

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 January 2017

Title and Author of Paper:

Quarterly Report Re NHS Improvement Single Oversight Framework
Anna Foster, Deputy Director of Commissioning & Quality Assurance
Dave Rycroft, Deputy Director of Finance

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

Paper for Debate, Decision or Information: Approval

Key Points to Note:

1. The new Single Oversight Framework (SOF) came into effect on 1 October 2016, replacing the Risk Assessment Framework (RAF). The Trust position against the Single Oversight Framework has been assessed by NHS Improvement as segment 2 (targeted support).

2. This report includes a self-assessment of quarter three performance against operational performance metrics included within the single oversight framework, highlighting potential areas of risk.

3. NHS Improvement no longer require submission of the previous Governance Return due to the launch of the new Single Oversight Framework, however, the Trust is still providing a supporting commentary on a voluntary basis.

4. Note that the quarterly Finance templates are now submitted to NHS Improvement earlier in the month than previously. NTW is declaring a Use of Resources risk rating of 2. The Board is no longer required to declare confirmation of anticipation that the Trust will continue to maintain a Financial Sustainability risk rating (FSRR) of at least 3 over the next 12 months, as the Financial Sustainability risk rating was replaced by the Use of Resources rating from 1 October.

Note however that had the FSRR had continued, the Board would have been able to confirm that the Trust expected to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months based on achieving this year's and next year's control totals.

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

6. NHSI have also introduced new agency information reporting requirements, which are included within this report for information at Appendices 4 & 5.

Risks Highlighted to Board : None for quarter three

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submission which was approved by Execs and submitted to NHS Improvement on 24 January 2017.

To note the Quarter 3 Governance position that will be reported to the NHS Improvement Manager for quarter 3.

To note the Quarter 3 self-assessed position against the requirements of the Single Oversight Framework.

To note the agency staffing information reported to NHSI in quarter three.

Link to Policies and Strategies: N/A

BOARD OF DIRECTORS

25 January 2017

**Quarterly Report re NHS Improvement
(Single Oversight Framework)**

PURPOSE

To present to the Board of Directors the position against the governance and finance requirements of the Single Oversight Framework. Note that the in-year governance monitoring return and declarations for quarter 3 are no longer required by NHS Improvement due to the implementation of the Single Oversight Framework. This report also includes the governance commentary for Quarter 3 which will be shared with NHS Improvement.

BACKGROUND

NHS Improvement oversees foundation trusts using the Single Oversight Framework. NHS Improvement have assessed NTW as segment 2 – targeted support

Monitor provided all Trusts with a governance rating on implementation of the Risk Assessment Framework in October 2013 – NTW was given the rating of GREEN (no issues identified) and this has been maintained ever since.

For the Financial Sustainability risk rating the Trust would have been 3 at quarter three. A summary of the Trust ratings since the start of financial year 2011/12 are set out below:

| | Q1&Q2 11-12 | Q3&Q4 11-12 All qtrs 12-13 | Q1,2, 3 &4 13-14 | Q1 & Q2 14-15 | Q3 14-15 | Q4 14-15 | Q1,2,3 & 4 15-16 | Q1 & 2 16-17 | Q3 16-17 |
|------------------------------------|----------------|-------------------------------------|------------------------|---------------------|-------------|-------------|------------------------|--------------------|-------------|
| Single Oversight Framework Segment | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 2 |
| Use of Resources Rating | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 2 |
| Continuity of Services Rating | 5 | 5 | 3 | 3 | 4 | 3 | 4 | 2 (Q1) & 3 (Q2) | n/a |
| Governance Risk Rating | Amber/ Red | Green | Green | Green | Green | Green | Green | Green | n/a |

QUARTERLY SUBMISSION

The quarterly finance return was approved by Executives prior to submission on 24th January 2017. There is no longer a requirement to submit a governance return to NHS Improvement.

Quarter 3 Governance narrative – the following information will be submitted to NHS Improvement on a voluntary basis, based upon the range of identified range of exception items included within the table in Appendix 2. Appendix One highlights how this information is identified.

