Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 23 November 2016

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 7) – 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 Monitor Risk Asessment Framework was replaced by the NHS Improvement Single Oversight Framework on 1st October 2016. The Trust has been assigned a shadow segment of "2" – potential support needed in relation to finance. A self assessment of performance against operational standards as at quarter two is included within the report as the provider return has not yetbeen made available.

- There has been a slight decrease in performance against contract quality standards in the month.

- The CQUIN "Safely reducing avoidable detentions under the Mental Health Act" remains amber this month. The associated financial risk for the quarter is a maximum of £338k. The CQUIN "Measuring effectiveness in community CYPS" also remains amber this month. The associated financial risk for the quarter is a maximum of £300k.

- Five of the seven quality priorities have been fully achieved in the quarter, while the remaining two remain RAG rated as amber.

- Reported appraisal rates have decreased further this month to 80.9% from 82.8% last month

- The sickness absence rate has increased slightly again within the month to 5.52% trust wide.

- Training rates have decreased further across a number of courses during October.

Risks Highlighted: NHS Improvement Risk Assessment Framework / Single Oversight 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, Single Oversight Framework, 2016/17 NHS Standard Contract, 2017-19 Plannign Guidance and standard contract

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

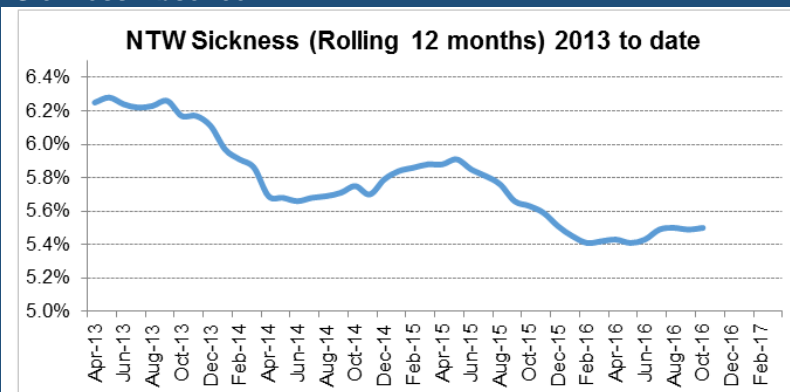# 2016-17 Month 7 (October 2016)

Contents:

NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 7:	Financial Sustainability Risk Rating Month 7:	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.
		Green	2	NHS Improvement have recently confirmed that the Trust's assigned shadow segment under the Single Oversight Framework is "2" (targeted support).

Quality Priorities:	Quarter 3 forecast achieved:	Quarter 3 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and as at month 7, two remain rated amber, encompassing waiting times and embedding suicide risk training.
	5	2	

| CQUIN:	Quarter 3 forecast achieved:	Quarter 3 forecast part achieved:	There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services. There are identified risks to delivery for two schemes currently.
	8	2	

Workforce:	Statutory & Essential Training:				Appraisals:
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Information Governance continues to be an area for improvement at 85.1%. The MHA, MCA and DOLs training is now reported as a combined total at 77.9%. There has been an improvement in PMVA Breakaway (89.7% was 87% last month). Following a review, the frequency of some essential training topics has reduced from October 2016.	Appraisal rates have decreased to 80.9% in October 16 (was 82.8% last month).
	14	2	3		

Sickness Absence:

NTW Sickness (Rolling 12 months) 2013 to date

The "in month" sickness absence rate increased slightly to 5.52% in October 16 however this is the lowest reported October sickness rate in the last four years.

The rolling 12 month sickness average remains at 5.5%.

