

## Northumberland, Tyne and Wear NHS Foundation Trust

### Board of Directors Meeting

**Meeting Date:** 28 September 2016

**Title and Author of Paper:** Integrated Commissioning & Quality Assurance Report (Month 5) – 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 Trust has this month been rated as “Outstanding” by the Care Quality Commission – see separate update report provided to the Board of Directors.
- The Risk Assessment Framework governance rating remains green this month. The financial sustainability risk rating has remained at 2 this month and the Trust has a deficit of £0.2m which is £2.2m behind plan. Recovery plans are in place.
- Note that it has now been confirmed that the Risk Assessment Framework is to be superseded by the Single Oversight Framework from 01.10.2016 – the NTW shadow segment is still to be confirmed.
- There has been an improvement in performance against contract quality standards in the month.
- The RAG rating of the CQUIN “Safely reducing avoidable detentions under the Mental Health Act” has improved from red to amber this month following agreement of an action plan.
- The RAG rating of the CQUIN “Measuring effectiveness in Community CYPS has changed from green to amber this month due to challenges re the delivery of outcomes training.
- Five of the seven quality priorities are expected to be fully achieved in the quarter, while the remaining two remain RAG rated as amber. Further risks to the delivery of the 18 week waiting times standard in community CYPS have been identified.
- Appraisal rates have increased further in the month to 85.6% which is above the Trust wide standard of 85%. The sickness absence rate has not significantly changed in the month.

**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 and Single Oversight Framework, 2016/17 NHS Standard Contract

## NTW Integrated Commissioning & Quality Assurance Report

### 2016-17 Month 5 (August 2016)

#### Contents:

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b. NHS Improvement Single Oversight Framework update	5	Ad hoc	
c. CQC Compliance/Registration	7	<input checked="" type="checkbox"/>	
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c) Contract Update:			
a. Contract Quality Assurance Reporting	11	<input checked="" type="checkbox"/>	
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c. SDIP update			<input checked="" type="checkbox"/>
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d) Quality Goals/Quality Priorities/Quality Account Update	13	<input checked="" type="checkbox"/>	
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i) Accountability Framework update			<input checked="" type="checkbox"/>
j) PCP Benefits Realisation Monthly update			<input checked="" type="checkbox"/>
k) Monthly activity update			<input checked="" type="checkbox"/>
l) Service User & Carer Experience Update			<input checked="" type="checkbox"/>
m) Mental Health Act Dashboard			<input checked="" type="checkbox"/>
n) Other useful information			<input checked="" type="checkbox"/>

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

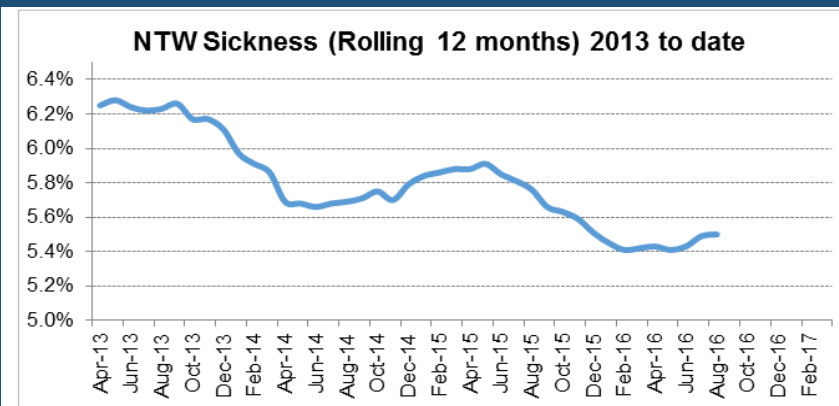
<b>NHS Improvement Risk Assessment Framework:</b>	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 5:	Financial Sustainability Risk Rating Month 5:	<p>The Governance risk rating remains green (lowest risk) and the Financial Sustainability risk rating remains at 2. While all of the Governance Risk Assessment Framework requirements are achieved in the month, performance against Internal KPIs as forecast in the annual plan are currently not achieved.</p> <p>NB NHS Improvement have confirmed that the Single Oversight Framework will replace the Risk Assessment Framework from 01.10.2016.</p>
		Green	2	

