

**Northumberland, Tyne and Wear NHS Foundation Trust**  
**Board of Directors Meeting**

**Meeting Date:** 27 July 2016

**Title and Author of Paper:** Integrated Commissioning & Quality Assurance Report (Month 3) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

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

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

- The financial sustainability risk rating has decreased from 3 to 2 this month as a result of the financial position, this is classed as a material risk. The governance rating remains green.
- The CQC Comprehensive Inspection has concluded and initial findings fed back to the Trust. The full findings and ratings are anticipated in September 2016.
- All CQUIN requirements are considered achieved in quarter one.
- Four of the seven quality priorities are fully achieved in the quarter, while the remaining three are RAG rated amber.
- Appraisal rates have increased in the month and Trust wide the standard of 85% is now achieved.

**Risks Highlighted:** NHS Improvement Risk Assessment Framework

**Does this affect any Board Assurance Framework/Corporate Risks:** No

**Equal Opportunities, Legal and Other Implications:** None

**Outcome Required / Recommendations:** for information only

**Link to Policies and Strategies:** NHS Improvement Risk Assessment Framework, 2016/17 NHS Standard Contract

## NTW Integrated Commissioning & Quality Assurance Report

2016-17 Month 3 (June 2016)

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## 1. At a Glance Integrated Commissioning & Quality Assurance Report June 2016

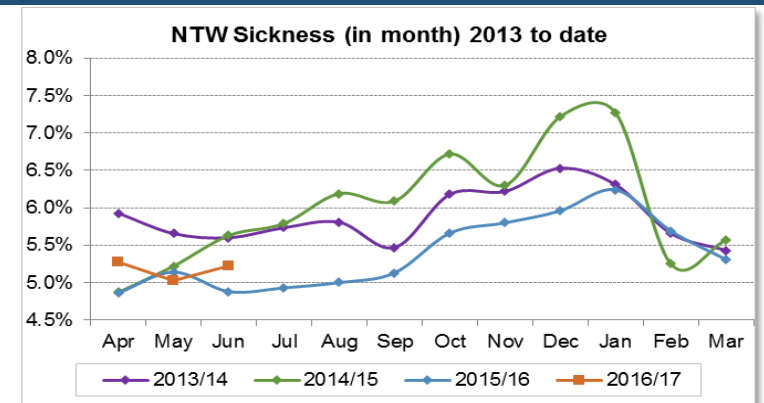
<b>NHS Improvement Risk Assessment Framework:</b>	A material risk has been identified through the reduction in the Financial Sustainability Risk Rating to a 2.	Governance Risk Rating Quarter 1:	Financial Sustainability Risk Rating Quarter 1:	The Governance risk rating remains green (lowest risk) and the Financial Sustainability risk rating has decreased from 3 to 2.  While all of the Risk Assessment Framework requirements are achieved in the month, including the new waiting times requirements for Early Intervention in Psychosis, reporting performance against internal KPIs to NHS Improvement is due to this quarter and currently these are not all achieved (underperformance relates to training and quality priority metrics).	
		Green	2		
<b>Quality Priorities:</b>	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and at Quarter 1, three were rated amber, encompassing waiting times, suicide risk training and transition processes.		
	4	3			
<b>CQUIN:</b>	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services and at Quarter 1, all requirements have been achieved, subject to agreement with commissioners.		
	10	0			
<b>Workforce:</b>	<b>Statutory &amp; Essential Training:</b>			Areas of underperformance are PMVA basic (79.2%), PMVA Breakaway (79.9%) and Information Governance training (90.8%). There is an improvement plan in place with trajectories to achieve the required standards by July 2016. There has been a decrease in MHA, MCA and DOLs training in the month which is being explored further	<b>Appraisals:</b> Appraisal rates have increased to 85.1% in June 16 and have met the standard of 85% (was 84.1% last month).
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	15	3	3		

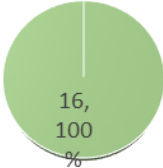
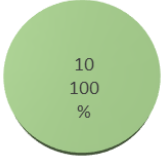
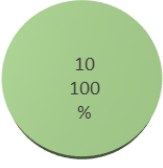
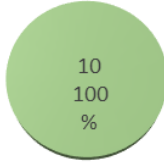
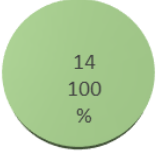
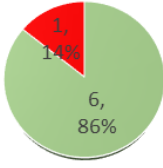
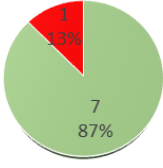
### Sickness Absence:



The "in month" sickness absence rate increased to 5.22% in June 16.

The rolling 12 month sickness average remains the same at 5.4%.



<p><b>Finance:</b></p>	<p>Finance Dashboard - At Month 3, the Trust has a deficit of £0.3m which is £1.2m behind our revised plan. This delivers a risk rating of 2 this month. The Trust's control total increased to £6.5m following the allocation of £1.8m from the Sustainability and Transformation Fund (STF). The Trust only receives this funding if it achieves its control total. The Trust faces a significant challenge to deliver this and at this stage does not expect to. The current forecast surplus, which assumes no STF funding, is £2.8m which is a £3.7m shortfall that includes £1.8m re the STF funding shortfall. This level of surplus will deliver a year-end risk rating of 3, but below this level would result in a 2 rating. The main financial pressures are CYPs In-patient &amp; Community and LD transformation in Specialist Care and also some developing pressures in Community Services. The staffing overspend at Month 3 across the Trust was £1.1m and a significant change in spending on temporary staffing (agency, bank and overtime) is required quickly to turn this around. Agency spend is £3.6m at Month 3 which is £0.4m above ceiling trajectory and forecast agency spend is around £11m which is over £2m above the Trust's ceiling. Detailed work is being undertaken to reduce overspends across the main pressure areas and some specific savings schemes are being looked at. However all areas of the Trust need to minimise spend to help get back on track and improve the Trust's financial position. The Trust's cash balance at the end of Month 3 was £22.0m which was £1.5m less than plan.</p>						
<p><b>Contract Summaries:</b></p>	<p>NHS England</p>	<p>Northumberland &amp; North Tyneside CCGs</p>	<p>Newcastle / Gateshead CCG</p>	<p>South Tyneside CCG</p>	<p>Sunderland CCG</p>	<p>Durham, Darlington &amp; Tees CCGs</p>	<p>Cumbria CCG</p>
 <p>16, 100 %</p> <p>All achieved in Month 3 and Quarter 1</p>	 <p>10 100 %</p> <p>All achieved in Month 3 and Quarter 1</p>	 <p>10 100 %</p> <p>Completion of Risk assessment and Crisis &amp; Contingency plan under performed at a contract level for month 3 but achieved overall for Quarter 1.</p>	 <p>10 100 %</p> <p>All achieved in Month 3 and Quarter 1</p>	 <p>14 100 %</p> <p>Inpatient discharges from adult mental health followed up in 7 days under performed at a contract level for month 3 for 2 patients but achieved overall for Quarter 1</p>	 <p>1 14% 6, 86%</p> <p>Completion of Crisis &amp; Contingency plans (4 patients) under performed at a contract level for month 3 and at Quarter 1</p>	 <p>1 13% 7 87%</p> <p>Completion of risk assessment and Crisis &amp; Contingency plan for 1 patient under performed at a contract level for month 3 and at Quarter 1.</p>	

## 2. Compliance

### a) NHS Improvement Risk Assessment Framework June 2016

NHS Improvement Risk Assessment Framework Dashboard																	
Key Indicators:	Standard	Q2 2015-16			Q3 2015-16			Q4 2015-16			Q1 2016-17			Trend	National benchmark	Data Quality	
		Jul	Aug QTD	Q2	Oct	Nov QTD	Q3	Jan	Feb QTD	Q4	Apr	May QTD	Q1				
Governance Risk Rating														—			
Financial Sustainability Risk Rating		4	4	4	4	4	4	4	4	4	3	3	2	▼			
Access	7 day follow up	95%	99.3%	98.8%	98.6%	98.4%	98.5%	98.7%	98.5%	98.3%	98.1%	95.7%	97.2%	97.4%	▲	TBC	Data Quality kite marks to be developed by quarter 3
	Service users on CPA 12 month review	95%	96.5%	96.5%	96.9%	96.3%	97.0%	97.2%	96.0%	97.0%	97.2%	97.1%	95.9%	96.2%	▲	TBC	
	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%	100.0%	—	TBC	
	EIP 2 week wait	50%							35.3%	76.1%	74.7%	90.3%	88.8%	87.4%	▼	TBC	
	IAPT 6 week wait	75%	95.1%	95.4%	96.3%	98.8%	98.8%	99.1%	98.4%	98.8%	98.8%	99.6%	99.0%	98.7%	▼	TBC	
	IAPT 18 week wait	95%	100.0%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	▲	TBC	
	RTT waiting 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%	—	TBC	
	Clostridium Difficile objective					1									—	TBC	
Outcomes	Delayed Transfers of care	7.5%	2.7%	2.6%	2.1%	2.2%	2.0%	2.0%	2.7%	2.4%	2.3%	2.4%	2.0%	1.8%	▲	TBC	
	Data Quality : Outcomes	50%	92.4%	92.3%	92.6%	92.4%	93.1%	93.0%	92.4%	92.8%	93.4%	93.4%	93.1%	92.5%	▼	TBC	
	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%	99.8%	—	TBC	
	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 with CQC registration		No	No	No	No	No	No	No	No	No	No	No	No	—			

**Comments:**  
 NHS Improvement has recently opened a consultation on a Single Oversight Framework that would replace the Risk Assessment Framework, based on the five themes of Quality of Care, Finance & Use of Resources, Operational Performance, Strategic Change and Leadership & Improvement capability. An NTW response is being formulated and will be submitted by the deadline of 4th August. The Framework is planned to align with the CQC approach where possible.

	meeting target
	breaching target
▲	improved from last month
—	no change from last month
▼	worse than last month

Internal KPIs	Statutory & Essential Training	85%										81.0%	80.0%	71.4%	15 of 21 achieved
	Information Governance Training	95%										88.7%	90.6%	90.8%	
	Local Contract Quality Standards	95%										89.9%	96.0%	96.0%	73 of 76 achieved
	Internal Quality Priorities	90%										100.0%	100.0%	57.1%	3 of 7 achieved at Q1

## 2. Compliance

### b) CQC Update June 2016

This section incorporates any updates in relation to CQC registration, inspection and other issues, which were previously provided to CDT via a separate report.

<b>Key Questions:</b>	
Are we safe?	To be determined via the forthcoming CQC comprehensive inspection
Are we caring?	
Are we effective?	
Are we responsive to people's needs?	
Are we well led?	