NTW Sickness (in month) 2013 to date

At a glance
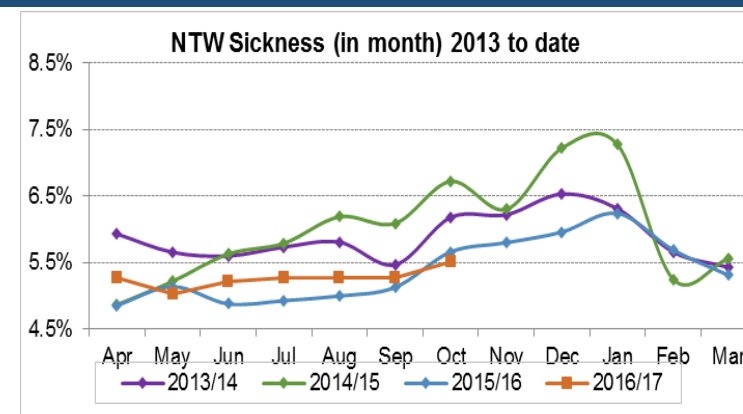
Finance:	+ At Month 7, the Trust has a surplus of £2.3m which is £1.1m behind our revised plan. This delivers a risk rating of 2 this month. The Trust's control total increased to £6.5m following the allocation of £1.8m from the Sustainability and Transformation Fund (STF) and the Trust only receives 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 £2.6m from internal recovery plans over the remainder of the year and £1.4m income from commissioners to achieve its control total but this requires Groups and directorates to reduce spend and assumes the Trust can negotiate additional income for a couple of specific issues. The financial position has improved from a £1.7m surplus at month 6 as a result of additional non-routine income. The main financial pressures are CYPS Inpatient & Community and LD transformation in Specialist Care and staffing pressures in Community Services through agency staff spending. The staffing overspend at Month 7 across the Trust was £2.6m. The Trust saw a continued reduction in the level of agency spend in month 7. A significant change in spending on temporary staffing (agency, bank and overtime) is required to turn the staffing overspend around. Agency spend is £7.6m at Month 7 which is £1.4m above ceiling trajectory and forecast agency spend is around £10.8m which is £2.2m 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 developed. 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
	6% 15, 94%	10, 100%	10, 100%	10, 100%	1, 7% 13, 93%	1, 14% 6, 86%	2, 25% 6, 75%
	Completion of Risk Assessment (1 patient) within 6 months under performed at a contact level for month 7	All achieved in Month 7	All achieved in Month 7	All achieved in Month 7	IAPT - Numbers entering Treament under performed at a contract level for month 7.	Completion of Crisis & Contingency plans (3 patients)under performed at a contract level for month 7	Completion of Risk assessment (2 patients), Crisis & Contingency within 12 months (1 patient) under performed at a contract level for month 7.

At a glance

1. Compliance

a) NHS Improvement Risk Assessment Framework October 2016

*****Note this is the old RAF format as the Single Oversight Framework provider return format has not yet been published.****

NHS Improvement Risk Assessment Framework Dashboard

Key Indicators:	Standard	Q4 2015-16			Q1 2016-17			Q2 2016-17			Q3 2016-17			Trend	National benchmark	Data Quality
		Jan	Feb QTD	Q4	Apr	May QTD	Q1	July	Aug QTD	Q2	Oct	Nov QTD	Q3			
Governance Risk Rating														▬		
Financial Sustainability Risk Rating		4	4	4	3	3	2	2	2	3	2			▼		
7 day follow up	95%	98.5%	98.3%	98.1%	95.7%	97.2%	97.4%	96.8%	97.1%	97.2%	96.0%			▼	TBC	
Service users on CPA 12 month review	95%	96.0%	97.0%	97.2%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%	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%	99.8%	100.0%			▲	TBC	
EIP 2 week wait	50%	35.3%	76.1%	74.7%	90.3%	88.8%	87.4%	91.7%	85.2%	82.3%	70.6%			▼	TBC	
IAPT 6 week wait	75%	98.4%	98.8%	98.8%	99.6%	99.0%	98.7%	98.0%	98.5%	98.6%	98.6%			▬	TBC	
IAPT 18 week wait	95%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	99.6%	99.8%	99.9%	99.5%			▼	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%			▬	TBC	
Clostridium Difficile objective														▬	TBC	
Delayed Transfers of care	7.5%	2.7%	2.4%	2.3%	2.4%	2.0%	1.8%	2.0%	2.0%	1.8%	3.0%			▼	TBC	
Data Quality : Outcomes	50%	92.4%	92.8%	93.4%	93.4%	93.1%	92.5%	92.7%	92.9%	92.5%	92.2%			▼	TBC	
Data Quality: completeness	97%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.9%	99.8%			▼	TBC	
LD access requirements														▬		
Risk/failure to deliver Commissioner Requested Services		No	No	No	No	No	No	No	No	No	No			▬		
CQC Compliance action outstanding		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			▬		
CQC enforcement action in effect		No	No	No	No	No	No	No	No	No	No			▬		
Moderate CQC concerns		No	No	No	No	No	No	No	No	No	No			▬		
Major CQC concerns		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			▬		