<b>Quality Priorities:</b>	Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	<p>In total there are seven quality priorities identified for 2016-17 and currently as at Quarter 2, two are rated amber, encompassing waiting times and transition processes.</p>
	5	2	

<b>CQUIN:</b>	Quarter 2 forecast achieved:	Quarter 2 forecast part achieved:	<p>There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services and at Month 5, all requirements are forecast to be achieved in Quarter 2 apart from Safely Reducing Avoidable Repeat Detentions under the Mental Health Act and Measuring effectiveness in Community Children and Young Peoples Service, all are subject to agreement with commissioners.</p>
	8	2	

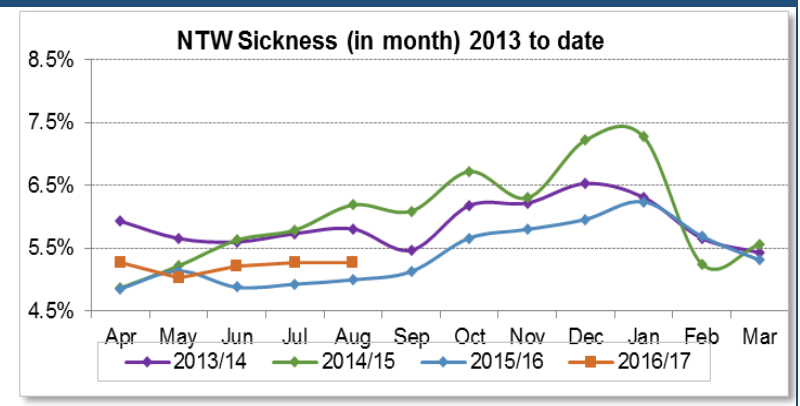
<b>Workforce:</b>	<b>Statutory &amp; Essential Training:</b>			<p>Areas of significant underperformance continue to be PMVA Breakaway (76.8%) and Information Governance training (88.7%). The MHA, MCA and DOLs training is now reported as a combined total at 80.8%. Following a review, the frequency of some essential training topics is to be revised and will be implemented shortly.</p>	<b>Appraisals:</b> Appraisal rates have increased to 85.6% in August 16 (was 84.7% last month).
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	14	3	2		

**Sickness Absence:**



The "in month" sickness absence rate marginally decreased to 5.27% in July 16.

The rolling 12 month sickness average remains at 5.5%.



**Finance:**

At Month 5, the Trust has a deficit of £0.2m which is £2.2m 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) and the Trust only receives this funding if it achieves its original control total. The Trust faces a significant challenge to deliver its control total and needs to improve its financial position and deliver its recovery plans to achieve this. The Trust is currently assuming it can deliver £7m from recovery plans and achieve its control total but this requires Groups and directorates to reduce spend and assumes the Trust can negotiate additional income for some specific issues.

The main financial pressures are CYPS In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services through agency staff spending. The staffing overspend at Month 5 across the Trust was £2.4m and a significant change in spending on temporary staffing (agency, bank and overtime) is required quickly to turn this around. Agency spend is £6.0m at Month 5 which is £1.0m above ceiling trajectory and forecast agency spend is around £11.9m which is over £3m 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 developed. As some of the pressures are transitional, and with plans being put in place to address them the Trust should be in a better financial situation next year. However, to improve the Trust's financial position this year and achieve the target surplus, all areas of the Trust need to minimise spend over the rest of this financial year.

**Contract Summaries:**

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>10, 100 %</p>	 <p>1, 14% 6, 86%</p>	 <p>2, 25% 6, 75%</p>
All achieved in Month 5	All achieved in Month 5	All achieved in Month 5	All achieved in Month 5	All achieved in Month 5	Completion of Crisis & Contingency plans (3 patients) under performed at a contract level for month 5	Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 5.