### CQC Comprehensive Inspection update 11.07.16

The Comprehensive Inspection process concluded on Wednesday 29 June 2016. The inspection process was extended by the CQC to conclude their information requests and at the end of the process we have had:

- Over 130 service inspections
- Over 50 focus groups
- 25 interviews with senior management
- 3 presentations to CQC
- and 456 information requests

The Trust received initial feedback from the CQC on Friday 10 June 2016 and this was followed up by formal written feedback received on the 14 June 2016. The CQC advised that many areas of good practice were identified during the inspection, they did not outline them all but provided some highlights:

- The motivation, openness and caring nature of all staff.
- Leadership of the trust - the influence on the culture - John Lawlor (CE) unanimously identified by staff, patients, carers and stakeholders.
- Strong, positive leadership by both the Executive and Non-Executive team.
- Innovation by staff - shared regionally, nationally and internationally. The inspection team saw evidence of innovation from all levels of staff that impacted on the quality of care received and was supported by corporate services with a real 'can do' approach.
- The patient electronic tracking system used by rehabilitation and acute services which facilitated timely delivery of care and treatment.
- Consultant Psychiatrists working 7 days a week in acute in patient wards.
- Spiritual based therapeutic work being delivered into local communities to build resilience.
- Live assessments via telephone and a plan to move to SKYPE for community based mental health services for older people - to ensure timely assessment and intervention.
- Development of Tissue Viability Nurses – all are RMN's who have been upskilled to provide a trust wide TVN service.

The CQC also highlighted the following areas of concern:

- The environment of the Children and Adolescent Medium Secure Unit –Alnwood. We felt that this environment might be contributing to the high level of restraint used. Whilst we know the unit is a medium secure unit, it is not inviting for children and young people and may be impacting on their mental health and well-being.
- Use of mechanical restraints in non-specialist services - e.g. Acute admission wards
- Lack of personalisation in care plans on the older peoples wards.

### Next Steps:

Once the inspection team have completed their due processes the Trust will receive up to 16 draft inspection reports (one per core service plus an overall Trust report) which will need to be checked for factual accuracy. The Trust has very tight timescales for responding to these reports and the Commissioning and Assurance team is currently developing an internal process to manage the factual accuracy checks for all of the reports. It is anticipated that the final reports will be published in late September/early October, followed by a Quality Summit.

In early September a number of learning events will be held to capture people's views on what we have learnt from the inspection and identify areas of improvement.


**Stephenson Unit** - The CQC have now circulated their report following their focussed inspection of Stephenson Unit in January 2016. The draft report has been checked for accuracy and returned to the CQC for publication on their website.

**Registration notifications made in the month:** none

**Mental Health Act Reviewer visits in the month:** none

The CQC have requested further information following our response to the issues found when they visited Lindisfarne Ward on the 11/05/16. They have asked for further detail in relation to the CCTV being within the reach of patients and have asked for details of the discussion and outcome following the review of the safety and suitability of the seclusion suite completed by the estates and patient safety department following that visit. This request is being managed by the Specialist Care Group.

### Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Bradford District Care NHS Foundation Trust	Sept 14  Re-visit - 11, 13, 26 Jan 16	24/06/16	 Good	This Trust was re-visited in Jan 16 to ensure that the improvements required from their visit in Sept 14 had been made. This Trust had a 'requires improvement' rating for safe in Sept 14 and following the CQC's revisit this Trust has a 'good' rating across all areas.	<a href="#">here</a>

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Camden and Islington NHS Foundation Trust	22-26 Feb 16	21/06/16	Requires improvement	This Trust needs to take steps to improve the quality of their services and was in breach of three regulations which the Trust needs to take action to address.	<a href="#">here</a>
South West London and St George's Mental Health NHS Trust	14-18 Mar 16	16/06/16	Requires improvement	This Trust was in breach of five regulations and the CQC will be working with the Trust to agree an action plan to address issues found during the inspection.	<a href="#">here</a>
South West Yorkshire Partnership NHS Foundation Trust	7 – 11 Mar 16	24/06/16	Requires improvement	This Trust was in breach of four regulations and the CQC will be working with the Trust to develop an action plan to improve the standards or care and treatment.	<a href="#">here</a>

### Anticipated CQC inspection reports of note:

- North East Ambulance Service inspected April 2016

### News Stories

#### Investigating and learning from deaths

As reported at the last CDT meeting the CQC are looking at how NHS acute, community healthcare and mental health trusts investigate deaths and learn from their investigations. They also want to assess whether opportunities to prevent deaths have been missed. The CQC have now requested information to help the CQC with their review which needs to be submitted by the 25 July 2016. A recent event with other North providers agreed a shared interpretation of the information requested. Some site visits will also be undertaken by the CQC and NTW has helped the CQC to design their approach to these visits. The CQC aims to publish their final report setting out findings and recommendations in December 2016.

#### Not seen, not heard

The CQC's new [not seen, not heard](#) report looks at how effectively health services provide early help to children in need, how they identify and protect children at risk of harm and looked-after children's health and wellbeing. It reviews findings from 50 inspections across England as well as specific focus groups. The report concludes that health professionals have improved how they assess risk and recognise safeguarding concerns, but services are not protecting and promoting children's health and welfare consistently. More needs to be done to listen to and involve children in need in their care. As well as the main report, the CQC have



published key points specifically for children and young people and short video. Find all these at [www.cqc.org.uk/NotSeenNotHeard](http://www.cqc.org.uk/NotSeenNotHeard).

### Safe data, safe care: Data security review

The CQC have recently published a [report](#) following a review into how data is safely and securely managed in the NHS. This review looked at whether personal health and care information is being used safely and is appropriately protected by the NHS. The review focused on patient data in the NHS and found:

- Widespread commitment to data security, but staff at all levels faced significant challenges in translating their commitment into reliable practice.
- Where patient data incidents occurred they were taken seriously. However, staff did not feel that lessons were always learned or shared across their organisations.
- The quality of staff training on data security was very varied at all levels.
- Data security policies and procedures were in place at many sites, but day-to-day practice did not necessarily reflect them.
- Benchmarking with other organisations was all but absent.
- The use of technology for recording and storing patient information away from paper-based records is growing. This is solving many data security issues but, if left unimproved, increases the risk of more serious, large-scale data losses.
- Data security systems and protocols were not always designed around the needs of frontline staff.
- As integrated patient care develops, improvements must be made to the ease and safety of sharing data between services.

Successful data security demands engaged leadership and a culture of learning and sharing. The CQC have made six recommendations in their report. These are as follows:

- **Leadership** - The leadership of every organisation should demonstrate clear ownership and responsibility for data security, just as it does for clinical and financial management and accountability.
- **Information, tools and training** - All staff should be provided with the right information, tools, training and support to allow them to do their jobs effectively while still being able to meet their responsibilities for handling and sharing data safely.
- **IT systems** - IT systems and all data security protocols should be designed around the needs of patient care and frontline staff to remove the need for workarounds, which in turn introduce risks into the system.
- **Outdated technology** - Computer hardware and software that can no longer be supported should be replaced as a matter of urgency.
- **Audit and validation** - Arrangements for internal data security audit and external validation should be reviewed and strengthened to a level similar to those assuring financial integrity and accountability.
- **CQC assessment** – The CQC will amend its assessment framework and inspection approach to include assurance that appropriate validation against the new data security standards have been carried out, and make sure inspectors are appropriately trained.

## 2. Compliance

### c) National Waiting Times Development Update

*Please note that performance against RTT, EIP and IAPT waiting times is covered in the NHS Improvement section of the report. Performance against MDT waits and other local access requirements (e.g. Gender Dysphoria, ADHD) are included within the quality priority update.*

#### **Gender Dysphoria 18 weeks RTT:**

Following a review by the NHS Improvement Elective Intensive Support Team and NHS England, it has been confirmed that the 18-week RTT standard **does** apply to all Gender Identity Clinics, as they are considered as meeting the definition of a consultant led service for the purpose of RTT (acknowledging that there are multiple professionals involved in the delivery of services within the clinics).

A national exercise to understand the current waiting lists for the Gender Identity Clinics showed variance in the counting and reporting of wait times. As such, the Elective Intensive Support Team (EIST) is working with the National Support Team and the Task and Finish Group to provide a support package to address these issues.

The NTW Gender Dysphoria service will be visited by EIST in August 2016 in preparation for implementation of RTT which is anticipated later this year.

#### **CYPS Eating Disorders:**

The access standard has been published [here](#) and is currently in shadow form, with data reported via MHSDS. The standard is for treatment to be received within a maximum of 4 weeks from first contact for routine cases and within 1 week for urgent cases. In cases of emergency, the eating disorder service should be contacted to provide support within 24 hours.

#### **IAPT & EIP waiting times:**

The current standard of 75% of patients to start treatment within six weeks of referral is to be increased to 95% by 2020. It is likely that the 50% standard for EIP treatment within 2 weeks of referral will also be stretched at some point in the same period.

#### **Liaison Psychiatry:**

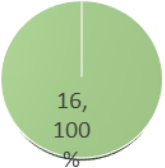
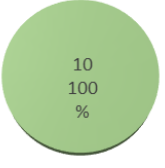
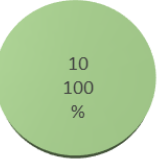
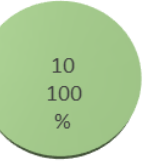
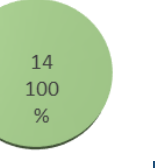
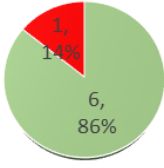
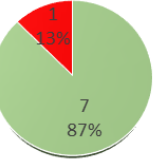
All acute Trusts should have liaison psychiatry services in place by 2020. There is currently no waiting time standard however waiting times are likely to be closely monitored via MHSDS submissions.

#### **Perinatal mental health:**

The National Collaborating Centre for Mental Health are leading a process of expert engagement in achieving better access to perinatal mental health services.

### 3. Contract Update June 2016

#### a) Quality Assurance – achievement of quality standards June 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>16, 100 %</p>	 <p>10 100 %</p>	 <p>10 100 %</p>	 <p>10 100 %</p>	 <p>14 100 %</p>	 <p>1, 14% 6, 86%</p>	 <p>1, 13% 7 87%</p>
<p>All achieved in Month 3 and Quarter 1</p>	<p>All achieved in Month 3 and Quarter 1</p>	<p>Completion of Risk assessment and Crisis &amp; Contingency plan under performed at a contract level for month 3 but achieved overall for Quarter 1.</p>	<p>All achieved in Month 3 and Quarter 1</p>	<p>Inpatient discharges from adult mental health followed up in 7 days under performed at a contract level for month 3 for 2 patients but achieved overall for Quarter 1</p>	<p>Completion of Crisis &amp; Contingency plans (4 patients) under performed at a contract level for month 3 and at Quarter 1</p>	<p>Completion of Risk assessment and Crisis &amp; Contingency plan for 1 patient under performed at a contract level for month 3 and at Quarter 1.</p>

### 3. Contract update June 2016

#### b) CQUIN update June 2016

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1. Embedding Clinical Outcomes	£947,740	To further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.					
2. Patients & Carers Involvement & Engagement CQUIN	£947,740	To improve the involvement and engagement with carers and service users when they access crisis services.					
3. Measuring effectiveness in Community Children and Young Peoples Services	£1,196,261	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).					
4. Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	£1,351,969	Providers will be assessed against quarterly implementation of governance-focused requirements.					Note there is an emerging risk to delivery of the quarter two requirements.
5. Health Equality Framework: outcome measurement for services to people with learning disabilities	£404,229	To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities using the service.					
6. Recovery Colleges for Medium and Low Secure Patients	£489,599	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
7. Reducing Restrictive Practices within Adult Low and Medium Secure Services	£242,280	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.					
8. Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	£242,280	Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.					
9. Benchmarking Deaf CA and Developing Outcome Performance Plans and Standards	£49,000	Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.					
10. Perinatal Involvement and Support for Partner / Significant Other	£242,280	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.					
<b>Grand Total</b>	<b>£6,113,378</b>						

### 3. Contract update June 2016

#### c) Service Development Improvement Plans (SDIP) update

A summary of the SDIP update provided to NHS England relating to quarter one is below. SDIP summaries for CCG contracts will be included in the August report.