Access — rows: 7 day follow up, Service users on CPA 12 month review, Gatekeeping admissions by CRHT teams, EIP 2 week wait, IAPT 6 week wait, IAPT 18 week wait, RTT waiting times (incomplete), Clostridium Difficile objective

Outcomes — rows: Delayed Transfers of care, Data Quality : Outcomes, Data Quality: completeness, LD access requirements

Data Quality kite marks to be developed by quarter 3

Comments: The Financial Sustainability Risk Rating remains at 2 which represents a material risk, potentially triggering investigation by NHS Improvement.

Legend:
- ■ (green) meeting target
- ■ (red) breaching target
- ▲ improved from last month
- ▬ no change from last month
- ▼ worse than last month

Internal KPIs	Standard							July	Aug QTD	Q2	Oct				National benchmark
Statutory & Essential Training	85%							77.8%	77.8%	77.8%	77.8%				14 of 18 achieved
Information Governance Training	95%							89.6%	88.7%	86.0%	85.1%				
Local Contract Quality Standards	95%							90.6%	96.0%	94.6%	92.0%				69 of 75 achieved
Internal Quality Priorities	90%							71.4%	71.4%	71.4%	71.4%				5 of 7 achieved

Compliance

2. Compliance

b) NHS Improvement Single Oversight Framework

The Single Oversight Framework was implemented on 1st October 2016, evaluating providers' performance against the following 5 themes:

* Quality of care * Finance * Operational Performance * Strategic Change * Leadership & Improvement Capability

Each Trust and Foundation Trust has been 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

NTW has been assigned a shadow segment of "2" – targeted support in response to the current financial position.

Benchmarking comparison:

Segment	all Trusts		MH Trusts	
1	35	15%	12	22%
2	106	45%	37	67%
3	74	31%	6	11%
4	22	9%	0	0%
Total	237	100%	55	100%

Comparison with other providers highlights that mental health trusts are performing stronger against the framework than the overall position, with nearly 90% of MH trusts in segments one and two, compared with 60% overall.

The complete list of MH providers is shown below:

Mental Health Organisation	Region	Segment
2Gether NHS Foundation Trust	South	1
Berkshire Healthcare NHS Foundation Trust	South	1
Cambridgeshire and Peterborough NHS Foundation Trust	Midlands and East	1
Cheshire and Wirral Partnership NHS Foundation Trust	North	1
Hertfordshire Partnership NHS Foundation Trust	Midlands and East	1
Nottinghamshire Healthcare NHS Foundation Trust	Midlands and East	1
Oxford Health NHS Foundation Trust	South	1
South Essex Partnership University NHS Foundation Trust	Midlands and East	1
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Midlands and East	1
Tavistock and Portman NHS Foundation Trust	London	1
Tees, Esk and Wear Valleys NHS Foundation Trust	North	1
Worcestershire Health and Care NHS Trust	Midlands and East	1
5 Boroughs Partnership NHS Foundation Trust	North	2
Avon and Wiltshire Mental Health Partnership NHS Trust	South	2
Birmingham and Solihull Mental Health NHS Foundation Trust	Midlands and East	2
Black Country Partnership NHS Foundation Trust	Midlands and East	2