Board Changes & Elections

Report on any changes to the Board of Directors: There have been three changes to the Board of Directors during Quarter 3 as follows:

- the appointment of Alexis Cleveland as Acting Chair from 13th December 2016,
- the resignation of Non Executive Director Neil Hemming on 31st December 2016
- the appointment of Miriam Harte as shadow Non Executive Director prior to taking up role as substantive Non Executive Director from 1st January 2017.

| | Q3 2016-17 |
|--|------------|
| Total number of Executive posts on the Board (voting) | 6 |
| Number of posts currently vacant | 0 |
| Number of posts currently filled by interim appointments | 0 |
| Number of resignations in quarter | 0 |
| Number of appointments in quarter | 0 |

Report on any changes to the Council of Governors:

Changes to the Council of Governors during Quarter 3 are detailed below:

Leavers:

Alan Gibbons, resigned on 17th November 2016
Mary Foy, stepped down on 18th November 2016
Karen Kilgour, stepped down on 6th December 2016
Stuart Dexter, stepped down on 16th December 2016
Steve Manchee, not re-elected on 1st December 2016
Christine Lumsdon, not re-elected on 1st December 2016

Appointed:

Lynne Caffrey, Local Authority Governor on 18th November 2016

Results of any election for the Council of Governors:

Elected:

Margaret Adams, re-elected Public Governor 1st December 2016
Marian Moore, re-elected OPS Governor 1st December 2016
Jack Wilson, re-elected CYPs Governor 1st December 2016
Colin Browne, re-elected Carer Governor for OPS

Governor Elections

There will be Governor Elections for one vacancy in November 2017:

| | |
|--|----------------------------------|
| <u>Carer Governors:</u> Children and Young Peoples Services (1) | <u>Staff Governors:</u> None |
| <u>Service User Governors:</u> None | <u>Public Governors:</u> None |

Never Events

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

Any patient suicide, homicide or absconson (MH Trusts only) Quarter Three

The table in Appendix 3 provides a breakdown of serious incidents classed as unexpected deaths and any significant absconson classed as serious during the quarter (note all other AWOLs / absconds are reported as patient safety incidents on a weekly basis to the NRLS). It should be noted that the vast majority of the following unexpected death incidents are still waiting a coroner's verdict.

Adverse national press attention Q3 2016-17

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

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

| Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months) | Frequency | Source | Standard | Quarter 3 to date 16/17 self assessment | NTW % as per most recently published MHSDS/RTT/EIP/IAPT data | National % from most recently published MHSDS data | Comments. NB those classed as "NEW" were not included in the previous framework |
|---|-----------|-------------------------------|---|---|--|--|---|
| Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway | Monthly | UNIFY2 and MHSDS | 92% | 99% | 100% | 91.00% | National data includes all NHS providers and is at July 2016 |
| Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards | Quarterly | UNIFY2 and MHSDS | 95% | 100.0% | no data | no data | |
| People with a first episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral | Quarterly | UNIFY2 and MHSDS | 50% | 72.9% | 80% | 66.00% | Published data is as at 1.7.2016 - 30.9.2016 |
| Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: | | | | | | | |
| a) inpatient wards | Quarterly | Provider return / CQUIN audit | 90% | 68% | no data | no data | from weekly sheet 05.01.17 |
| b) early intervention in psychosis services | Quarterly | Provider return / CQUIN audit | 90% | 74% | no data | no data | from weekly sheet 05.01.17 |
| c) community mental health services (people on Care Programme Approach) | Quarterly | Provider return / CQUIN audit | 65% | 54% | no data | no data | from weekly sheet 05.01.17 |
| Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: | | | | | | | |
| - identifier metrics: | | | | | | | |
| NHS Number | Monthly | MHSDS | 95% | 99.9% | 99.0% | 99.0% | |
| Date of Birth | Monthly | MHSDS | 95% | 100.0% | 100.0% | 100.0% | |
| Postcode | Monthly | MHSDS | 95% | 100.0% | 99.0% | 98.0% | |
| Current Gender | Monthly | MHSDS | 95% | 99.9% | 100.0% | 100.0% | |
| GP code | Monthly | MHSDS | 95% | 99.8% | 99.0% | 98.0% | |
| CCG code | Monthly | MHSDS | 95% | 99.5% | no data | no data | |
| - priority metrics: | | | | | | | |
| ethnicity | Monthly | MHSDS | 85% by 16/17 year end | 92.8% | 95.00% | 83.0% | NEW. Data from metric 17 in dashboard |
| Employment status recorded | Monthly | MHSDS | 85% by 16/17 year end | 94.7% | 29.1% | 29.6% | The 94.7% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is in line with the national average, which is significantly below the 85% standard required by NHSI |
| Proportion of patients in employment | Monthly | MHSDS | | 6.7% | 6.1% | 7.4% | MHSDS methodology TBC |
| school attendance (CYP) | Monthly | MHSDS | 85% by 16/17 year end | no data | no data | no data | NEW. Not currently collected in RIO or reported via MHSDS |
| Accommodation status recorded | Monthly | MHSDS | 85% by 16/17 year end-unclear if standard applies to recording status or proportion | 94.8% | 28.3% | 34.2% | The 94.8% reported internally is based on patients on CPA for 12 months with status recorded in the last 12 months. MHSDS uses different methodology to calculate recording of employment status and NTW is below the national average, which is significantly below the 85% standard required by NHSI |
| Proportion of patients in settled accommodation | Monthly | MHSDS | | 76.8% | 49.4% | 53.8% | |
| ICD10 coding | Monthly | MHSDS | 85% by 16/17 year end | 92.8% | 0.4% | 14.9% | NEW. (used metric 427). MHSDS methodology TBC |
| Improving Access to Psychological Therapies (IAPT)/talking therapies | | | | | | | (Sunderland service only) |
| - proportion of people completing treatment who move to recovery | Quarterly | IAPT minimum dataset | 50% | 51.0% | 54.0% | 48.4% | NEW metric 1079 published data August 2016 |
| - waiting time to begin treatment : | | | | | | | |
| - within 6 weeks | Quarterly | IAPT minimum dataset | 75% | 99.6% | 98.0% | 87.0% | published data August 2016 |
| - within 18 weeks | Quarterly | IAPT minimum dataset | 95% | 99.9% | 99.0% | 98.0% | published data August 2016 |