	Milestones	Progress
Adult Eating Disorder Intensive Day Service	NTW to continue to work with NHS England to implement the recommendations of the Health Needs Analysis	Pathways into and out of REDS Intensive Day Service have been reviewed, and an action plan has been developed that is awaiting approval.
Alnwood Transition	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.	Implementation of the model is continuing with recruitment to nursing posts. The service is currently working on an alternative package of care for the young person being accommodated on Wilton currently in order to not only meet the individual needs of the patient but to support the implementation of the model for Alnwood.
Gender Dysphoria Service	The service will work in collaboration with NHS England to develop achievable timescales for meeting the action plan agreed in 2015/16 following investment by NHS England to meet 18 week waiting times target agreed between both parties.	Recruitment has continued & a new appointment booking system has been put in place which is helping to increase productivity. Early feedback suggests this has had a positive impact on DNA rates.  The waiting time is continuing to reduce and the current longest wait is 16 months.
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.	Work in relation to identifying contacts is being picked up as part of the wider work on contact activity for block contracts as outlined below.
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	A meeting between commissioners and NTW has taken place and a plan to progress this work has been agreed. The work is expected to be completed in Q2 and will take into account activity over the last 3 years and also any national currencies or standards.
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.	Waiting list data has been provided to NHSE to enable further scoping of occupancy, demand, financial pressures and risk.

### 3. Contracts

#### d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			55.80%	56.00%	56.20%									
Current Service Users on CPA			11.30%	11.20%	11.10%									
Current in scope patients assigned to a cluster			87.60%	88.00%	88.00%									
Number of initial MHCT assessments that met the mandatory rules			85.90%	84.40%	86.70%									
Number of Current Service Users within their cluster review threshold		100%	81.70%	82.50%	82.00%									
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	94.40%	94.20%	93.80%									
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.10%	93.90%	93.30%									
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	73.00%	71.20%	75.70%									
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	47.9%	47.1%	49.5%									
Current Service Users on CPA reviewed in the last 12 months	95%	95%	97.1%	95.9%	96.2%									

#### 4. Quality Goals/Quality Priorities/Quality Account Update June 2016

Progress towards the quarter one requirements for each of the 2016-17 quality priorities is summarised below.

Four of the seven priorities are currently rated green, three are rated amber and none are rated red against the Quarter 1 milestones.

Quality Goal:	2016-17 Quality Priority:		Quarterly Forecast Achievement:					Comments /
			Lead	Q1	Q2	Q3	Q4	
Reduce incidents of harm to patients	1	To embed suicide risk training.	Rajesh Nadkarni					Significant progress in all groups in Q1 with the Inpatient Group now above the 85% standard. Anticipated to be fully achieved in Q2.
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking					
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking					
Improve the way we relate to patients and carers	4	To improve the referral process and the waiting times for referrals to multidisciplinary teams.	Gail Bayes					There has been a deterioration in CYPS waiting times during the quarter. Gender Dysphoria waiting times are decreasing.
	5	Adopt the principles of Triangle of Care to improve engagement with carers and families, with a particular focus on community services.	Group Nurse Directors					
Ensure the right services are in the right place at the right time for the right person	6	To improve the recording and use of Outcome Measures.	Jonathan Richardson					
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare					

The **2015-16 Quality Account** was approved by the Board in May 2016 and can be found [here](#).

## 5. Monthly Workforce Update June 2016

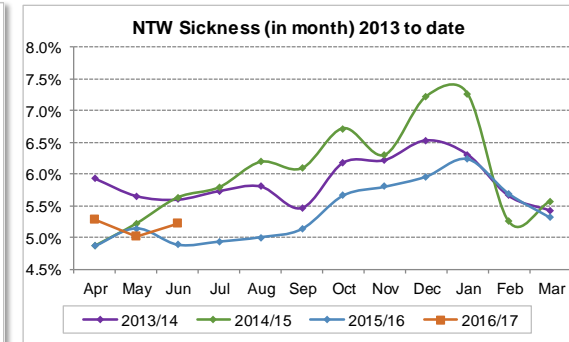
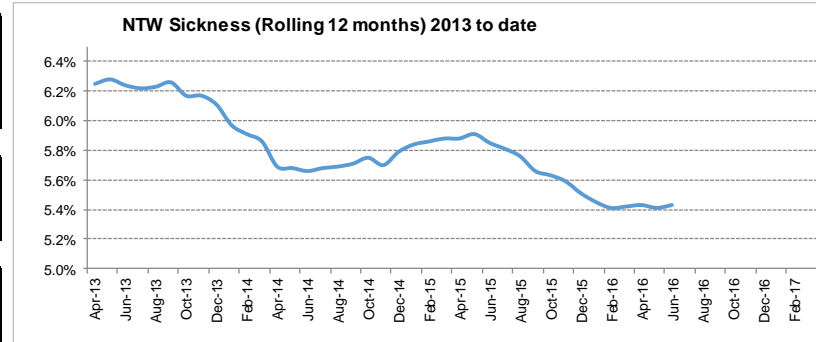
Workforce Dashboard														
Training	Standard	M3 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Behaviours and Attitudes	Target	M3 position	Trend
Fire Training	85%	91.3%	▼	93.6%	91.1%	91.5%	91.5%	83.6%	86.7%	76.2%	Appraisals	85%	85.1%	▲
Health and Safety Training	85%	95.5%	▬	97.2%	95.4%	96.4%	97.0%	88.8%	85.5%	66.7%	Disciplinarys (new cases since 1/4/16)		32	
Moving and Handling Training	85%	96.0%	▲	98.5%	95.1%	96.3%	96.6%	88.8%	92.0%	66.7%	Grievances (new cases since 1/4/16)		10	
Clinical Risk Training	85%	91.9%	▲	95.9%	91.9%	91.5%			76.0%					
Clinical Supervision Training	85%	79.5%	▲	90.1%	74.5%	80.6%			70.0%					
Safeguarding Children Training	85%	95.5%	▲	96.9%	95.3%	96.0%	95.4%	87.9%	93.7%	71.4%				
Safeguarding Adults Training	85%	93.4%	▲	94.8%	93.4%	92.7%	94.1%	89.7%	92.0%	76.2%				
Equality and Diversity Introduction	85%	93.9%	▲	96.1%	93.9%	95.4%	93.8%	87.1%	84.5%	61.9%				
Hand Hygiene Training	85%	94.1%	▲	96.6%	93.0%	95.6%	93.7%	87.1%	87.0%	71.4%				
Medicines Management Training	85%	90.7%	▼	94.6%	88.6%	91.7%	92.0%		82.0%					
Rapid Tranquilisation Training	85%	86.8%	▲	94.8%		84.8%			63.0%					
MHCT Clustering Training	85%	85.7%	▼	83.6%	91.7%	53.3%								
Mental Capacity Act Training	85%	85.8%	▼	89.5%	88.8%	86.8%			60.1%					
Mental Health Act Training	85%	81.8%	▼	86.2%	84.9%	82.0%			57.9%					
Deprivation of Liberty Training	85%	84.0%	▼	88.1%	87.1%	84.8%			58.4%					
Seclusion Training (Priority Areas)	85%	95.2%	▬	96.2%		94.7%								
Dual Diagnosis Training (80% target)	80%	86.7%	▼	89.5%	91.1%	89.2%			53.6%					
PMVA Basic Training	85%	79.2%	▼	83.1%		85.0%			56.3%					
PMVA Breakaway Training	85%	79.9%	▼	81.5%	75.3%	84.1%								
Information Governance Training	95%	90.8%	▲	94.8%	91.2%	90.4%	90.2%	71.6%	87.9%	66.7%				
Records and Record Keeping Training	85%	98.2%	▬	99.1%	98.9%	98.6%	98.5%	83.6%	95.4%	81.0%				
<b>Recruitment, Retention &amp; Reward</b>												<b>Target</b>	<b>M3 position</b>	<b>Trend</b>
Corporate Induction												100%	100.0%	▬
Local Induction												100%	89.8%	▼
Staff Turnover												<10%	7.9%	▬
Current Headcount													6191	
<b>Best Use of Resources</b>												<b>Target</b>	<b>M3 position</b>	<b>Trend</b>
Agency Spend													£1,135,421	▲
Admin & Clerical Agency (included in above)													£385,815	▼
Overtime Spend													£264,601	▲
Bank Spend													£596,009	▲
<b>Managing Attendance</b>												<b>Target</b>	<b>M3 position</b>	<b>Trend</b>
In Month sickness												<5%	5.22%	▲
Short Term sickness (rolling)													1.35%	
Long Term sickness (rolling)													4.08%	
Average sickness (rolling)												<5%	5.4%	▬

### Comments:

Staffing solutions data has been separated out between Nursing and Psychology.  
Note that appraisals are above the 85% standard this month.

	Performance at or above target
	Performance within 5% of target
	Under-performance greater than 5%

▲	Better than previous month
▬	Same as previous month
▼	Worse than previous month



NB In future staff FFT and staff survey responses will also be included in this section.