Compliance

Mental Health Organisation	Region	Segment
Bradford District Care NHS Foundation Trust	North	2
Camden and Islington NHS Foundation Trust	London	2
Central and North West London NHS Foundation Trust	London	2
Cornwall Partnership NHS Foundation Trust	South	2
Coventry and Warwickshire Partnership NHS Trust	Midlands and East	2
Cumbria Partnership NHS Foundation Trust	North	2
Devon Partnership NHS Trust	South	2
Dorset Healthcare University NHS Foundation Trust	South	2
Dudley and Walsall Mental Health Partnership NHS Trust	Midlands and East	2
East London NHS Foundation Trust	London	2
Greater Manchester West Mental Health NHS Foundation Trust	North	2
Humber NHS Foundation Trust	North	2
Kent and Medway NHS and Social Care Partnership Trust	South	2
Lancashire Care NHS Foundation Trust	North	2
Leeds and York Partnership NHS Foundation Trust	North	2
Leicestershire Partnership NHS Trust	Midlands and East	2
Lincolnshire Partnership NHS Foundation Trust	Midlands and East	2
Mersey Care NHS Trust	North	2
North East London NHS Foundation Trust	London	2
North Staffordshire Combined Healthcare NHS Trust	Midlands and East	2
Northamptonshire Healthcare NHS Foundation Trust	Midlands and East	2
Northumberland, Tyne and Wear NHS Foundation Trust	**North**	**2**
Oxleas NHS Foundation Trust	London	2
Pennine Care NHS Foundation Trust	North	2
Rotherham, Doncaster and South Humber NHS Foundation Trust	North	2
Sheffield Health and Social Care NHS Foundation Trust	North	2
Somerset Partnership NHS Foundation Trust	South	2
South London and Maudsley NHS Foundation Trust	London	2
South West London and St George's Mental Health NHS Trust	London	2
South West Yorkshire Partnership NHS Foundation Trust	North	2
Surrey and Borders Partnership NHS Foundation Trust	South	2
Sussex Partnership NHS Foundation Trust	South	2
West London Mental Health NHS Trust	London	2
Barnet, Enfield and Haringey Mental Health NHS Trust	London	3
Derbyshire Healthcare NHS Foundation Trust	Midlands and East	3
Manchester Mental Health and Social Care Trust	North	3
Norfolk and Suffolk NHS Foundation Trust	Midlands and East	3
North Essex Partnership NHS Foundation Trust	Midlands and East	3
Southern Health NHS Foundation Trust	South	3

NHSI will collect information to inform their continuing judgement from a range of sources, including a provider return, MHSDS data, UNIFY2 data, CQC data and other data published by NHS Digital.

Compliance

2. Compliance

c) CQC Update October 2016

CQC Comprehensive Inspection update

- The Trust's Quality Summit took place on the 20 October 2016.
- Action plans on the two 'must dos' have been submitted to the CQC.
- The 50 'should dos' are to be considered at the CQC Quality Compliance Group on the 18 November 2016.

Registration notifications made in the month: none

Mental Health Act Reviewer visits in the month:

02/09/16 Elm House
08/09/16 Cheviot Ward
13/09/16 Embleton Ward
14/09/16 Castleside Ward

The issues below were the common themes that were raised in visits between July and September 2016.