## 2. Compliance

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

\*\*\*\*\*Note that this will be superceded from 01.10.2016 by the Single Oversight Framework. See overleaf. \*\*\*\*\*

NHS Improvement Risk Assessment Framework Dashboard																
Key Indicators:	Standard	Q3 2015-16			Q4 2015-16			Q1 2016-17			Q2 2016-17			Trend	National benchmark	Data Quality
		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%		TBC	Data Quality kite marks to be developed by quarter 3
	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%		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%		TBC	
	EIP 2 week wait	50%				35.3%	76.1%	74.7%	90.3%	88.8%	87.4%	91.7%	85.2%		TBC	
	IAPT 6 week wait	75%	98.8%	98.8%	99.1%	98.4%	98.8%	98.8%	99.6%	99.0%	98.7%	98.0%	98.5%		TBC	
	IAPT 18 week wait	95%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	99.6%	99.8%		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%		TBC	
	Clostridium Difficile objective															
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%		TBC	
	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%		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%		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:** The Financial Sustainability Risk Rating remains at 2 which represents a material risk, potentially triggering investigation by NHS Improvement.

	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%	77.8%	77.8%		14 of 18 achieved
	Information Governance Training	95%						88.7%	90.6%	90.8%	89.6%	88.7%		
	Local Contract Quality Standards	95%						89.9%	96.0%	96.0%	90.6%	96.0%		72 of 75 achieved
	Internal Quality Priorities	90%						100.0%	100.0%	57.1%	71.4%	71.4%		5 of 7 achieved

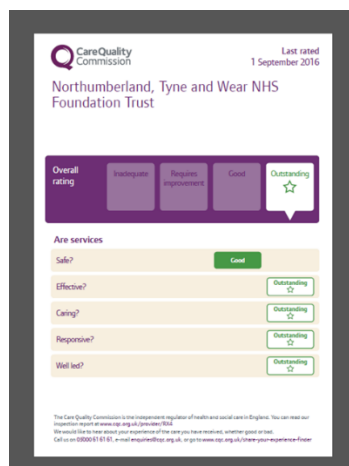
## b) NHS Improvement Single Oversight Framework update

- NHS Improvement (NHSI) has published the response to their consultation on a proposed Single Oversight Framework to replace the current Risk Assessment Framework and confirmed that this will be implemented with effect from **1st October 2016** (ie quarter 3). Some minor changes to the Framework have been made in response to the consultation (including a delay in implementing the cost per weighted unit metric to 17/18).
- Each Trust and Foundation Trust will be assigned to a “segment” which will determine the level of support and scrutiny adopted by NHSI, from the following options:
  - Segment 1 – maximum autonomy
  - Segment 2 – targeted support
  - Segment 3 – mandated support
  - Segment 4 – providers in special measures
- NHSI will notify NTW of our assigned shadow segment shortly and all Trusts shadow segmentation information will be shared by NHSI by early October.
- NHSI will collect information to inform their judgement from a range of sources, including a provider return, MHSDS data, UNIFY2 data, CQC data and other data published by NHS Digital. Finance and operational performance data is to be reported monthly and the segmentation of providers in segment 1 will be reviewed by NHSI on a quarterly basis.
- The table overleaf shows the range of monitoring information for each of the 5 themes identified by NHSI. The “Quality of Care”, “Finance & Use of Resources” and “Operational Performance” themes each have a number of metrics used to assess performance, with associated triggers.
- The guidance does not state how performance against each of the five different themes will be weighted when determining the overall segment of the provider.
- The new ratings score from 1 to 4 as per the previous rating, but the under the new ratings a 1 is the best score a provider can achieve and a 4 is the worst.
- Areas of significant risk for NTW are the finance ratings, which include new methodologies applied to capital, I&E margin, distance from plan and agency spend. There are also new quality standards which will be derived from data flowing through the Health Mental Minimum dataset (MHMDS).
- NHSI will also look at other sources to determine if a Trust is delivering value for money through Model Hospital data and National benchmarking, along with thematic reviews such as reviews of consultancy costs, levels of consolidation of services (eg back office functions), and the extent to which providers are addressing unsustainable services through consolidation / transfer with neighbouring providers.