## 6. Finance Update June 2016

### Financial Performance Dashboard

#### NTW Income & Expenditure

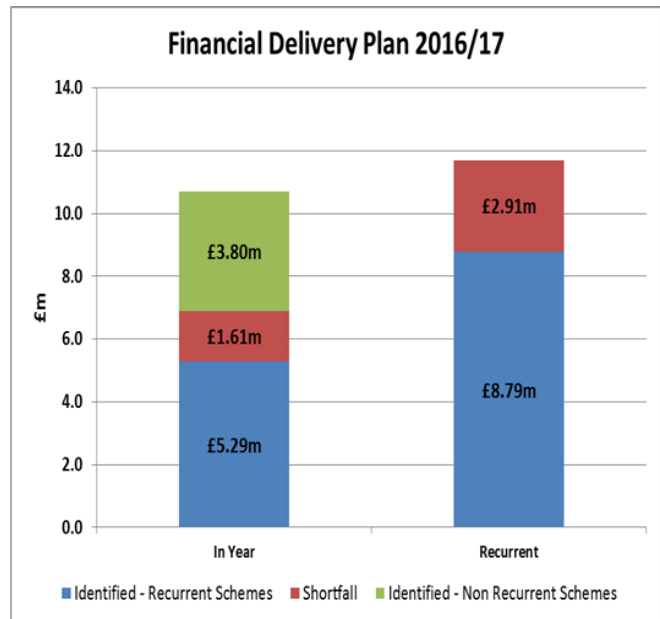
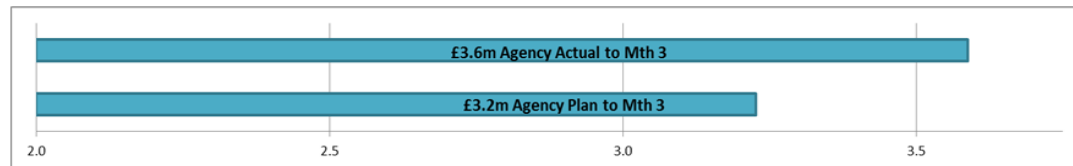
	Plan £m	YTD £m	Variance £m
Income	76.3	75.7	0.6
Pay	(60.9)	(62.0)	1.1
Non Pay	(11.2)	(10.9)	(0.3)
<b>EBITDA</b>	<b>4.2</b>	<b>2.8</b>	<b>1.4</b>
Cost of Capital	(3.3)	(3.1)	(0.2)
<b>Surplus/(Deficit)</b>	<b>0.9</b>	<b>(0.3)</b>	<b>1.2</b>

#### Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	6.2	4.6	1.6
Community Services	5.1	4.5	0.6
Inpatient Care	8.0	7.9	0.1
Central	(18.4)	(17.3)	(1.1)
<b>Surplus/(Deficit)</b>	<b>0.9</b>	<b>(0.3)</b>	<b>1.2</b>

Key Indicators	Current
Risk Rating	2
Agency Spend	£3.6m
FDP Delivery	£1.3m
Cash	£22.0m
Capital Spend	£3.7m

#### Agency Spend Month 3



#### Key Issues/Risks

- £0.3m Deficit at Mth 3 – This is £1.2m less than revised plan surplus of £0.9m (£0.7m less than original planned surplus before STF control total increase).
- Control Total – The Trust is forecasting a surplus of £2.8m which is £3.7m less than revised plan. Work is taking place to look at specific savings, however all areas need to minimise spend to improve the Trust's financial position.
- Risk Rating of 2 – Rating has dropped to a 2. The year-end forecast rating is a 3 but this will drop to a 2 if the surplus falls below the current forecast level of £2.8m.
- Pay overspent by £1.1m - this position needs to be turned around quickly if the Trust is to improve its financial position and achieve a 3 rating.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £1.6m above their control total at month 3. Also developing pressures in Community Services.
- Agency Spend – Target spend in 16/17 is £8.6m which is £5m less than last year. Agency spend at month 3 is £3.6m which is £0.4m over the planned trajectory. Forecast spend is around £11m which is over £2m above the Trust's ceiling.
- Financial Delivery Plan - £1.2m of the planned £1.6m delivered at month 3.
- Cash – £22.0m at month 3 (£1.5m below plan). Forecast is £20.9m (£3.7m below plan).
- Capital Spend - £3.7m (£1.9m below plan). Forecast is in line with plan at £21.6m,.

## Agency Dashboard – Month 3 2016

### Key issues

1. Monitor introduced capped rates for Agency staff in November as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March.
2. Cap rates reduced on 1<sup>st</sup> February increasing the number of breaches. However, agency medic breaches reduced during February then remained static in March and revised below Feb cap rates were agreed for Psychologists from beginning of March.
4. On 1st April cap rates reduced further and for all staff groups trusts need to use suppliers on new Monitor approved frameworks. A ceiling on all agency spend in 16/17 was also introduced and the Trust's ceiling is £8.6m, which is a £5m reduction on 15/16 spend.
5. Agency spend at Mth3 was £3.6m which is £0.4m above plan. Forecast spend is around £11m which is over £2m above our ceiling.
6. The Trust is currently filling around 350 shifts per week with agency staff that are being paid above the April cap rates. This will reduce during July as psychologists and some nurses move to down to cap rates.
7. The Trust is currently using an off framework provider for 75% of nursing agency. Monitor approved the temporary use of this supplier. We are also using another supplier for nursing that although on Monitor approved frameworks for other staff categories isn't yet on the nursing framework.

	Year to date - Mth 3			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	1.1	0.9	0.6	2.6
Community	1.6	0.2	0.1	1.9
Inpatients	0.6	0.9	0.1	1.6
Support Services	0.4	0.0	0.1	0.5
	<b>3.6</b>	<b>2.1</b>	<b>0.9</b>	<b>6.6</b>

### Monitor Agency Cap Breaches (Number of shifts)

	Wk 1-6	Wk 7-10	Wk 11-14	Wk 15-18	Wk 19 - 23	Wk 24-27	Wk 28	Wk 29	Wk 30	Wk 31
Staff Group	23/11 - 3/1	4/1 - 31/1	1/2 - 22/2	29/2-27/3	28/3 - 25/4	2/5 - 23/5	w/c 30/5	w/c 6/6	w/c 13/6	w/c 20/6
Medical	13	0	102	30	218	184	49	45	30	49
Nursing	26	13	15	3	1,283	670	152	156	152	126
Psychology & SW	37	24	195	0	200	578	138	155	159	157
<b>Total</b>	<b>76</b>	<b>37</b>	<b>312</b>	<b>33</b>	<b>1,701</b>	<b>1,432</b>	<b>339</b>	<b>356</b>	<b>341</b>	<b>332</b>

## 7. Outcomes/Benchmarking/National datasets update

**Benchmarking:** We have received the templates for completion from the NHS Benchmarking Network for the 2015/16 benchmarking programme. The programmes we will be participating in are listed below with the submission deadline dates.

- Benchmarking network secure services dataset requirements due by 27<sup>th</sup> June, this has now been submitted.
- MH benchmarking is currently being collated and will be submitted by 15<sup>th</sup> July 2016.
- CAMHS benchmarking is currently being collated and will be submitted by 22<sup>nd</sup> July 2016.
- Perinatal Benchmarking due by 29<sup>th</sup> July 2016.
- LD Benchmarking – A scoping exercise is being undertaken and we are collating comments to feed back into the process. Following this we are expecting a final version of the data specification.

**OATS:** The NHS Benchmarking Team and Health and Social Care Information Centre (HSCIC) are holding an Out of Area Treatments (OATS) and Bed Types requirement workshop alongside a WebEx to agree a proposal for inclusion within MHSDS but to also ensure the burden of data collection is appropriate to the benefits gained from collecting data – NTW will participate in the workshop. We are also contributing to a national discussion on agreeing a definition of an “Out of Area Treatment”.

**MHSDS:** The Health and Social Care Information Centre (HSCIC) have published experimental data following the introduction of MHSDS and these are currently being reviewed within the Organisation. The latest data available relates to March 2016. The Trust has also identified an error regarding CYPS clients’ along with a number of other organisations, this data has been corrected via the April 2016 refresh process and a comment has been sent back to HSCIC to address this.

A **consultation on MHSDS** version 2 is ongoing and closes on 22<sup>nd</sup> July 2016. The changes included in this release include:

- Enhance collection of data related to Child and Adolescent Mental Health Services (CAMHS)
- Improve the identification of ‘Out of Area Treatment’ (OAT)
- Improve breakdowns in access and outcomes through inclusion of Person Marital Status and perinatal flags
- Align Delayed Discharge Period data items with changes to NHS England Delayed Transfers of Care (DToC) categories
- Enable Access and Waiting Time Standards for Crisis Care reporting
- Enable the collection of a Forensic Mental Health tariff and currency model
- Incorporate further elements of the Assuring Transformation (AT) and Learning Disability Census collections

## Statutory Submission Table

The table below shows the range activity and quality standards data relating to the organisation that is published nationally. Further work is planned to benchmark our information in comparison with national data.

Submissions	Frequency	Published	
18WksRTT (18 Weeks Referral to Treatment)	Monthly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2016-17/">https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2016-17/</a>
RTT PLT	Weekly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2016-17/">https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2016-17/</a>
KH03 (Bed Availability and Occupancy)	Quarterly	NHS England	<a href="https://www.england.nhs.uk/statistics/index.php?s=bed+availability">https://www.england.nhs.uk/statistics/index.php?s=bed+availability</a>
MAR (Monthly Activity Return)	Monthly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/">https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/</a>
QAR-Quarterly Activity Return (Prov)	Quarterly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/">https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/qar-data/</a>
MSitDT (Monthly SitReps Delayed Transfers of Care)	Monthly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>
MHPvCom (Mental Health Provider Commissioner)	Monthly	NHS England	<a href="http://www.hscic.gov.uk/mhldsreports">http://www.hscic.gov.uk/mhldsreports</a>
MSA (Mixed Sex Accommodation)	Monthly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/">https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/msa-data/</a>
MHSDS (Mental Health Minimum Data Set)	Monthly	HSCIC	<a href="http://www.hscic.gov.uk/mhldsreports">http://www.hscic.gov.uk/mhldsreports</a>
IAPT Dataset	Monthly	HSCIC	<a href="http://www.hscic.gov.uk/iaptreports">http://www.hscic.gov.uk/iaptreports</a>
Safety Thermometer	Monthly	HSCIC	<a href="http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22nhs+safety+thermometer+data%22&amp;area=&amp;size=10&amp;sort=Most+recent">http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22nhs+safety+thermometer+data%22&amp;area=&amp;size=10&amp;sort=Most+recent</a>
Community Mental Health Survey	Annual		<a href="http://www.cqc.org.uk/provider/RX4/survey/">http://www.cqc.org.uk/provider/RX4/survey/</a>
Friends & Family Test - Mental Health	Monthly	NHS England	<a href="https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/">https://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data/</a>
Safer Staffing	Monthly	NHS Choices	<a href="http://www.nhs.uk/search/?collection=nhs-meta&amp;query=northumberland+tyne+and+wear+nhs+foundation+trust+safer+staffing">http://www.nhs.uk/search/?collection=nhs-meta&amp;query=northumberland+tyne+and+wear+nhs+foundation+trust+safer+staffing</a>
MHEIPPCm (Early Intervention Psychosis Pathways Monthly)	Monthly	NHS England	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/">https://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/</a>
KP90 Detentions under the Mental Health Act	Annual	HSCIC	<a href="http://www.hscic.gov.uk/article/2021/Website-Search?productid=19118&amp;q=KP90&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.hscic.gov.uk/article/2021/Website-Search?productid=19118&amp;q=KP90&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>

## 8. Accountability Framework Update

This section is to be used to report assessed progress against the Quality Governance element of the Accountability Framework – a suggested format is below *(to be further developed to include the finance elements of the framework)*:

	Inpatient Group				Community Group				Specialist Group				Comments:
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>Overall Risk Rating (4,3,2 or 1)</b>	2				2				2				
Performance against National Standards													
CQC Information													
Performance against Contract Quality Standards													SCG has achieved 87.1% of its targets with 4 breaches. CSG was below contract requirement at the end of the quarter on the Newcastle Gateshead Contract for Crisis & Contingency Plans
Clinical Quality Metrics													SCG has achieved 85% with 3 targets breached IPCG – there are a number of metrics relating to CPP which IP service are under performing against CSG was below target on a number of internal measures predominately linked to CPPP.