- The quality of care plans was variable in 4 of 8 visits for the period.
- Section 132 rights not being reviewed was an issue in 8 of the 11 visits for the period. Following discussion at the Mental Health Legislation Steering Group a Task and Finish Group will be set up to ensure staff explain a patient's rights to them on admission and routinely thereafter. This work will include community patients who are subject to a CTO.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Norfolk and Suffolk NHS Foundation Trust	July 2016	14/10/16	Requires improvement	The CQC found that there had been considerable progress made since their last inspection in 2014 but the trust was not yet safe in all areas, fully effective or responsive. Its overall rating has risen from 'inadequate' to 'requires improvement'.	here
South Tees Hospitals NHS Foundation Trust	June 2016	28/10/16	Good	This inspection was carried out as part of the CQC's follow-up inspection programme to look at specific areas where the trust was previously rated as 'requires	here

Compliance

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
				improvement' when it was last inspected in December 2014. Following re-inspection the trust has been rated as 'good' overall.	
North East Ambulance Service	April 2016	01/11/16	Good	Overall the CQC rated all of the five key domains as 'good' which meant the overall rating for the trust as also 'good'.	here

CQC Recent News Stories:

Regulatory fees

The CQC are seeking views of care providers and organisations on the regulatory fees being charged from 1 April 2017. Their proposals follow the plans set out by the CQC last year. The consultation period will close on the 11 January 2017.

CQC State of Care 2016 report

This year's State of Care Report has now been published. A copy of the report can be found here. Highlights include:

- Overall ratings suggest that care for people with mental health problems is not good enough and needs to be improved.
- The safety of patients in NHS trusts remains an area of concern, with 40 rated as requires improvement and four rated as inadequate for the key question 'are services safe?'
- Other areas of concern include
  - The safety of ward environments – staff had poor lines of sight and difficulty in observing some parts of the ward, risks from potential ligature anchor points not adequately assessed, mixed-sex accommodation, poor state of repair or decoration and seclusion rooms did not meet modern requirements
  - The safety of patients withdrawing from alcohol and opiates
  - Long-stay patients in mental health wards
  - Providers continuing to apply to register residential services that are not consistent with the new service model for people with a learning disability
  - Accessibility to services – long waits from referral to assessment or referral to treatment in community mental health services especially in child and adolescent mental health services, long waits for specialist psychological therapies, delays in making MHA assessments when people are taken to health-based place of safety, failing to plan discharge for people in rehabilitation and learning disability wards and failure to respond to concerns or compliants
- The Trust's Community Transitions Team and Street Triage service have been highlighted as areas of good practice within the report.

Compliance

3. Contract Update October 2016

a) Quality Assurance – achievement of quality standards October 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
Completion of Risk Assessment (1 patient) within 6 months under performed at a contact level for month 7	All achieved in Month 7	All achieved in Month 7	All achieved in Month 7	IAPT - Numbers entering Treament under performed at a contract level for month 7.	Completion of Crisis & Contingency plans (3 patients)under performed at a contract level for month 7	Completion of Risk assessment (2 patients), Crisis & Contingency within 12 months (1 patient) under performed at a contract level for month 7.

Contracts

3. Contract update October 2016

b) CQUIN update October 2016

CQUIN Scheme:	Annual 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.	green	green	green		While this CQUIN is rated green, there is a risk associated with the level of commissioner involvement in the process to date.
2. Patients & Carers Involvement & Engagement CQUIN	£947,740	To improve the involvement and engagement with carers and service users when they access crisis services.	green	green	green		
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).	green	green	amber		The final outcomes achievement will not be known until January therefore this CQUIN is currently rated amber. The associated financial risk is a maximum of £300k.
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.	green	amber	amber		This CQUIN is rated amber pending clarity on commissioner expectations. The associated financial risk is a maximum of £338k.
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.	green	green	green		
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.	green	green	green		
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.	green	green	green		
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.	green	green	green		
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.	green	green	green		
10. Perinatal Involvement and Support for Partner / Significant Other	£242,280	To develop care plans ensuring 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.	green	green	green		
Grand Total	£6,113,378						