Theme	Information Used:
Quality of Care	CQC information
	Staff sickness
	Staff turnover
	Executive team turnover
	NHS Staff Survey
	Proportion of temporary staff
	Aggressive cost reduction plans
	Written complaints - rate
	Staff Friends and Family Test % recommended - care
	Occurrence of any Never Event
	NHS England/NHS Improvement Patient Safety Alerts outstanding
	CQC inpatient/mental health and community survey
	Mental health scores from Friends and Family Test - % positive
	Admissions to adult facilities of patients who are under 16 years old
	Care programme approach (CPA) follow up - proportion of discharges from hospital followed up within 7 days - MHMDS
	% clients in settled accommodation / % clients in employment
Potential under-reporting of patient safety incidents	
Finance	Sustainability: Capital service cover / Liquidity
	Efficiency: I&E 14 margin
	Controls: Performance against plan / Agency spend
	Value for money information
	NB There are 2 further Finance metrics being considered which are expected to be operational in shadow form in 2016/17: - <ul style="list-style-type: none"> <li>• Cost per weighted activity unit</li> <li>• Capital Controls</li> </ul>
Operational Performance	Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards
	People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral
	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) early intervention in psychosis services c) community mental health services (people on Care Programme Approach)
	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:
	• identifier metrics: NHS Number / Date of Birth / Postcode / Current Gender / GP code / CCG code
	• priority metrics: ethnicity / employment status (adults) / school attendance (CYP) / accommodation status (adults) / ICD10 coding
	Improving Access to Psychological Therapies (IAPT)/talking therapies:
	• proportion of people completing treatment who move to recovery
• waiting time to begin treatment : within 6 weeks / within 18 weeks	
Strategic Change	Review of STPs
Leadership & improvement capability	Governance or well led reviews
	Third party information eg Healthwatch, MPs, whistleblowers, coroners' reports
	Organisational Health indicators
	Operational efficiency metrics
	CQC well led assessments

## c) CQC Update August 2016

### CQC Comprehensive Inspection update 09.09.16



On the 1 September 2016 the Trust was informed of their rating following the Comprehensive Inspection by the CQC in May/June 2016. NTW is one of the first NHS mental health providers to have been rated as 'Outstanding'. In making the announcement, Dr Paul Lelliott, the Deputy Chief Inspector of Hospitals said; "This rating of Outstanding reflects the contribution that every person who works at the Trust has made to providing high quality care and I commend the whole staff team".

The table below provides a breakdown of all of the ratings per core service.

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	<b>Good</b>	<b>Outstanding</b>	<b>Outstanding</b>	<b>Outstanding</b>	<b>Outstanding</b>	<b>Outstanding</b>
<b>Acute Admissions and PICU for Adults of Working Age</b>	Good	Good	Good	Good	Good	Good
<b>Older People's Wards</b>	Good	Requires improvement	Good	Good	Good	Good
<b>Wards for people with LD and Autism</b>	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
<b>Rehabilitation Long Stay Wards</b>	Good	Good	Good	Outstanding	Outstanding	Outstanding
<b>Crisis and HBPOB</b>	Good	Good	Good	Good	Good	Good
<b>Community Mental Health Services for Working Age Adults</b>	Good	Outstanding	Outstanding	Good	Good	Outstanding
<b>Community Mental Health Services for Older People</b>	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
<b>Community based LD Services</b>	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
<b>CAMHS Inpatient</b>	Requires improvement	Good	Good	Good	Good	Good
<b>CAMHS Community</b>	Good	Outstanding	Outstanding	Good	Good	Outstanding
<b>Forensic and Secure Wards</b>	Good	Good	Good	Good	Good	Good
<b>Acute Medical Care (Walkergate Park)</b>	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
<b>Outpatients (Walkergate Park)</b>	Good	Not rated	Outstanding	Outstanding	Outstanding	Outstanding
<b>Substance Misuse Services</b>	Good	Good	Good	Good	Good	Good
<b>Adult Social Care (Easterfield Court)</b>	Good	Good	Good	Good	Good	Good

It is a requirement that our ratings are displayed in each and every premises where a regulated activity is being delivered, and in our main place of business. The estates



department has been tasked with ensuring the appropriate poster(s) are displayed as per the CQC's guidelines by Monday 19 September 2016.

The date for the Quality Summit has been confirmed as 20 October 2016. The arrangements and format of the day are yet to be agreed.

On the 7 September 2016 two celebratory and learning events were held with both clinical and corporate staff to celebrate our success, discuss areas of good practice and to consider areas for improvement. There was a great deal of discussion generated during the course of the day and all suggestions captured from the participants will be written up and an action plan will be developed.

