | 97.00%   | 97.40%   | published data as at April 2016  |

## 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.

| <b>Risk Ratings</b>      | <b>Weight</b> | <b>Plan</b> | <b>Q1 Actual</b> | <b>Q2 Actual</b> | <b>Q4 Forecast</b> |
|--------------------------|---------------|-------------|------------------|------------------|--------------------|
| Capital Service Capacity | 25%           | 2           | 1                | 2                | 2                  |
| Liquidity Ratio          | 25%           | 4           | 4                | 4                | 4                  |
| I&E Margin               | 25%           | 4           | 2                | 4                | 4                  |
| I&E Margin Variance      | 25%           | 4           | 2                | 3                | 3                  |
| <b>Overall Rating</b>    |               | <b>4</b>    | <b>2</b>         | <b>3</b>         | <b>3</b>           |

The Use of Resources rating includes a metric for Agency in addition to the 4 existing metrics. The new rating also reverses the ratings scoring making 1 the lowest risk and 4 the highest risk. The table below shows the Use of Resources rating applied to Q2 position and our forecast year-end position.

| <b>Risk Ratings</b>      | <b>Weight</b> | <b>Plan</b> | <b>Q2 Actual</b> | <b>Q4 Forecast</b> |
|--------------------------|---------------|-------------|------------------|--------------------|
| Capital Service Capacity | 20%           | 2           | 3                | 3                  |
| Liquidity Ratio          | 20%           | 4           | 1                | 1                  |
| I&E Margin               | 20%           | 4           | 1                | 1                  |
| I&E Margin Variance      | 20%           | 4           | 2                | 2                  |
| Agency                   | 20%           | 4           | 2                | 3                  |
| <b>Overall Rating</b>    |               | <b>4</b>    | <b>2</b>         | <b>2</b>           |

As part of the RAF 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. This is not required this quarter as the Financial Sustainability risk rating is replaced by the Use of Resources rating from 1 October. However, if the FSRR had continued the Board would probably have been able to confirm that the Trust would continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months. Although this would have required further work to be undertaken on next year's position.

5. From Month 6 NHSI have introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This month the Trust is still reporting achievement of its control total so this statement is not required. It is recognised there are a number of risks to delivery and these will continue to be closely evaluated to inform any potential future changes to the Trust's forecast position.

### Agency reporting

Further actions arising from the "Strengthening Financial Performance & Accountability in 2016-17" framework are the recent introduction of three new agency returns. Trust level data on agency expenditure will be included in NHS Improvement's quarterly finance report from quarter two and is likely to include the best and worst performing trusts against ceiling and relative to workforce costs. Providers have been asked to provide to NHS Improvement the following information:



a) Monthly agency spending broken down by cost centre – to be provided separately to NHS Improvement. This information has not been included within this report due to the volume of data (c 200 cost centres, expenditure totalling £6.7m YTD). This data will be submitted to NHS Improvement on 24<sup>th</sup> October 2016.

b) List of the 20 highest-earning agency staff, anonymised (to be submitted to NHS Improvement 31<sup>st</sup> October 2016):