4. Quality Goals/Quality Priorities/Quality Account Update October 2016

Progress towards the quarter three 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:					
			Lead	Q1	Q2	Q3	Q4	Comments
Reduce incidents of harm to patients	1	To embed suicide risk training.	Rajesh Nadkarni	🟧	🟧	🟧		Trajectory for achievement of 85% standard to be established. Currently 84% overall.
	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	🟧	🟧	🟧		This quality priority remains rated as amber while there are stil patients waiting more than 18 weeks for first contact with a team (excluding areas with known pressures, ie CYPS, gender etc). Recent staffing pressures within community CYPS will affect the service's ability to meet the 18 week 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	🟩	🟩	🟩		Rated green however awaiting interpretation of requirements by commisisoners.
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare	🟩	🟩	🟩		Rated green in quarter 2 however there is a risk to the delivery of the 85% trained target in quarter 4 due to the number of trainers available.

Quality Goals & Priorities

5. Monthly Workforce Update October 2016

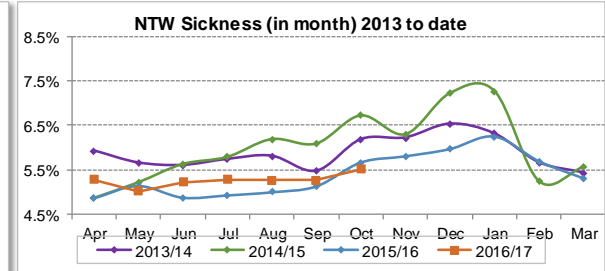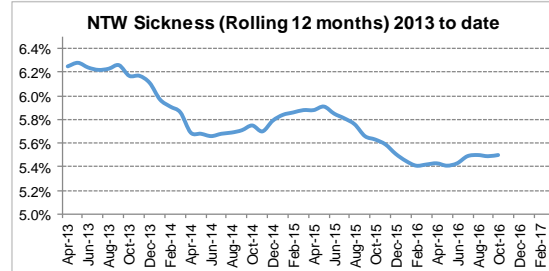## Workforce Dashboard

Training	Standard	M7 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology
Fire Training	85%	85.7%	▼	88.9%	82.1%	89.0%	86.5%	51.6%	84.2%	76.0%
Health and Safety Training	85%	92.9%	▼	97.0%	91.9%	94.7%	92.6%	53.9%	90.3%	84.0%
Moving and Handling Training	85%	93.9%	▼	98.8%	92.0%	96.3%	92.3%	53.9%	95.6%	84.0%
Clinical Risk Training	85%	89.8%	▼	92.6%	89.5%	89.8%			79.4%	
Clinical Supervision Training	85%	79.8%	▼	88.8%	75.1%	81.0%			76.5%	
Safeguarding Children Training	85%	94.0%	▲	97.9%	93.7%	95.2%	93.2%	54.7%	93.7%	84.0%
Safeguarding Adults Training	85%	91.4%	▼	96.0%	91.9%	90.8%	91.2%	56.3%	91.3%	88.0%
Equality and Diversity Introduction	85%	93.1%	—	96.3%	92.5%	94.9%	93.4%	54.7%	88.8%	80.0%
Hand Hygiene Training	85%	91.9%	▼	96.2%	91.5%	94.4%	90.5%	53.1%	87.1%	72.0%
Medicines Management Training	85%	87.4%	▼	91.2%	86.6%	86.2%	92.9%		82.4%	
Rapid Tranquilisation Training	85%	83.6%	▼	92.1%		81.7%			58.8%	
MHCT Clustering Training	85%	83.9%	▼	75.6%	69.9%	53.8%				
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	77.9%	▼	87.4%	79.2%	78.4%			58.3%	
Seclusion Training (Priority Areas)	85%	93.9%	▲	96.2%		92.9%				
Dual Diagnosis Training (80% target)	80%	86.4%	▼	93.3%	89.4%	88.0%			63.6%	
PMVA Basic Training	85%	87.9%	▲	92.0%		93.7%			72.3%	
PMVA Breakaway Training	85%	89.7%	▲	100.0%	85.2%	94.6%				
Information Governance Training	95%	85.1%	▼	91.3%	82.3%	87.4%	84.9%	37.5%	85.2%	64.0%
Records and Record Keeping Training	85%	97.7%	▲	99.7%	98.4%	98.8%	95.8%	59.4%	98.8%	96.0%