Finance Returns

Use of Resources Risk rating

The full returns have been prepared in line with NHS Improvement requirements. Figures within the returns are consistent with those within the Finance Report considered on the agenda under Performance. The summary & table below show the Financial Sustainability Risk Rating that applied up until 30th September before being replaced by the Use of Resources rating.

| Risk Ratings | Weight | Plan | Q1 Actual | Q2 Actual | Q3 Actual |
|--------------------------|--------|----------|-----------|-----------|----------------------|
| Capital Service Capacity | 25% | 2 | 1 | 2 | No longer applicable |
| Liquidity Ratio | 25% | 4 | 4 | 4 | |
| I&E Margin | 25% | 4 | 2 | 4 | |
| I&E Margin Variance | 25% | 4 | 2 | 3 | |
| Overall Rating | | 4 | 2 | 3 | |

The Use of Resources rating includes a metric for Agency in addition to the 4 previous metrics. The new rating also reverses the ratings scoring making 1 the lowest risk and 4 the highest risk. The table below shows the Use of Resources rating applied to the Q2 position, our Q3 position and our forecast year-end position.

| Risk Ratings | Weight | Plan | Q2 Actual | Q3 Actual | Q4 Forecast |
|--------------------------|--------|----------|-----------|-----------|-------------|
| Capital Service Capacity | 20% | 2 | 3 | 3 | 3 |
| Liquidity Ratio | 20% | 4 | 1 | 1 | 1 |
| I&E Margin | 20% | 4 | 1 | 1 | 1 |
| I&E Margin Variance | 20% | 4 | 2 | 2 | 2 |
| Agency | 20% | 4 | 2 | 2 | 3 |
| Overall Rating | | 4 | 2 | 2 | 2 |

As part of the RAF quarterly submission, the Board is asked to declare that it confirms that it is anticipated that the Trust will continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months. This is not required this quarter as the Financial Sustainability risk rating is replaced by the Use of Resources rating from 1 October. However, if the FSRR had continued the Board would have been able to confirm that the Trust would continue to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months based on achieving this year's and next year's control total.

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

Agency reporting

Further actions arising from the "Strengthening Financial Performance & Accountability in 2016-17" framework are the recent introduction of further agency reporting. Appendices 3 and 4 show details of high spending area and high cost agency staff. A further return is required that shows long term use agency staff, which is in the process of being completed and checked within operational managers. Trust level data on agency expenditure has been included in NHS Improvement's quarterly finance report from quarter two.