|    | Staff group | Grade             | Department               | # months service | Hourly rate | Monthly cost | Reason for usage                            | Action taken                                  | Risk Rating |
|----|-------------|-------------------|--------------------------|------------------|-------------|--------------|---|---|-------------|
| 1  | Medical     | Consultant        | Comm - N'land            | 0.50             | £85         | £14,744      | Partly absence cover & partly Vacancy cover | Leaving 1/12/16                               |             |
| 2  | Medical     | Consultant        | Spec - ST' S'land CYPS   | 4.75             | £84         | £14,492      | Vacancy                                     | Leaving end of Nov                            |             |
| 3  | Medical     | Consultant        | Comm - New NT            | 5.00             | £80         | £13,867      | Vacancy & Activity Levels                   | Leaving 31/3                                  |             |
| 4  | Medical     | Consultant        | Comm - S'land            | 0.25             | £76         | £13,191      | Covering vacant consultant post             | extended to 31/8/16<br>projected end date TBC |             |
| 5  | Medical     | Consultant        | Inpatients - N'land & NT | 1.00             | £76         | £13,191      | Cover Secondment                            |   |             |
| 6  | Medical     | Consultant        | Comm - New               | 5.00             | £76         | £13,191      | Covering backfill                           |   |             |
| 7  | Medical     | Consultant        | Inpatients - OPS         | 6.25             | £76         | £13,191      | Vacancy                                     | leaving Oct                                   |             |
| 8  | Medical     | Consultant        | Comm - S'land            | 4.75             | £76         | £13,191      | Vacancy                                     | Forecast to continue                          |             |
| 9  | Medical     | Consultant        | Spec - New/Gh CYPS       | 0.25             | £76         | £13,191      | Vacancy                                     | Forecast to continue                          |             |
| 10 | Medical     | Consultant        | Inpatients - Adult       | 4.00             | £76         | £13,191      | Vacancy                                     | Forecast to continue                          |             |
| 11 | Medical     | Consultant        | Comm - Gateshead         | 5.00             | £76         | £13,191      | Vacancy                                     | leaving 7/11                                  |             |
| 12 | Medical     | Consultant        | Comm - New               | 2.25             | £76         | £13,191      | Vacancy                                     | leaving 31st Dec                              |             |
| 13 | Medical     | Consultant        | Inpatients - S'land      | 5.75             | £76         | £13,191      | Vacancy                                     | leaving end of Oct                            |             |
| 14 | Medical     | Consultant        | Comm - G'head            | 4.25             | £76         | £13,191      | Vacancy                                     | leaving 27/11                                 |             |
| 15 | Medical     | Consultant        | Specialist - N'land CYPS | 2.75             | £76         | £13,191      | Vacancy                                     | leaving end of Dec                            |             |
| 16 | Medical     | Consultant        | Comm - NT                | 6.00             | £76         | £13,191      | Backfill Role                               | Forecast to continue                          |             |
| 17 | Medical     | Consultant        | Specialist - N'land CYPS | 4.50             | £76         | £13,191      | Vacancy                                     | End of Nov                                    |             |
| 18 | Medical     | Speciality Doctor | Inpatient - Adults       | 1.00             | £52         | £9,013       | Vacancy                                     | leaving Oct                                   |             |
| 19 | Medical     | Speciality Doctor | Comm - ST                | 5.50             | £52         | £9,013       | Covering unfunded post                      | leaving 30/11                                 |             |
| 20 | Medical     | Speciality Doctor | Specialist - N'land CYPS | 6.00             | £52         | £9,013       | Vacancy                                     | Leaving end of Feb                            |             |

- c) List of agency staff that have been employed for more than 6 consecutive months as at 30.09.2016, anonymised (to be submitted to NHS Improvement 31<sup>st</sup> October 2016). There are 55 individuals meeting this criteria across the organisation, as follows:

| <b>Clinical Group</b> | <b>Cost Centre &amp; Description</b> |  | <b>No of agency staff employed more than 6 consecutive months as at 30.9.16:</b> |
|-----------------------|--------------------------------------|--|--|
| Specialist            | 980315                               | Newcastle/Gateshead Cyps                 | 2  |
| Community             | 981715                               | PCP                                      | 1  |
| Community             | 981906                               | North Tyneside Psychosis / Non Psychosis | 1  |
| Community             | 981354                               | NORTHUMBERLAND COGNITIVE WEST TEAM       | 1  |
| Community             | 981421                               | SUNDERLAND COGNITIVE COMMUNITY           | 1  |
| Community             | 984689                               | Medical - Northumberland                 | 1  |
| Community             | 982888                               | A&C ADULT COMMUNITY GHD                  | 1  |
| Community             | 982991                               | A&C COMMUNITY NORTH TYNESIDE             | 1  |
| Community             | 981191                               | MEMORY PROTECTION SERVICE SOT A&C        | 1  |
| Community             | 982887                               | A&C ADULT COMMUNITY SLD                  | 1  |
| Community             | 981715                               | PCP                                      | 23   |
| Community             | 982839                               | SUNDERLAND WEST ADMIN & CLERICAL         | 1  |
| Specialist            | 980056                               | Environmental Control Service            | 1  |
| Specialist            | 980065                               | Ne Drive Mobility                        | 1  |
| Specialist            | 980315                               | Newcastle/Gateshead Cyps                 | 3  |
| Specialist            | 980604                               | South Tyneside/Sunderland Cyps           | 2  |
| Specialist            | 980671                               | Kolvin Service                           | 1  |
| Specialist            | 980646                               | A&C CYP COMMUNITY NLD & NTYNE            | 2  |
| Specialist            | 980014                               | Cyps Inpatient Arc                       | 2  |
| Specialist            | 980315                               | Newcastle/Gateshead Cyps                 | 1  |
| Specialist            | 984638                               | Medical - Northumberland Cyps            | 1  |
| Inpatients            | 981806                               | OT Inpatient Ncl                         | 1  |
| Inpatients            | 982804                               | IP Gateshead                             | 1  |
| Inpatients            | 982993                               | IP Hopewood                              | 1  |
| Inpatients            | 984674                               | MEDICAL - ADULT WARDS SLD & S TYNE       | 1  |
| Inpatients            | 984672                               | MEDICAL - OP ORGANIC & FUNCTIONAL NORTH  | 1  |
| Inpatients            | 984675                               | MEDICAL - OP ORGANIC & FUNCTIONAL SOUTH  | 1  |

Additionally, there is a self-certification checklist in relation to agency expenditure for the Board to complete by 30 November. The checklist is attached below and the Board are asked to consider their approach to completion within the required timescale:

| Self-certification checklist<br>Please discuss this in your board meeting |  | Yes - please specify steps taken | No. We will put this in place - please list actions |
|---|--|----------------------------------|---|
| <b>Governance and accountability</b>                                      |  |                                  |   |
| 1   | Our trust chief executive has a strong grip on agency spending and the support of the agency executive lead, the nursing director, medical director, finance director and HR director in reducing agency spending.   |                                  |   |
| 2   | Reducing nursing agency spending is formally included as an objective for the nursing director and reducing medical agency spending is formally included as an objective for the medical director.   |                                  |   |
| 3   | The agency executive lead, the medical director and nursing director meet at least monthly to discuss harmonising workforce management and agency procurement processes to reduce agency spending.   |                                  |   |
| 4   | We are not engaging in any workarounds to the agency rules.  |                                  |   |
| <b>High quality timely data</b>   |  |                                  |   |
| 5   | We know what our biggest challenges are and receive regular (eg monthly) data on:<br>- which divisions/service lines spend most on agency staff or engage with the most agency staff<br>- who our highest cost and longest serving agency individuals are<br>- what the biggest causes of agency spend are (eg vacancy, sickness) and how this differs across service lines. |                                  |   |
| <b>Clear process for approving agency use</b>                             |  |                                  |   |
| 6   | The trust has a centralised agency staff booking team for booking all agency staff. Individual service lines and administrators are not booking agency staff.  |                                  |   |
| 7   | There is a standard agency staff request process that is well understood by all staff. This process requires requestors and approvers to certify that they have considered all alternatives to using agency staff.   |                                  |   |
| 8   | There is a clearly defined approvals process with only senior staff approving agency staff requests. The nursing and medical directors personally approve the most expensive clinical shifts.  |                                  |   |
| <b>Actions to reducing demand for agency staffing</b>                     |  |                                  |   |
| 9   | There are tough plans in place for tackling unacceptable spending; eg exceptional over-reliance on agency staffing services radiology, very high spending on on-call staff.  |                                  |   |
| 10  | There is a functional staff bank for all clinical staff and endeavour to promote bank working and bank fill through weekly payment, auto-enrolment, simplifying bank shift alerts and request process.   |                                  |   |