Behaviours and Attitudes	Target	M7 position	Trend
Appraisals	85%	80.9%	▼
Disciplinaries (new cases since 1/4/16)		72	
Grievances (new cases since 1/4/16)		37	

Recruitment, Retention & Reward	Target	M7 position	Trend
Corporate Induction	100%	100.0%	—
Local Induction	100%	89.3%	▼
Staff Turnover	<10%	7.8%	▲
Current Headcount		6331	

Best Use of Resources	Target	M7 position	Trend
Agency Spend		£851,881	▼
Admin & Clerical Agency (included in above)		£151,336	▲
Overtime Spend		£200,242	▼
Bank Spend		£586,977	▲

Managing Attendance	Target	M7 position	Trend
In Month sickness	<5%	5.52%	▲
Short Term sickness (rolling)		1.35%	
Long Term sickness (rolling)		4.13%	
Average sickness (rolling)	<5%	5.5%	—

Legend:
- Performance at or above target (green)
- Performance within 5% of target (orange)
- Under-performance greater than 5% (red)
- ▲ Better than previous month
- — Same as previous month
- ▼ Worse than previous month

Comments:

Appraisals have decreased further this month to 80.9% from 82.8% last month and remain below the 85% standard.
In October the trend for training shows a decrease across the majority of training
The in month sickness has increased slightly this month and rolling 12 month sickness figures remains the same

NTW Sickness (Rolling 12 months) 2013 to date

NTW Sickness (in month) 2013 to date

Legend: 2013/14, 2014/15, 2015/16, 2016/17

Workforce

6. Finance Update October 2016

Financial Performance Dashboard

NTW Income & Expenditure

	Plan £m	YTD £m	Variance £m
Income	179.9	181.0	(1.1)
Pay	(141.8)	(144.4)	2.6
Non Pay	(27.0)	(27.3)	0.3
EBITDA	**11.1**	**9.4**	**1.7**
Cost of Capital	(7.7)	(7.1)	(0.6)
Surplus/(Deficit)	**3.4**	**2.3**	**1.1**

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	14.7	12.2	2.5
Community Services	11.7	10.9	0.8
Inpatient Care	19.1	19.4	(0.3)
Central	(42.1)	(40.2)	(1.9)
Surplus/(Deficit)	**3.4**	**2.3**	**1.1**

Key Indicators	Current
Risk Rating	2
Agency Spend	£7.6m
FDP Delivery	£3.5m
Cash	£15.0m
Capital Spend	£7.4m