Quality Governance Risk Rating Framework:	4	3	2	1
Performance against National Standards	All achieved	In month below standard	In month below standard	Quarterly standard breached
CQC Information	No concerns	No concerns	Concerns raised	Concerns raised
Performance against Contract Quality Standards	All achieved	In month below standard	Quarterly standard breached	Quarterly standard breached
Clinical Quality Metrics	All achieved	In month below standard	Quarterly standard breached	Quarterly standard breached

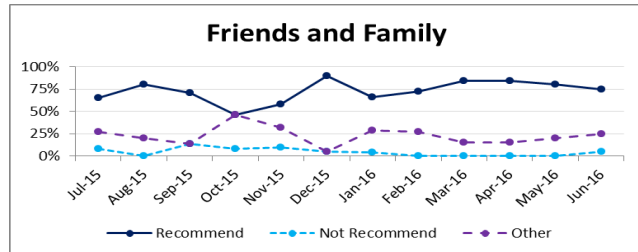


# 9. Principal Community Pathways Benefits Realisation Update Data to June 2016

## Benefits Realisation dashboard Sunderland Psychosis/Non-Psychosis

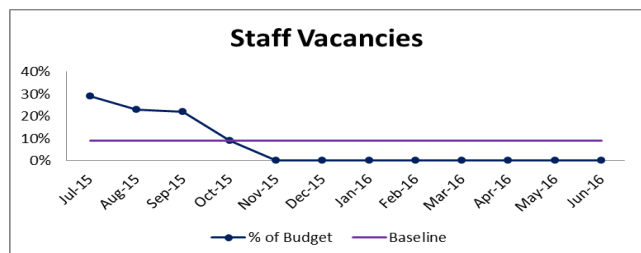
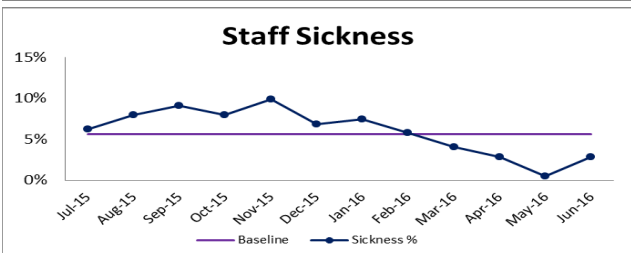
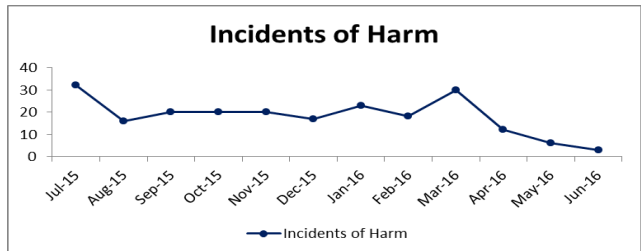
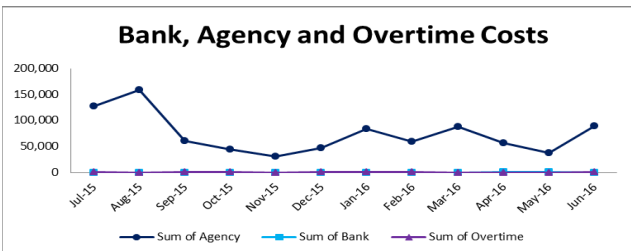
### Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible



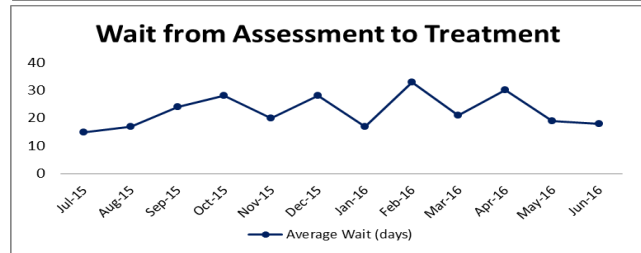
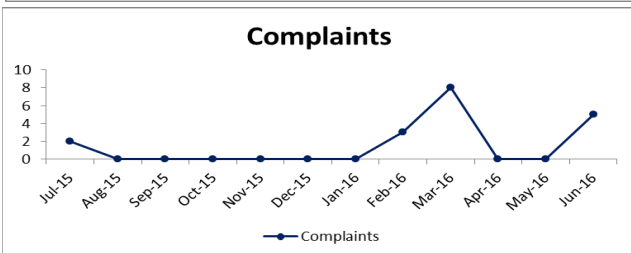
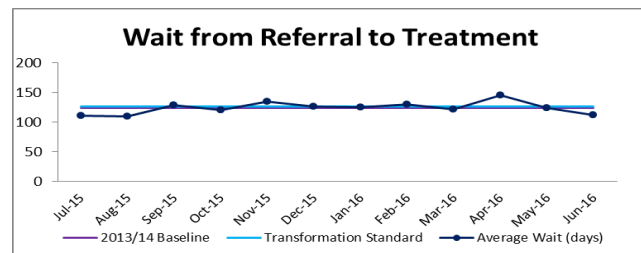
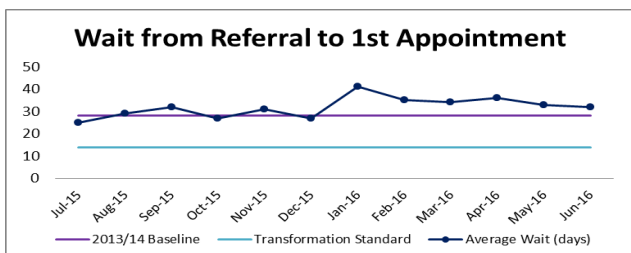
### Safe

To get the right care, safely and easily from our flexible and skilled workforce



### Responsive

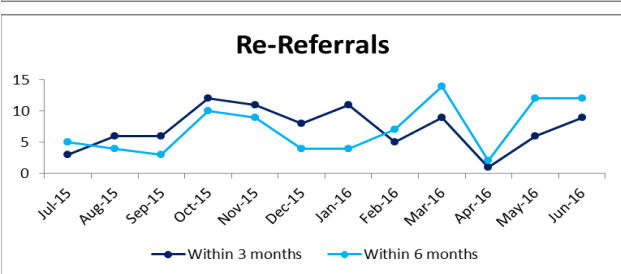
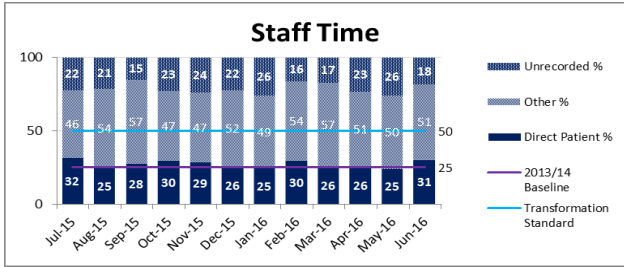
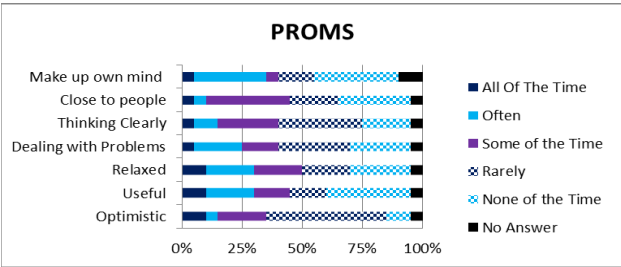
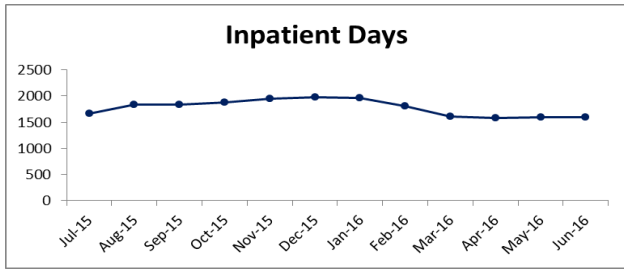
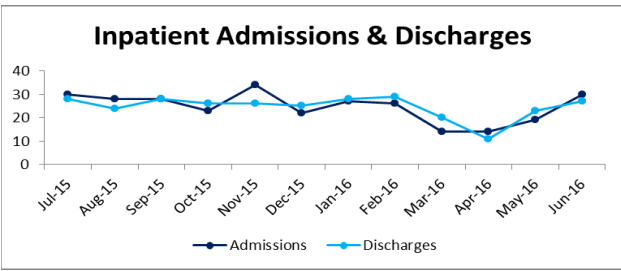
You can reach us simply and quickly, the earlier the better



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# Effective

To get the right care, safely and easily



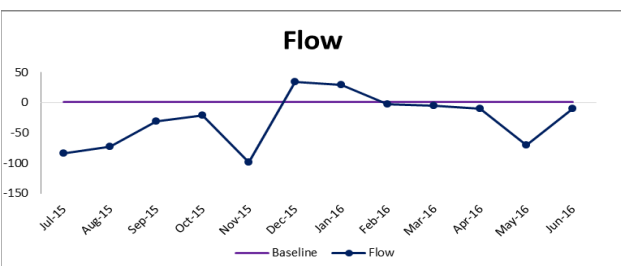
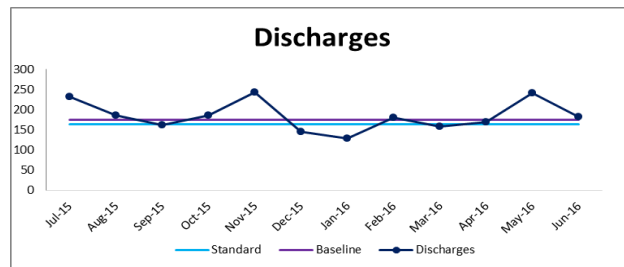
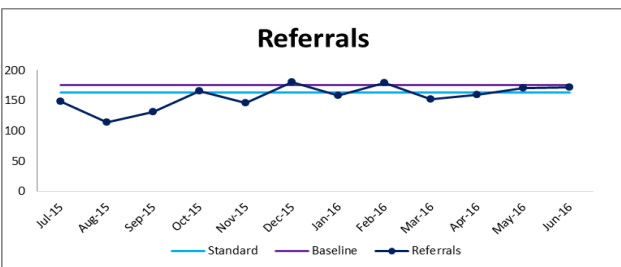
HoNOS Factor	Score change		Sunderland Psychosis/Non-Psychosis		%	103	100%
	within the period	%	Psychosis	Non-Psychosis			
Personal	No Change	52	50%				
	Improved	27	26%				
	Deteriorated	24	23%			103	100%
Emotional	No Change	32	31%				
	Improved	50	49%				
	Deteriorated	21	20%			103	100%
Social	No Change	49	48%				
	Improved	30	29%				
	Deteriorated	24	23%			103	100%
Severe	No Change	42	41%				
	Improved	36	35%				
	Deteriorated	25	24%			103	100%

# Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

# Capacity

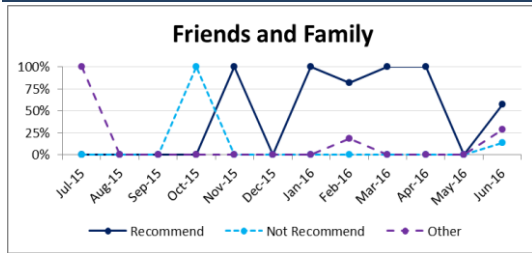


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## Benefits Realisation dashboard Sunderland Older People

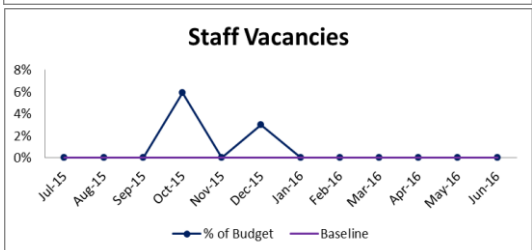
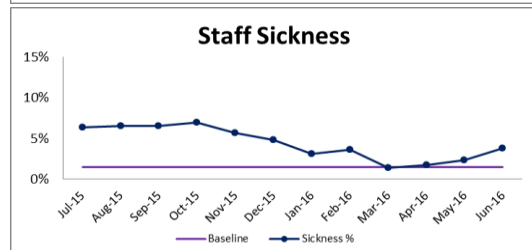
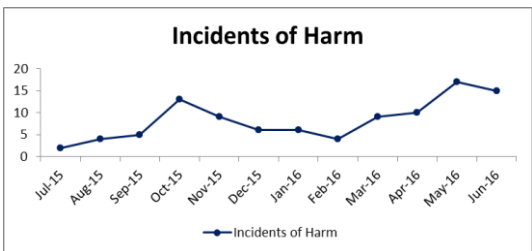
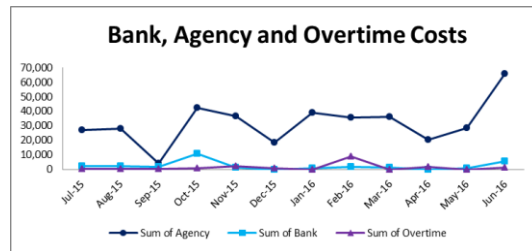
### Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible



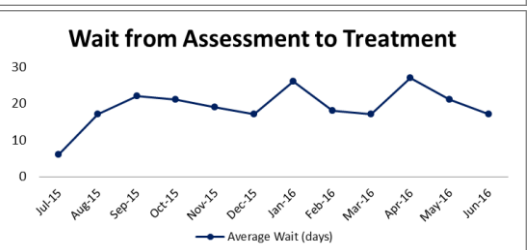
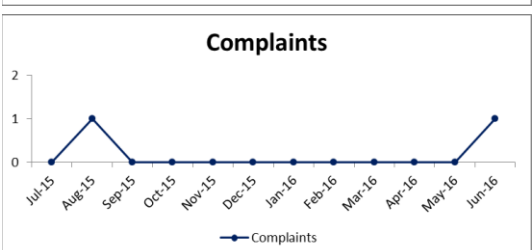
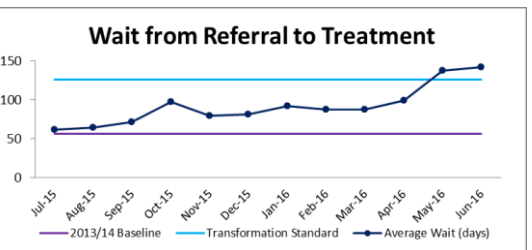
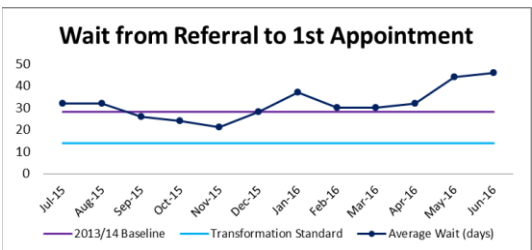
### Safe

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### Responsive

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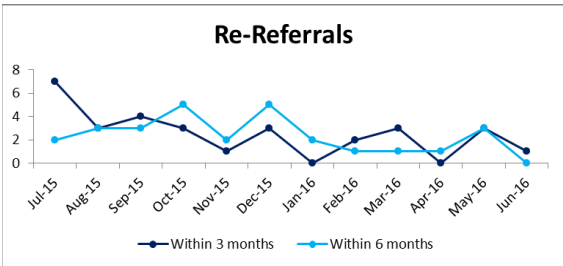
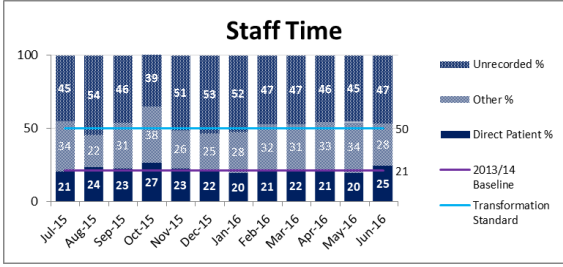
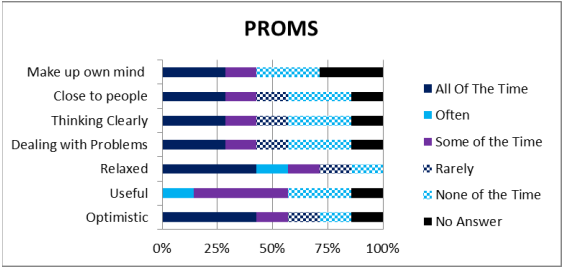
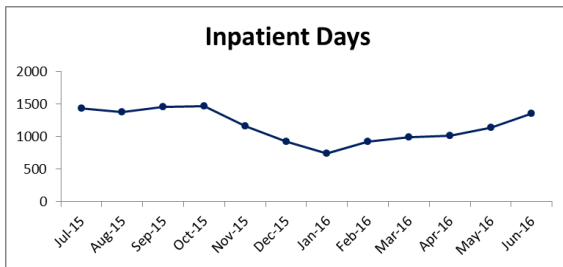
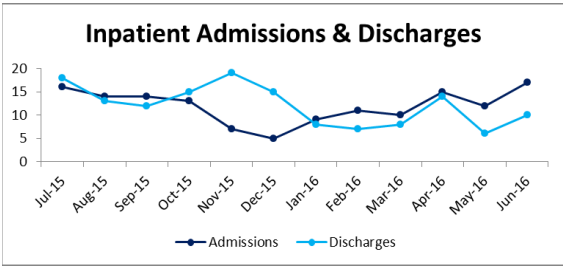


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# Effective

To get the right care, safely and easily



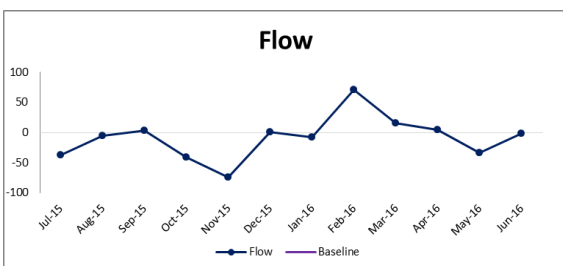
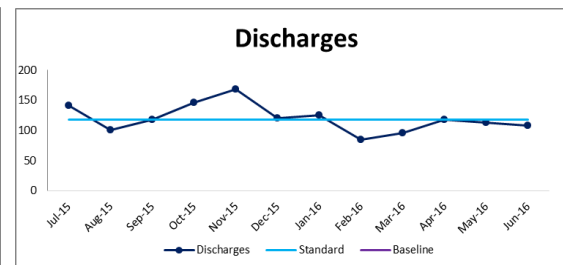
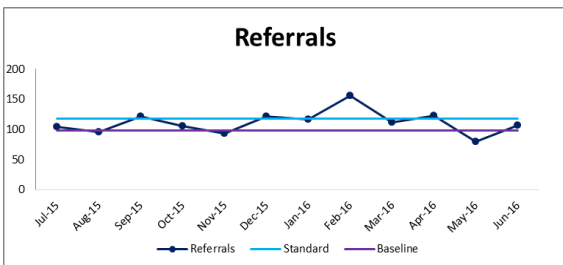
HoNOS Factor	Score change		Sunderland		88	100%
	within the period	Older People	%			
Personal	No Change	55	63%	88	100%	
	Improved	13	15%			
	Deteriorated	20	23%			
Emotional	No Change	50	57%	88	100%	
	Improved	20	23%			
	Deteriorated	18	20%			
Social	No Change	60	68%	88	100%	
	Improved	10	11%			
	Deteriorated	18	20%			
Severe Disturbance	No Change	57	65%	88	100%	
	Improved	17	19%			
	Deteriorated	14	16%			

# Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

# Capacity



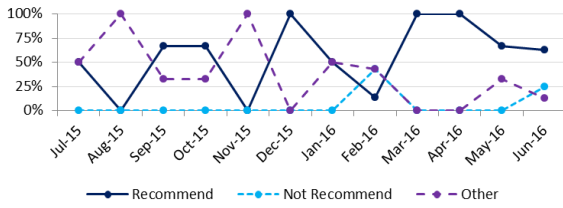
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# Benefits Realisation dashboard South Tyneside Psychosis/Non-Psychosis

## Caring

In collaboration with families, carers and partnership organisations so that you can gain/re-gain independence as far as possible