| <b>Self-certification checklist</b><br>Please discuss this in your board meeting |   | <b>Yes - please specify steps taken</b> | <b>No. We will put this in place - please list actions</b> |
|--|---|---|--|
| <b>11</b>  | All service lines do rostering at least 6 weeks in advance on a rolling basis for all staff. The majority of service lines and staff groups are supported by eRostering.                                |   |  |
| <b>12</b>  | There is a clear process for filling vacancies with a time to recruit (from when post is needed to when it is filled) of less than 21 days.   |   |  |
| <b>13</b>  | The board and executives adequately support staff members in designing innovative solutions to workforce challenges, including redesigning roles to better sustain services and recruiting differently. |   |  |
| <b>14</b>  | The board takes an active involvement in workforce planning and is confident that planning is clinically led, conducted in teams and based on solid data on demand and commissioning intentions.        |   |  |
| <b>Working with your local health economy</b>                                    |   |   |  |
| <b>15</b>  | The board and executives have a good understanding of which service lines are fragile and currently being sustained by agency staffing.   |   |  |
| <b>16</b>  | The trust has regular (eg monthly) executive-level conversations with neighbouring trusts to tackle agency spend together.  |   |  |

**Signed by**

[Date]

**Trust Chair:**

[Signature]

**Trust Chief Executive:**

[Signature]

## RECOMMENDATIONS

To note the information included within the report and consider the preferred approach to completion of the agency expenditure checklist by 30<sup>th</sup> November 2016.

**Lisa Quinn**

**Executive Director of Commissioning & Quality Assurance**

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

**Exception report Q2 2016-17****Table 3: Examples of where an exception report is required**

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

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

**Any Never Events**

There have been no never events reported as per the DH guidance document.

**Any patient suicide, homicide or absconsion (MH Trusts only)**

The table overleaf provides a brief breakdown of serious incidents classed as unexpected deaths and any significant absconsion classed as serious (all other Awols / absconds are reported as patient safety incidents on a weekly basis to the NRLS). It should be noted that the vast majority of the following unexpected death incidents are still waiting a coroner's verdict.

| <b>Incident Date</b> | <b>Incident Number</b> | <b>Department</b>                                | <b>Cause 1</b>                  | <b>Current Status</b> |
|----------------------|------------------------|--|---------------------------------|-----------------------|
| 01/07/2016           | 230071                 | Marsden  | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 04/07/2016           | 231083                 | Community Neuro Psychiatry WGP                   | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 06/07/2016           | 230475                 | NCL West Adult CMHT Silverdale                   | DE01 Unexpected Death           | Conclusion Pending    |
| 13/07/2016           | 234513                 | SLD Psychological Wellbeing Service MWM          | DE01 Unexpected Death           | Suicide               |
| 18/07/2016           | 231707                 | NLD Recovery Partnership Greenacres              | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 18/07/2016           | 231606                 | SLD South Psychosis/Non Psychosis Doxford        | DE01 Unexpected Death           | Conclusion Pending    |
| 25/07/2016           | 232322                 | North Tyneside Recovery Partnership Wallsend     | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 26/07/2016           | 232359                 | NLD Recovery Partnership Greenacres              | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 26/07/2016           | 232664                 | NCL North & East Adult CMHT Molineux             | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 28/07/2016           | 232570                 | IAPT Newcastle Silverdale                        | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 28/07/2016           | 233030                 | NLD Recovery Partnership Bowes St                | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 30/07/2016           | 234028                 | Addictions Services SLD 4 To 6 Mary Street       | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 31/07/2016           | 232919                 | S Tyneside Psychosis/Non Psychosis Palmers       | DE01 Unexpected Death           | Conclusion Pending    |
| 01/08/2016           | 233143                 | North Tyneside Recovery Partnership Wallsend     | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 02/08/2016           | 233051                 | NCL Clinical Drug And Alcohol Service Plummer Ct | DE18 Unexpected Death Local AAR | Conclusion Pending    |
| 08/08/2016           | 233611                 | Acquired Brain Injury Service GHD                | DE01 Unexpected Death           | Conclusion Pending    |
| 12/08/2016           | 234408                 | Central & S Northumberland CMHT Greenacres       | DE01 Unexpected Death           | Conclusion Pending    |
| 13/08/2016           | 234141                 | CYPS Community SLD MWM                           | DE01 Unexpected Death           | Conclusion Pending    |
| 15/08/2016           | 234323                 | North Tyneside East Adult CMHT Hawkeys Lane      | DE01 Unexpected Death           | Conclusion Pending    |
| 15/08/2016           | 234527                 | Assertive Outreach NCL & NT Oxford Centre        | DE01 Unexpected Death           | Conclusion Pending    |