RECOMMENDATIONS

To note the information included within the report.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
January 2017

Procedure for preparing in-year submissions

In preparing in-year submissions the following reviews will be undertaken:

| Reporting Area | Lead | Information to be reviewed | Responsible Committee & Management Forum |
|--|---|---|--|
| Finance | | | |
| Finance Worksheets | Executive Director of Finance | Finance Reports | Board, RABAC & Executive Directors |
| Finance Declaration | | | |
| Governance | | | |
| Targets and Indicators | Executive Director of Commissioning & Quality Assurance | Commissioning & Quality Assurance Report | Board, Q&P & Executive Directors |
| | Executive Director of Finance | Relevant Audit Reports | AC & Executive Directors |
| | Board Secretary | Minutes of relevant Board/committee meetings | Board & Sub Committees |
| | | Quality Governance Framework | |
| Elections | Board Secretary | Any results of elections held in the period | Board |
| Changes to the Board of Directors and Council of Governors | Board Secretary | Register of Board of Directors and Council of Governors | Board |
| Exception reporting | Executive Directors | Any exception reports made during the period | Board & Sub Committees |

Exception report Q3 2016-17**Table 3: Examples of where an exception report is required**

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

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

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

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

| Incident Date | Incident Number | Department | Cause 1 | Current Status |
|----------------------|------------------------|---|---|------------------------------|
| 01/10/2016 | 239024 | GHD Community Non Psychosis Team Dryden Rd | DE01 Unexpected Death | Conclusion Pending |
| 05/10/2016 | 239201 | SLD West Psychosis/Non Psychosis Houghton | DE01 Unexpected Death | Misadventure |
| 07/10/2016 | 239621 | Hexham Adult CMHT Farnington Ctr | DE01 Unexpected Death | Conclusion Pending |
| 09/10/2016 | 239626 | North Tyneside Recovery Partnership Wallsend | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 03/10/2016 | 239628 | Hexham Adult CMHT Farnington Ctr | DE01 Unexpected Death | Conclusion Pending |
| 07/10/2016 | 239732 | SLD Psychological Wellbeing Service MWM | DE01 Unexpected Death | Conclusion Pending |
| 17/10/2016 | 240492 | NCL Clinical Drug And Alcohol Service Plummer Ct | DE18 Unexpected Death Local AAR | Local After Action Review |
| 19/10/2016 | 240784 | Bait Team Benton House | DE08 Unexpected Death - Natural Causes | Natural Causes |
| 22/10/2016 | 241020 | Springrise | DE01 Unexpected Death | Conclusion Pending |
| 31/10/2016 | 241972 | Acquired Brain Injury Service GHD | DE08 Unexpected Death - Natural Causes | Natural Causes |
| 02/11/2016 | 242204 | Tynedale OPS CMHT Farnington Ctr | DE01 Unexpected Death | Conclusion Pending |
| 02/11/2016 | 242279 | GHD Community Non Psychosis Team Dryden Rd | DE01 Unexpected Death | Conclusion Pending |
| 30/10/2016 | 242281 | Physiotherapy NLD NGH | DE08 Unexpected Death - Natural Causes | Natural Causes |
| 03/11/2016 | 242390 | SLD Psychological Wellbeing Service MWM | DE01 Unexpected Death | Conclusion Pending |
| 07/11/2016 | 242693 | Addictions Services SLD 4 To 6 Mary Street | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 07/11/2016 | 242688 | Addictions Services SLD 4 To 6 Mary Street | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 08/11/2016 | 242762 | SLD Psychiatry & Liaison Team SLD Royal | DE01 Unexpected Death | Conclusion Pending |
| 13/11/2016 | 243342 | Lamesley | DE01 Unexpected Death | Conclusion Pending |
| 11/11/2016 | 243146 | NCL Clinical Drug And Alcohol Service Plummer Ct | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 14/11/2016 | 243563 | NLD Recovery Partnership Sextant House | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 20/11/2016 | 244331 | Crisis Response & Home Treatment SLD HWP | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 22/11/2016 | 244550 | Forensic CMHT SNH | DE01 Unexpected Death | Conclusion Pending |
| 27/11/2016 | 244817 | Warkworth | DE01 Unexpected Death | Conclusion Pending |
| 27/11/2016 | 245225 | Central & S Northumberland CMHT Greenacres | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 05/12/2016 | 245648 | SLD South Psychosis/Non Psychosis Doxford | DE01 Unexpected Death | Conclusion Pending |
| 02/12/2016 | 245655 | NCL Clinical Drug And Alcohol Service Plummer Ct | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 24/11/2016 | 245658 | NLD Recovery Partnership Sextant House | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 05/12/2016 | 245753 | CYPS Community NLD ICTS NGH | DE01 Unexpected Death | Conclusion Pending |