### Registration notifications made in the month: one

Notified CQC on 30 August 2016 that Gainsborough Ward was empty as of 19 August 2016.

### Mental Health Act Reviewer visits in the month:

27/07/16 Cuthbert Ward

01/08/16 Beckfield Ward

The quality of care plans at Cuthbert and Beckfield was variable. On Cuthbert Ward the sample reviewed indicated that changes were evident and that the recovery star was now being used. In two of the records the recovery star was fully completed and patients had made comments regarding where they thought they were and what needed to change. It was difficult to establish how the information gathered through this process was transferred to the care plan. On Beckfield patients' views of their condition and reason for admission were not present. It was difficult to establish how patients were involved.

On both wards there were issues with section 17 leave forms, review of section 132 rights and section 62 authorisation.

### Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Oxford Health NHS Foundation Trust	June 16	26/08/16	Good	This Trust was re-inspected in June 2016 to ensure that the improvements from their visit in September 2015 had been made.  Following this re-inspection the Trust has been given an overall rating of 'good'.	<a href="#">here</a>
Northumberland Tyne and Wear NHS Foundation Trust	May/June 16	01/09/16	Outstanding ☆	NTW and East London NHS FT have become the first two NHS Mental Health Trusts in England to be awarded an overall rating of 'outstanding'.	<a href="#">here</a>

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
East London NHS Foundation Trust	June 16	01/09/16	Outstanding ☆	Dr Paula Lelliott, Deputy Chief Inspector of Hospitals said "The common factor that links these two trusts is the quality and the style of leadership"	<a href="#">here</a>
Dorset Healthcare University NHS Foundation Trust	March 16	07/09/16	Requires improvement	<p>This Trust was re-inspected in March 2016 to ensure that the improvements from their visit in June 2015 had been made.</p> <p>The CQC found that the Trust had made improvements to the services where concerns had been identified during the visit in June 2015. However, the overall rating for the Trust remains 'Requires Improvement' as some of the work in services had not yet been completed.</p> <p>The CQC are scheduled to re-inspect this Trust again in December 2016.</p>	<a href="#">here</a>
Avon and Wiltshire Mental Health Partnership NHS Trust	May 16	08/09/16	Requires improvement	This Trust has been rated as 'Requires Improvement' as it has concerns about places of safety. The CQC will be working with the Trust to agree an action plan to assist the Trust in making the improvements to standards of care and treatment.	<a href="#">here</a>

### Anticipated CQC inspection reports of note:

- North East Ambulance Service inspected April 2016

### CQC Recent News Stories:

#### Joint inspections for vulnerable children and young people to focus on domestic abuse

A series of Joint Targeted Area Inspections (JTAI) will be carried out by inspectorates Ofsted, CQC, HMIC and HMI Probation from September this year. JTAI examine how well agencies are working together in a local area to help and protect children. Inspectors will evaluate the effectiveness of interventions for victims of domestic abuse and adult perpetrators, and the impact this has on the welfare and protection of children. In each area, the inspections will look in-depth at individual children's cases, as well as a wider sample, focusing on particular points in children's experiences.

## Brief guides for inspection teams

The CQC have published two new brief guides for inspectors about inpatient mental health rehabilitation services in relation to [discharge](#) and [assessment, treatment and care](#).

## Scope of performance assessments of providers regulated by the CQC


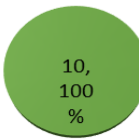
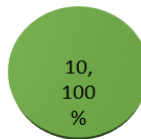


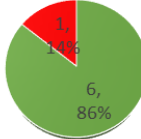
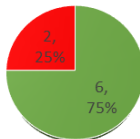
The Department of Health (DH) has launched a consultation which proposes to extend the types of services the CQC is able to rate following inspection. These are:

- Independent community health service providers
- Cosmetic surgery providers
- Independent ambulance services
- Independent dialysis units
- Refractive eye surgery providers
- Substance misuse centres
- Termination of pregnancy services

This consultation will run for eight weeks, closing on Friday 14 October 2016. A copy of the consultation document can be located [here](#)