Agency Spend Month 7

Financial Delivery Plan 2016/17
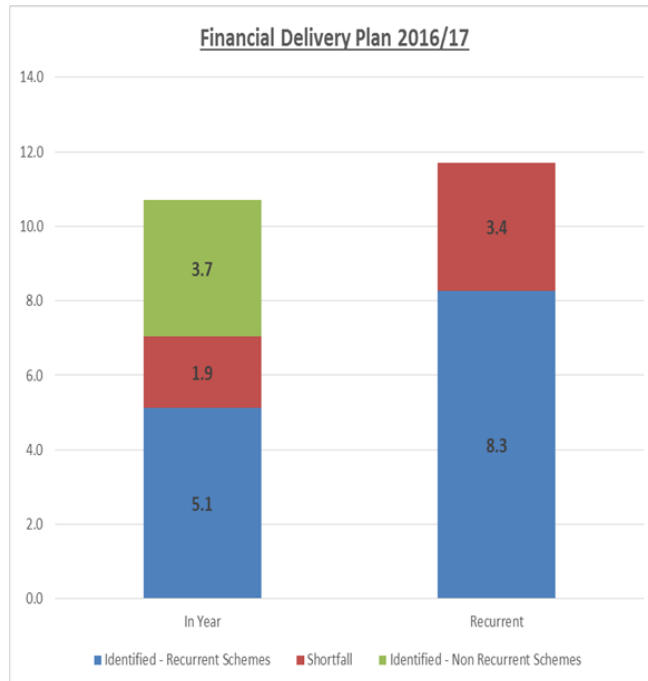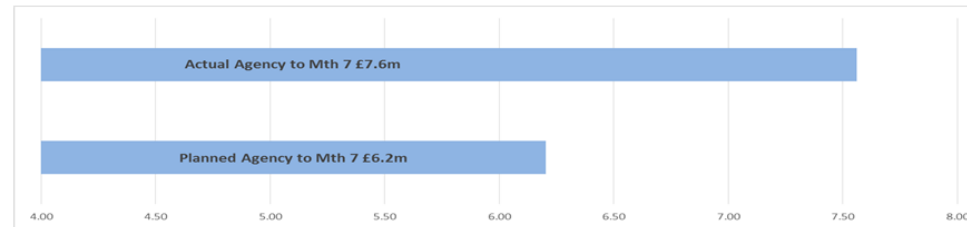
Key Issues/Risks

- £2.3m Surplus at Mth 7 – This is £1.1m less than the planned surplus of £3.4m. The surplus has increased by £0.6m due to non-routine income and STF funding.
- Control Total – The Trust is forecasting delivery of its £6.5m Control Total. 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 – New Use of Resources rating is a 2 and the year-end forecast rating is also a 2.
- Pay overspent by £2.6m - this position needs to be turned around quickly if the Trust is to improve its financial position and meet its control total.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £2.5m above their control total at month 7. Also Community Services are £0.8m above their control total at month 7.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 7 is £7.6m which is £1.4m over the planned trajectory. Forecast spend is around £10.8m.
- Financial Delivery Plan - £3.5m of the planned £4.7m delivered at month 7.
- Cash – £15.0m at month 7 (£4.1m below plan). Forecast is £24.2m (£0.4m below plan).
- Capital Spend - £7.4m (£5.2m below plan). Forecast is £12.9m (£8.7m below plan).

Finance

Agency Dashboard – Month 7 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 1st 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 Mth7 was £7.6m which is £1.4m above plan. Forecast spend is around £10.8m which is £2.2m above our ceiling.

6. The number of price cap breaches has reduced significantly in recent months. The Trust was reporting 414 down to 282 breaches a week from April to July following the last reduction in the caps. As at 1st August the Trust advised Social Workers and Community nursing agency staff that we would only pay at capped rates. As a result nursing & SW breaches reduced to only a few specific staff. Medical breaches are down from 39 per week in April to 24 per week as the practice now is that agency medics are brought in at or below capped rates.

	Year to date - Mth 7			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	2.2	2.2	1.1	5.4
Community	3.2	0.7	0.1	4.0
Inpatients	1.4	2.1	0.1	3.6
Support Services	0.8	0.0	0.3	1.1
	7.6	**5.0**	**1.7**	**14.2**

Monitor Agency Price Cap Breaches (Number of shifts)

Staff Group	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 37-41	Wk 42-45	Wk 46	Wk 47	Wk 48	Wk 49
	23/11-3/1	4/1-31/1	1/2-22/2	29/2-27/3	28/3-25/4	2/5 - 23/5	30/5-20/6	27/6-25/7	1/8 - 29-8	5/9-26/9	3/10	10/10	17/10	24/10
Medical	13	0	102	30	218	184	173	247	190	70	22	22	24	24
Nursing	26	13	15	3	1,283	670	586	665	50	30	5	5	5	5
Psychology & SW	37	24	195	0	200	578	609	663	65	40	10	10	10	10
Total	76	37	312	33	1,701	1,432	1,368	1,575	305	140	37	37	39	39

Finance