|                          |                            |   |   |                              |
|--------------------------|----------------------------|---|---|------------------------------|
| 16/08/2016               | 235383                     | Medical LD North Of Tyne<br>NGH                 | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| <b>Incident<br/>Date</b> | <b>Incident<br/>Number</b> | <b>Department</b>                               | <b>Cause 1</b>  | <b>Outcome Type</b>          |
| 17/08/2016               | 234598                     | NCL North & East Adult<br>CMHT Molineux         | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 18/08/2016               | 234727                     | Initial Response Team SoT<br>HWP                | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 25/08/2016               | 236333                     | GHD Community Non<br>Psychosis Team Dryden Rd   | DE18 Unexpected<br>Death Local AAR                    | Conclusion Pending           |
| 27/08/2016               | 235811                     | SLD North Psychosis / Non<br>Psychosis MWM      | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 02/09/2016               | 236464                     | NLD Recovery Partnership<br>Sextant House       | DE18 Unexpected<br>Death Local AAR                    | Conclusion Pending           |
| 06/09/2016               | 236389                     | Central & S Northumberland<br>CMHT Greenacres   | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 06/09/2016               | 236479                     | NCL North & East Adult<br>CMHT Molineux         | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 09/09/2016               | 236669                     | North Tyneside Recovery<br>Partnership Wallsend | DE16 Alleged<br>Homicide By A<br>Patient To A Patient | Police Involvement           |
| 14/09/2016               | 237165                     | SLD & S Tyneside Step Up<br>Hub Palmers         | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 15/09/2016               | 237378                     | North Tyneside Recovery<br>Partnership Wallsend | DE18 Unexpected<br>Death Local AAR                    | Conclusion Pending           |
| 20/09/2016               | 238016                     | North Tyneside East Adult<br>CMHT Station Rd    | DE18 Unexpected<br>Death Local AAR                    | Conclusion Pending           |
| 21/09/2016               | 238010                     | North Tyneside West Adult<br>CMHT Oxford Centre | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 21/09/2016               | 237974                     | CTLD Psychology Benton<br>House                 | DE18 Unexpected<br>Death Local AAR                    | Conclusion Pending           |
| 21/09/2016               | 238788                     | GHD Community Psychosis<br>Team Tranwell        | DE01 Unexpected<br>Death                              | Conclusion Pending           |
| 25/09/2016               | 238430                     | Crisis Response & Home<br>Treatment SLD HWP     | SH02 Attempted<br>Suicide                             | Local After Action<br>Review |
| 26/09/2016               | 238450                     | Crisis Response & Home<br>Treatment Ravenswood  | DE01 Unexpected<br>Death                              | Conclusion Pending           |

#### Adverse national press attention Q2 2016-17

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