### 3. Contract Update August 2016

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

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>All achieved in Month 5</p>	 <p>All achieved in Month 5</p>	 <p>All achieved in Month 5</p>	 <p>All achieved in Month 5</p>	 <p>All achieved in Month 5</p>	 <p>Completion of Crisis &amp; Contingency plans (3 patients) under performed at a contract level for month 5</p>	 <p>Completion of Risk assessment (2 patients), Crisis &amp; Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 5.</p>

### 3. Contract update August 2016

#### b) CQUIN update August 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).					The delivery of outcomes training does not take place until October therefore it is unlikely we will meet the Sessional Rating Scale (SRS) compliance rate. We expect to meet goal based outcomes
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.					During the month an action plan has been agreed thus improving the rag rating from red to amber, however slippage against agreed timescales has impacted on the delivery of some 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>						

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

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

Five of the seven priorities are currently rated green, two are rated amber and none are rated red against the Quarter 2 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					Anticipated to be fully achieved by Quarter 2.
	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					Meridian work has been completed and the implementation of the actions are underway, however the technological provision to support their implementation is not in place across all areas.
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					This quality priority remains rated as amber while there are still patients waiting more than 18 weeks for first contact with a team (excluding areas with known pressures, ie CYPS, gender etc).  Note that recent staffing pressures within community CYPS will affect their ability to meet the 18 week referral to treatment standard.
	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					

## 5. Monthly Workforce Update August 2016

Workforce Dashboard														
Training	Standard	M5 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Behaviours and Attitudes	Target	M5 position	Trend
Fire Training	85%	89.4%	▼	91.6%	88.5%	90.6%	89.3%	62.8%	88.6%	60.0%	Appraisals	85%	85.6%	▲
Health and Safety Training	85%	95.0%	▼	97.4%	94.7%	95.7%	94.7%	75.6%	91.5%	75.0%	Disciplinarys (new cases since 1/4/16)		44	
Moving and Handling Training	85%	95.4%	▼	98.8%	94.3%	95.9%	94.6%	75.6%	95.9%	75.0%	Grievances (new cases since 1/4/16)		28	
Clinical Risk Training	85%	92.2%	▼	95.6%	91.9%	91.9%			80.2%		<b>Recruitment, Retention &amp; Reward</b>			
Clinical Supervision Training	85%	81.8%	▲	92.0%	77.5%	82.2%			74.3%		Corporate Induction	100%	100.0%	—
Safeguarding Children Training	85%	95.1%	▼	97.5%	95.7%	95.1%	94.0%	71.8%	94.2%	85.0%	Local Induction	100%	90.2%	▲
Safeguarding Adults Training	85%	92.9%	▼	95.4%	93.7%	92.0%	92.3%	75.6%	92.9%	90.0%	Staff Turnover	<10%	7.7%	▲
Equality and Diversity Introduction	85%	94.3%	▲	96.3%	93.9%	95.7%	94.0%	75.6%	89.5%	70.0%	Current Headcount		6242	
Hand Hygiene Training	85%	93.5%	▼	96.5%	93.0%	95.2%	92.4%	73.1%	88.3%	70.0%	<b>Best Use of Resources</b>			
Medicines Management Training	85%	89.6%	▼	93.7%	87.4%	89.5%	92.2%		89.1%		Agency Spend		£1,266,780	▼
Rapid Tranquilisation Training	85%	86.7%	▲	95.1%		84.8%			62.4%		Admin & Clerical Agency (included in above)		£123,689	▲
MHCT Clustering Training	85%	86.8%	▲	83.7%	92.2%	56.0%					Overtime Spend		£189,923	▲
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	80.8%	▲	90.0%	82.5%	79.3%			58.9%		Bank Spend		£890,207	▼
Seclusion Training (Priority Areas)	85%	95.1%	▲	97.0%		94.6%					<b>Managing Attendance</b>			
Dual Diagnosis Training (80% target)	80%	88.7%	▲	94.4%	91.4%	89.3%			62.8%		In Month sickness	<5%	5.27%	▲
PMVA Basic Training	85%	82.1%	▲	87.0%		85.7%			64.0%		Short Term sickness (rolling)		1.37%	
PMVA Breakaway Training	85%	76.8%	▼	85.2%	69.9%	83.9%					Long Term sickness (rolling)		4.13%	
Information Governance Training	95%	88.7%	▼	93.0%	87.8%	88.8%	87.8%	61.5%	89.3%	65.0%	Average sickness (rolling)	<5%	5.5%	—
Records and Record Keeping Training	85%	98.3%	▲	99.6%	99.1%	98.4%	96.5%	84.6%	98.3%	95.0%				