| Incident Date | Incident Number | Department | Cause 1 | Current Status |
|----------------------|------------------------|--|------------------------------------|-----------------------|
| 02/12/2016 | 245775 | North Tyneside Recovery Partnership Wallsend | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 06/12/2016 | 245899 | Self Harm & Liaison Service NCL & N Tyne RVI | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 07/12/2016 | 245940 | Elm House | DE01 Unexpected Death | Conclusion Pending |
| 10/12/2016 | 246238 | Crisis Response & Home Treatment SLD HWP | DE01 Unexpected Death | Conclusion Pending |
| 14/12/2016 | 246642 | NLD Recovery Partnership Wallace Green | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 14/12/2016 | 246667 | NCL Clinical Drug And Alcohol Service Plummer Ct | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 24/12/2016 | 247879 | EIP NLD Greenacres | DE01 Unexpected Death | Conclusion Pending |
| 24/12/2016 | 247876 | North Tyneside Recovery Partnership Wallsend | DE04 Alleged Homicide By A Patient | SUI Review |
| 28/12/2016 | 248155 | Addictions Service SLD Empire House | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 29/12/2016 | 248459 | NLD Recovery Partnership Greenacres | DE18 Unexpected Death Local AAR | Conclusion Pending |
| 27/12/2016 | 248560 | SLD Psychiatry & Liaison Team SLD Royal | DE18 Unexpected Death Local AAR | Conclusion Pending |

Appendix 4

Summary of the Agency Return – Quarter 3 Agency Spend compared to total staffing spend – Where agency is over 20% of total

| Department | Cost Center Desc | Agency Spend £'000 | | | | Total Staffing Spend £'000 | | | | % | | | |
|------------------------|--|--------------------|----------------------------|----------------|----------------|----------------------------|-------------------|----------------|----------------|------------|-------------------|------------|------------|
| | | Agency - Medical | Agency - Qualified Nursing | Agency - Other | Agency - Total | Medical | Qualified Nursing | Other | Total | Medical | Qualified Nursing | Other | Total |
| COMMUNITY SERVICES | MEDICAL - NORTHUMBERLAND | 53 | | | 53 | 72 | | | 72 | 74% | | | 74% |
| COMMUNITY SERVICES | PRINCIPAL COMMUNITY PATHWAYS | | | 470 | 470 | 15 | | 665 | 680 | | | 71% | 69% |
| INPATIENT CARE | MEDICAL - OP ORGANIC & FUNCTIONAL NORTH | 157 | | | 157 | 326 | | | 326 | 48% | | | 48% |
| COMMUNITY SERVICES | SUNDERLAND & SOUTH TYNESIDE EIP HUB | | 57 | 43 | 101 | 38 | 90 | 92 | 220 | | 64% | 47% | 46% |
| INPATIENT CARE | MEDICAL - OP ORGANIC & FUNCTIONAL SOUTH | 172 | | | 172 | 390 | | | 390 | 44% | | | 44% |
| SPECIALIST CARE | MEDICAL - NORTHUMBERLAND CYPs | 282 | | | 282 | 646 | | | 646 | 44% | | | 44% |
| SPECIALIST CARE | MEDICAL - SOUTH TYNESIDE/SUNDERLAND CYPs | 249 | | | 249 | 831 | | | 831 | 30% | | | 30% |
| COMMUNITY SERVICES | A&C ADULT (MAMS & SPA) | | | 13 | 13 | | | 46 | 46 | | | 29% | 29% |
| INPATIENT CARE | GATESHEAD ECT | | 13 | 6 | 19 | | 67 | 6 | 73 | | 20% | 100% | 26% |
| COMMUNITY SERVICES | NEWCASTLE WEST PSYCHOSIS/NON PSYCHOSIS | 203 | 54 | 62 | 319 | 467 | 429 | 415 | 1,311 | 43% | 13% | 15% | 24% |
| COMMUNITY SERVICES | A&C ADULT COMMUNITY SLD | | | 18 | 18 | | | 73 | 73 | | | 24% | 24% |
| COMMUNITY SERVICES | SUNDERLAND WEST PSYCHOSIS / NON PSYCHOSIS | 78 | 104 | 56 | 238 | 198 | 515 | 298 | 1,011 | 40% | 20% | 19% | 24% |
| DEPUTY CHIEF EXECUTIVE | ESTATES - SNH SITE | | | 136 | 136 | | | 599 | 599 | | | 23% | 23% |
| INPATIENT CARE | S & LT INPATIENT CARE | | | 25 | 25 | | | 117 | 117 | | | 22% | 22% |
| DEPUTY CHIEF EXECUTIVE | ESTATES SUPPORT SERVICES | | | 99 | 99 | | | 465 | 465 | | | 21% | 21% |
| COMMUNITY SERVICES | NORTHUMBERLAND NORTH PSYCHOSIS/NON PSYCHOSIS | 59 | 114 | 24 | 198 | 251 | 328 | 381 | 960 | 24% | 35% | 6% | 21% |
| | Total Areas identified in report | 1,254 | 342 | 952 | 2,548 | 3,233 | 1,429 | 3,155 | 7,818 | 39% | 24% | 30% | 33% |
| | Total other areas | 1,377 | 953 | 4,157 | 6,487 | 22,893 | 56,328 | 98,105 | 177,326 | 6% | 2% | 4% | 4% |
| | Grand Total | 2,631 | 1,295 | 5,110 | 9,035 | 26,126 | 57,758 | 101,260 | 185,143 | 10% | 2% | 5% | 5% |