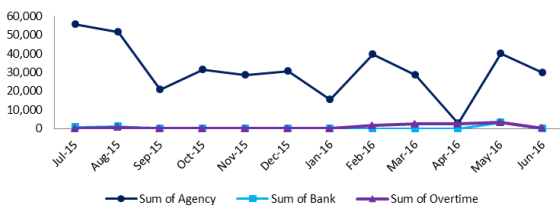
### Friends and Family



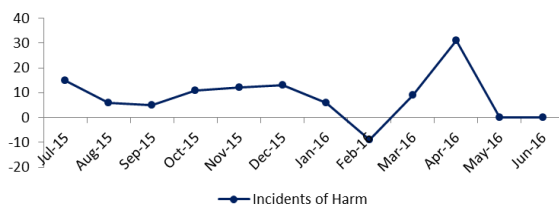
## Safe

To get the right care, safely and easily from our flexible and skilled workforce

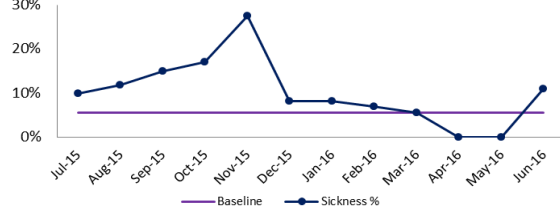
### Bank, Agency and Overtime Costs



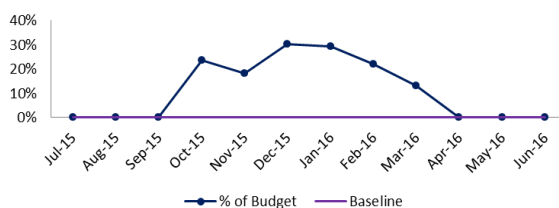
### Incidents of Harm



### Staff Sickness



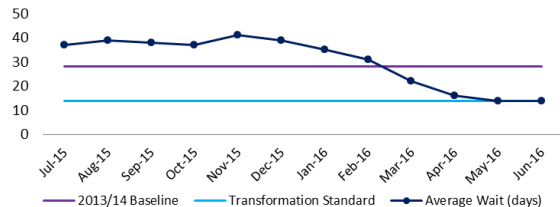
### Staff Vacancies



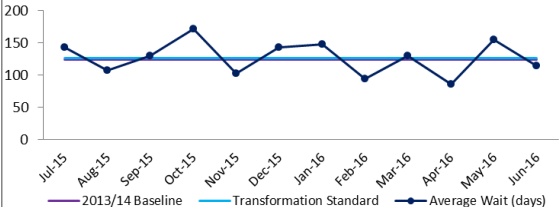
## Responsive

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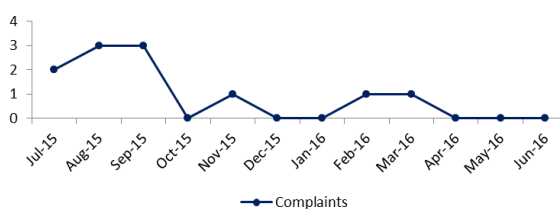
### Wait from Referral to 1st Appointment



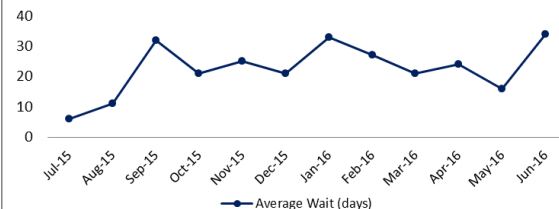
### Wait from Referral to Treatment



### Complaints



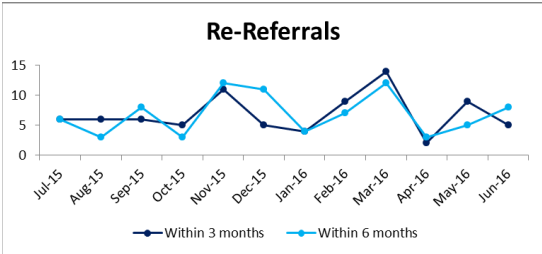
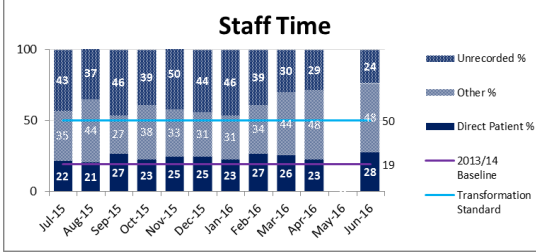
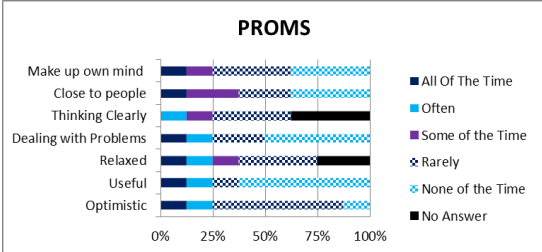
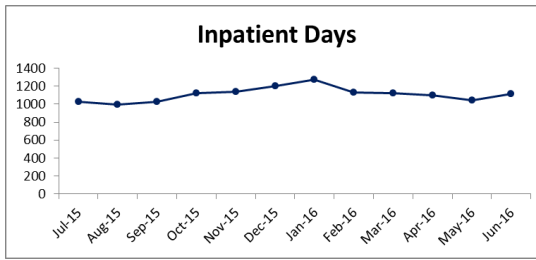
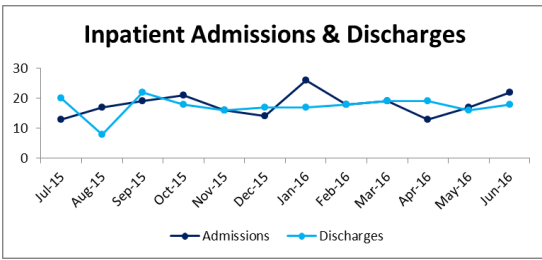
### Wait from Assessment to Treatment



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# Effective

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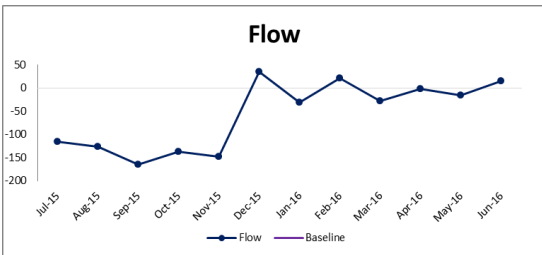
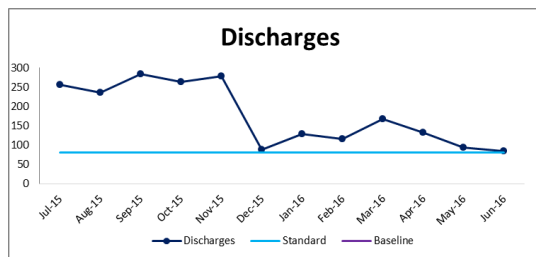
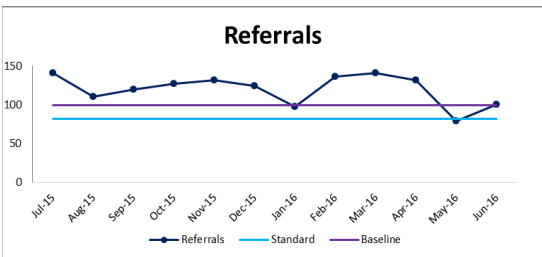
Score change		South Tyneside	
HoNOS Factor	within the period	Psychosis/Non-Psychosis	%
Personal	No Change	21	49%
	Improved	9	21%
	Deteriorated	13	30%
Emotional	No Change	20	47%
	Improved	13	30%
	Deteriorated	10	23%
Social	No Change	21	49%
	Improved	8	19%
	Deteriorated	14	33%
Severe Disturbance	No Change	19	44%
	Improved	13	30%
	Deteriorated	11	26%

# Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

# Capacity

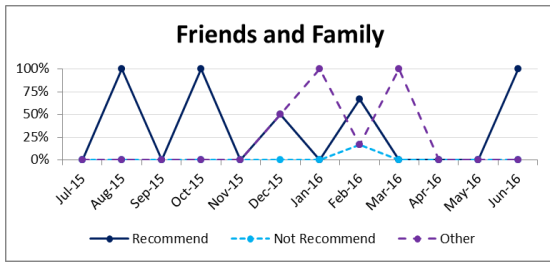


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# Benefits Realisation dashboard South Tyneside Older People

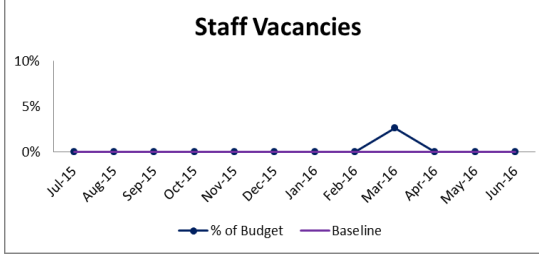
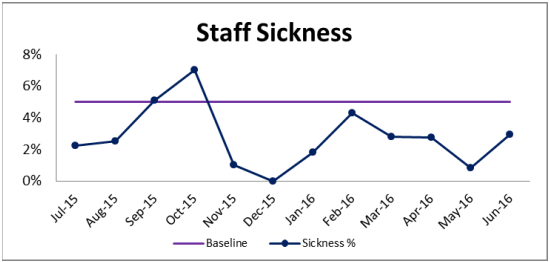
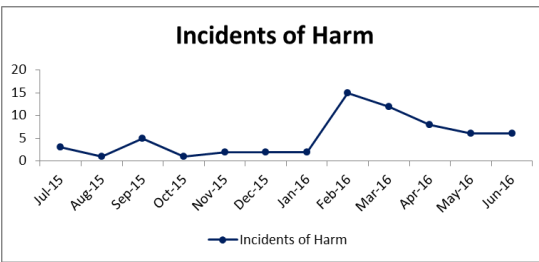
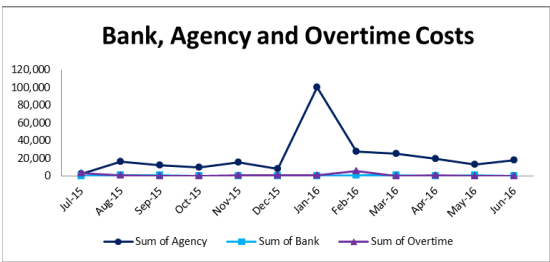
## Caring

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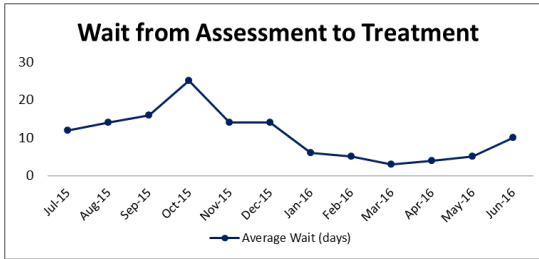
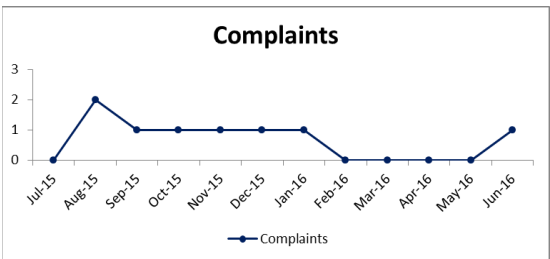
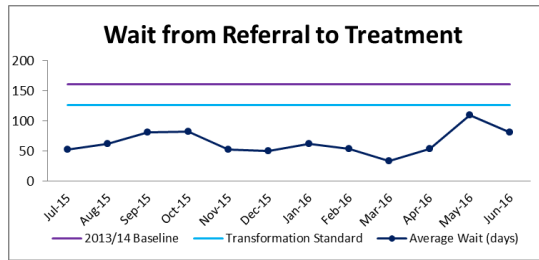
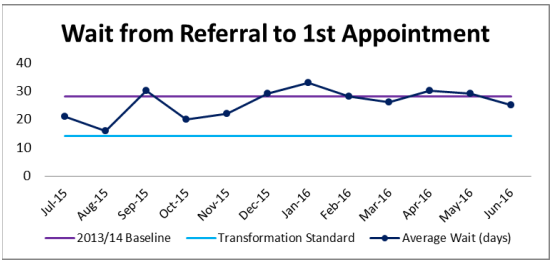
## Safe