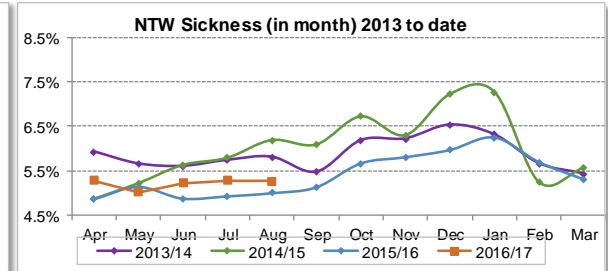
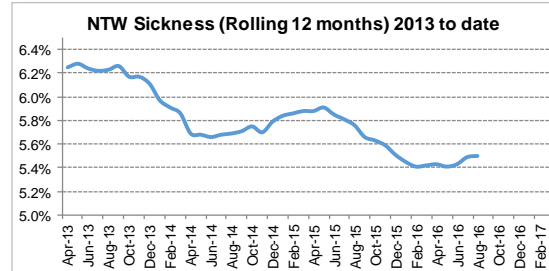
▲	Performance at or above target
■	Performance within 5% of target
■	Under-performance greater than 5%

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

### Comments:

Appraisals have increased this month and are now reported above the 85% standard.  
 The Doctors in training figures are all below the standard due to the six monthly rotation in August.  
 The in month sickness has decreased slightly in the month and rolling 12 month sickness figures remains the same



## 6. Finance Update August 2016

### Financial Performance Dashboard

#### NTW Income & Expenditure

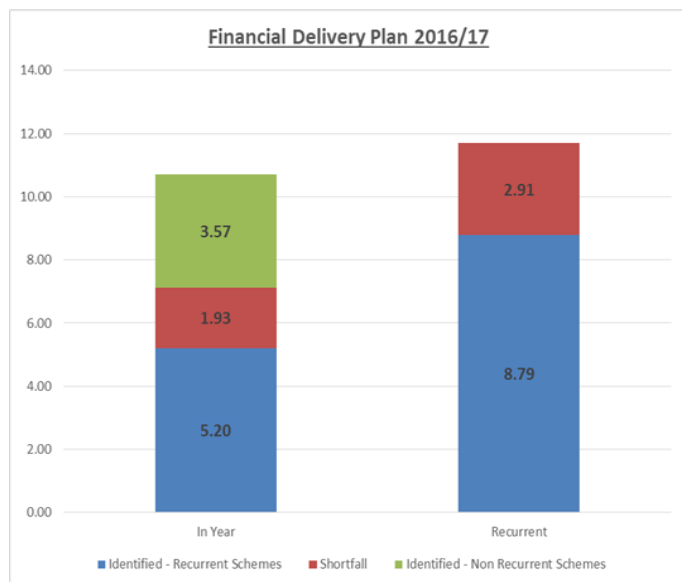
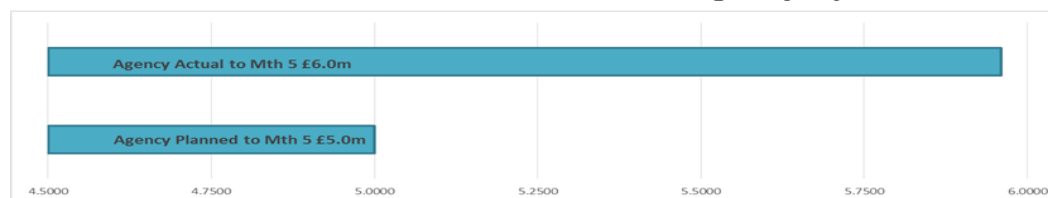
	Plan £m	YTD £m	Variance £m
Income	128.1	127.4	0.7
Pay	101.5	103.9	2.4
Non Pay	19.2	18.7	(0.5)
<b>EBITDA</b>	<b>7.4</b>	<b>4.8</b>	<b>2.6</b>
Cost of Capital	5.5	5.1	(0.4)
<b>Surplus/(Deficit)</b>	<b>1.9</b>	<b>(0.2)</b>	<b>2.2</b>

#### Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	10.4	8.0	2.4
Community Services	8.3	7.5	0.8
Inpatient Care	13.7	13.8	(0.1)
Central	(30.4)	(29.5)	(0.9)
<b>Surplus/(Deficit)</b>	<b>1.9</b>	<b>(0.2)</b>	<b>2.2</b>

Key Indicators	Current
Risk Rating	2
Agency Spend	£6.0m
FDP Delivery	£2.3m
Cash	£17.9m
Capital Spend	£5.8m

#### Agency Spend Month 5



#### Key Issues/Risks

- £0.2m Deficit at Mth 5 – This is £1.7m less than revised plan surplus of £1.4m (£1.1m less than original planned surplus before STF control total increase).
- Control Total – The Trust is forecasting delivery of its £6.5m Control Total. However, this is based on some material assumptions including funding of some specific issues by Commissioners as well as delivery of financial recovery plans and control of non-essential spending.
- Risk Rating of 2 – Rating remains a 2. The year-end forecast rating is a 3 based on delivery of the Trust's Control Total.
- Pay overspent by £2.4m - this position needs to be turned around quickly if the Trust is to improve its financial position meet its control total.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £2.4m above their control total at month 5. Also Community Services are £0.8m above their control total at month 5.
- Agency Spend – Target spend in 16/17 is £8.6m which is £5m less than last year. Agency spend at month 5 is £6.0m which is £1.0m over the planned trajectory. Forecast spend is around £11.9m which is over £3.3m above the Trust's ceiling.
- Financial Delivery Plan - £2.3m of the planned £3.1m delivered at month 5.
- Cash – £17.9m at month 5 (£3.7m below plan). Forecast is £25.0m (£0.4m above plan).
- Capital Spend - £5.8m (£3.9m below plan). Forecast is £18.8m (£2.8m below plan).



## Finance Agency

# Agency Dashboard – Month 5 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> Feb increasing the number of breaches. However, agency medic breaches reduced during Feb and revised below cap rates were agreed for Psychologists from start of March.
4. On 1st April cap rates reduced further and trusts need to use suppliers on new NHSI approved frameworks for all staff groups. 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 Mth5 was £6.0m which is £1m above plan. Forecast spend is around £12m which is over £3m above our ceiling.
6. The Trust has reduced the number of agency shifts in breach considerably in August as a result of bringing one of the main suppliers of nursing and AHP into line with the Framework agreement. This has reduced the number of weekly breaches from over 250 to 51 by week commencing 29<sup>th</sup> August (week 41).

Group	Year to date - Mth 5			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
Specialist	1.8	1.6	0.9	4.2
Community	2.5	0.4	0.1	3.0
Inpatients	1.1	1.5	0.1	2.7
Support Services	0.6	0.2	0.2	1.0
	<b>6.0</b>	<b>3.7</b>	<b>1.3</b>	<b>11.0</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 28-31	Wk 32-36	Wk 37	Wk 38	Wk 39	Wk 40	Wk 41
<b>Staff Group</b>	<b>23/11 - 3/1</b>	<b>4/1 - 31/1</b>	<b>1/2 - 22/2</b>	<b>29/2-27/3</b>	<b>28/3 - 25/4</b>	<b>2/5 - 23/5</b>	<b>30/5 - 20/6</b>	<b>37/6 - 25/7</b>	<b>1/8</b>	<b>8/8</b>	<b>15/8</b>	<b>22/8</b>	<b>29/8</b>
Medical	13	0	102	30	218	184	173	247	39	42	42	39	28
Nursing	26	13	15	3	1,283	670	586	665	126	10	10	10	10
Psychology & SW	37	24	195	0	200	578	609	663	92	13	13	13	13
<b>Total</b>	<b>76</b>	<b>37</b>	<b>312</b>	<b>33</b>	<b>1,701</b>	<b>1,432</b>	<b>1,368</b>	<b>1,575</b>	<b>257</b>	<b>65</b>	<b>65</b>	<b>62</b>	<b>51</b>