Agency Return – Summary of Top 20 Highest Paid Agency Staff

| | Staff group | Grade | Department | Hourly rate | Monthly cost | Reason for usage | Action taken |
|----|-------------|-------------------|--------------------------|-------------|--------------|--|---|
| 1 | Medical | Consultant | Comm - N'land | £85 | £14,744 | partly XX absence & part Vac | Leaving 1/12/16 |
| 2 | Medical | Consultant | Spec - ST' S'land CYPS | £84 | £14,492 | Vacancy | Until 31/3/17 |
| 3 | Medical | Consultant | Comm - New NT | £80 | £13,867 | Vacancy & Activity Levels | Leaving 31/3 |
| 4 | Medical | Consultant | Comm - S'land | £76 | £13,191 | Covering vacant consultant post | extended to 31/8/16 projected end date? |
| 5 | Medical | Consultant | Inpatients - N'land & NT | £76 | £13,191 | Cover Secondment | |
| 6 | Medical | Consultant | Comm - New | £76 | £13,191 | Covering backfill | |
| 7 | Medical | Consultant | Inpatients - OPS | £76 | £13,191 | Vacancy | End of Dec |
| 8 | Medical | Consultant | Comm - S'land | £76 | £13,191 | Vacancy | Forecast to continue |
| 9 | Medical | Consultant | Spec - New/Gh CYPS | £76 | £13,191 | Vacancy | Forecast to continue |
| 10 | Medical | Consultant | Inpatients - Adult | £76 | £13,191 | Vacancy | Forecast to continue |
| 11 | Medical | Consultant | Comm - Gateshead | £76 | £13,191 | Vacancy | leaving 7/11 |
| 12 | Medical | Consultant | Comm - New | £76 | £13,191 | Vacancy | leaving 31st Dec |
| 13 | Medical | Consultant | Inpatients - S'land | £76 | £13,191 | Vacancy | End of Dec |
| 14 | Medical | Consultant | Comm - G'head | £76 | £13,191 | Vacancy | leaving 27/11 |
| 15 | Medical | Consultant | Specialist - N'land CYPS | £76 | £13,191 | Vacancy | leaving 31/3/17 |
| 16 | Medical | Consultant | Comm - NT | £76 | £13,191 | Backfill for Dr XX Role & Cover for XX | Forecast to continue |
| 17 | Medical | Consultant | Specialist - N'land CYPS | £76 | £13,191 | Vacancy | End of Nov |
| 18 | Medical | Consultant | Inpatient - OPS South | £80 | £13,905 | | |
| 19 | Medical | Speciality Doctor | Inpatient - Adults | £52 | £9,013 | Vacancy | End of nov |
| 20 | Medical | Speciality Doctor | Comm - ST | £52 | £9,013 | Covering unfunded post | leaving 30/11 |