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## Responsive

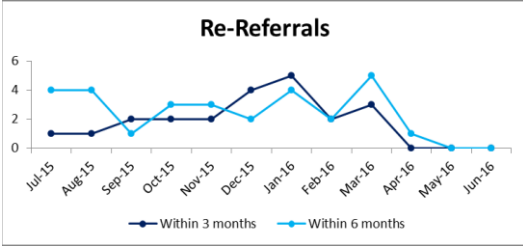
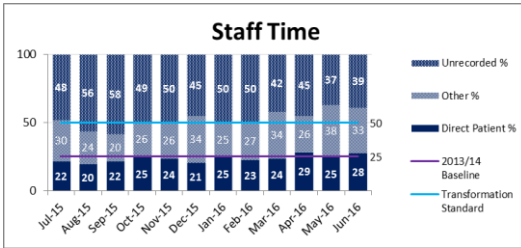
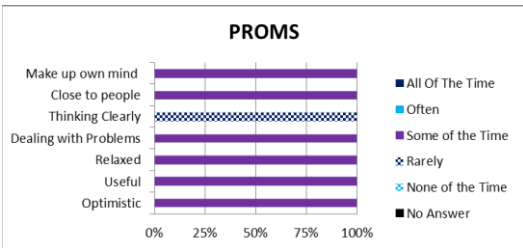
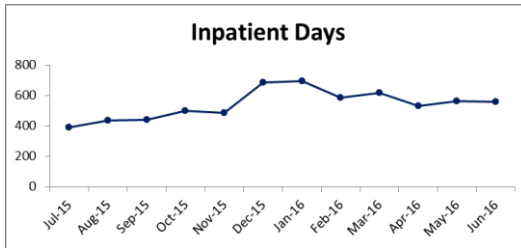
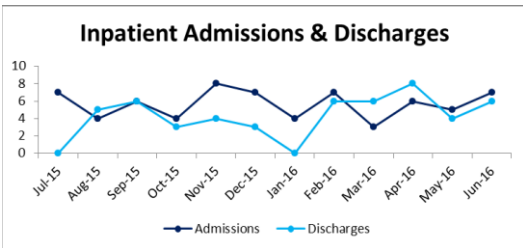
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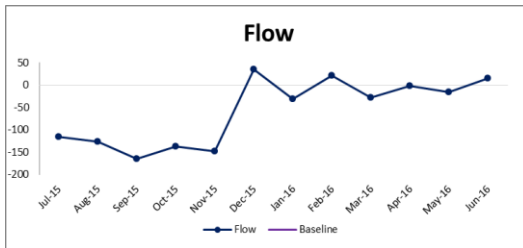
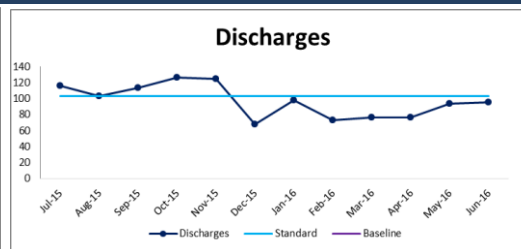
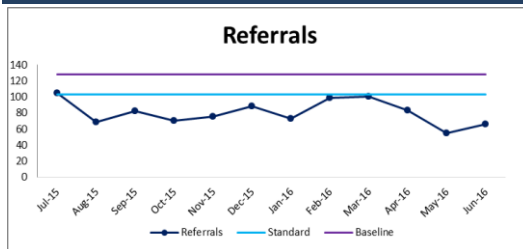
HoNOS Factor	Score change		South Tyneside	
	within the period	Older People		%
Personal	No Change	37		70%
	Improved	7		13%
	Deteriorated	9	53	100%
Emotional	No Change	40		75%
	Improved	8		15%
	Deteriorated	5	53	100%
Social	No Change	38		72%
	Improved	9		17%
	Deteriorated	6	53	100%
Severe Disturbance	No Change	36		68%
	Improved	14		26%
	Deteriorated	3	53	100%

# Transformation Implementation

Project	Status	Comment
Workforce	●●●	
IT	●●●	
Standard Work	●●●	
Accommodation	●●●	
Pathway Functions	●●●	
Clinical Pathway/Interventions	●●●	

Key: ● Action Completed ● In Progress ● To Commence

# Capacity



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## 10. Monthly activity update – *format to be developed further*

Monthly Activity Update														
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
Gateshead	April	1430	20	2	17	4	4	98.80%	48	87.40%	4	136	NHS - Awaiting Rehab or Intermediate Care	1
													NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
	May	1439	16	3	20	7	7	95.90%	78	77.90%	3	93	NHS - Care Home Placement - Residential	2
													NHS - Public Funding	1
													NHS - Care Home Placement - Residential	2
June	1349	19	3	19	8	8	91.90%	59	77.90%	3	90	NHS - Care Home Placement - Residential	2	
												NHS - Public Funding	1	
												NHS - Care Home Placement - Residential	2	
Newcastle	April	2846	46	6	44	20	20	77.80%	91	60.90%	2	60	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
	May	3001	39	1	33	17	17	72.60%	46	64.50%	6	156	Awaiting NTW - WAA Rehabilitation	4
													NHS - Care Home Placement - Residential	2
	June	3033	47	2	46	33	34	76.50%	64	64.60%	3	111	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													NHS - Completion of Assessment	1
North Tyneside	April	1252	18	0	19	1	1	76.80%	119	70.10%	1	30	SC - Care Home Placement - Nursing Home	1
	May	1246	19	1	18	4	4	76.70%	73	72.70%	1	31	SC - Care Home Placement - Nursing Home	1
	June	1221	18	2	18	4	3	77.60%	57	74.40%	0	20	NHS - Care Home Placement - Nursing Home	0
Northumberland	April	3048	43	4	51	15	16	76.80%	119	70.10%	0	0		
	May	3005	47	8	46	6	7	76.70%	73	72.70%	0	0		
	June	2832	40	4	38	13	14	77.60%	57	74.40%	1	2	SC - Public Funding	1
South Tyneside	April	1638	19	3	27	7	7	95.20%	98	90.10%	1	30	SC - Public Funding	1
	May	1608	22	1	20	3	3	93.40%	96	88.60%	0	13	SC - Public Funding	0
	June	1672	29	1	24	5	5	99.10%	64	89.60%	0	0		
Sunderland	April	2593	29	0	25	14	14	95.20%	98	90.10%	1	30	Awaiting NTW - WAA Rehabilitation	1
	May	2734	31	2	29	16	17	93.40%	96	88.60%	0	0		
	June	2952	46	1	37	13	13	92.90%	64	89.60%	0	0		

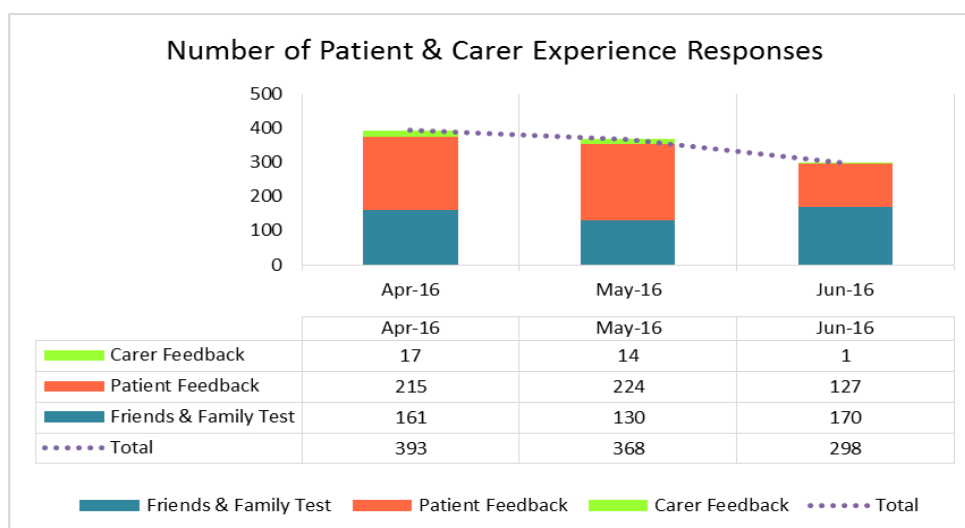
## 11. Service User & Carer Experience Monthly Update June 2016

### Patient Experience Feedback:

Feedback received in the month – June 2016:

		Received on paper	Received via electronic methods (including telephone)	Total received - June
Friends and Family Test	Response Rate	168	2	170
	Recommend Score %			81%
Patient Feedback	Response Rate	127	0	127
Carer Feedback	Response Rate	1	0	1

### Graph showing FFT and POY received by month:



Note that the above data may not include all patient feedback received at service level – work is ongoing to develop reporting systems across the Trust.

The **CQC Community Mental Health Survey 2016** has now closed and the results are currently being collated from the surveys that have been returned from service users who responded.

Next steps:

- Full Management Reports will be provided by Quality Health in early August.
- Comments Reports will be provided within the next month.
- CQC final reports will be published in the autumn.

Note a more detailed quarterly service user and carer experience report is also provided to CDT and the Board.

## 12. Mental Health Act Dashboard

The Mental Health Act dashboard is still under development and in the testing stages, listed below are some of the key metrics that have undergone this process and this will be added to as the data has been verified

Mental Health Act Dashboard												
Key Metrics	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Record of Rights (Detained) Assessed within 7 days of detention start date	96.6%	97.9%	95.5%									
Record of Rights (Detained) Revisited in past 3 months (inpatients)	98.0%	98.6%	99.0%									
Record of Rights (Detained) Assessed at Section Change within the Period	83.3%	90.4%	80.0%									
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	59.5%	68.3%	61.8%									
Community CTO Compliance Rights Reviewed in Past 3 months	41.1%	50.2%	56.1%									
Community CTO Compliance Rights Assessed at start of CTO	83.3%	87.5%	84.6%									



### 13. Other Useful Information June 2016

This section highlights any other relevant information arising in the month not covered elsewhere within the report.

- Commissioning for Value: Comprehensive data packs to support CCGs have recently been published by NHS England and are available [here](#), these include information on mental health and dementia and aim to reduce unwarranted variation in outcomes.
- NHS England are implementing a new Quality Surveillance Information System to provide quality assurance of specialised services. This will include quality indicators, an annual self-assessment / declaration, an integrated quality portal and peer review visits. There will be a Quality Profile at both trust and service level which will be rag rated based on the information held on the quality portal.