

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting


Meeting Date: 25 January 2017

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 9 December 2016) – 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 remains assigned to segment 2 by NHS Improvement as assessed against the Single Oversight Framework (SOF). A self assessment of quarter 3 performance against both the old Risk Assessment Framework and the SOF is included within this report (pages 7-9).
- Data Quality Kite Marks  have been implemented within this report this month, in response to recommendations made in the Governance review undertaken last year. These provide a visual summary of how a quality standard meets different aspects of data quality and an explanation of these is provided on pages 4-6.
- At Month 9, the Trust has a surplus of £5.5m which is £0.8m ahead of our revised plan due to a £1.5m gain on disposal being achieved a month ahead of plan. The Trust is currently assuming it can deliver its control total which requires Groups and directorates to continue to reduce both pay and non-pay spend. The financial position has improved from a £2.8m surplus at month 8 mainly due to a reduction in pay spend in December and the gain on disposal. The main financial pressures are CYPS In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. The staffing overspend at Month 9 across the Trust was £0.9m and agency spend in month 9 was lower than previous months. Spending on temporary staffing (agency, bank and overtime) needs to continue to reduce. See pages 19-20
- Most CCG contracts achieved all quality standards for the quarter, the exceptions being Sunderland CCG 7 day follow up contacts, and Cumbria CCG CPA metrics. The NHS England contract requirements were fully achieved. (page 12)
- Note that as at 23.12.2016, all commissioner 2017-19 contracts with the exception of Northumberland CCG, were either signed or agreed in principle. All agreed contracts are subject to 2.1% uplift, 2% efficiency and 2.5% CQUIN. (page 14)
- All CQUINs are internally assessed as achieved within the quarter, pending agreements with commissioners. (page 13)
- Six of the seven quality priorities have been fully achieved in the quarter, while one (waiting times) remains RAG rated as amber. (page 17)

- The Accountability Framework for each group is rated as 3 for quality governance for quarter three. The Specialist Group is currently rated as 4 (highest risk) for finance (nb the finance ratings now reflect the Single Oversight Framework). Page 25
- Reported appraisal rates have improved in the month from 80.8% to 82.7% (p18)
- The in month sickness absence rate has increased to 5.95%, in line with seasonal trends. The 12 month rolling average sickness rate is now 5.5%. (p18)
- Training rates have continued to improve across a number of courses during December 2016, with most courses above the required standard. The two courses more than 5% below the required standard are Information Governance & MHA/MCA/DOLS combined training. (p18)
- The Trust participated in a Health Education England benchmarking exercise, reviewing the national CAMHS workforce. The recently published findings of this exercise have been summarised within this report, including an assessment of the NTW CYPS workforce with the national findings.(pages 21-22)
- Note that the CQC has published a consultation on the next phase of developing its regulatory model, and CQC and NHS Improvement have also issued a joint consultation on developing a shared well-led framework on their combined approach to assessing the use of resources by trusts. Both consultations are due to close on the 14 February 2017 and separate briefings have been prepared for consideration by the Corporate Decisions Team.
- Reported complaint, incidents and serious incidents have all decreased in the month, in line with previous December trends. (pages 23-24)
- The Trust's FFT score decreased from 79% to 73% in December 2016. Note that a new format for the Points of You experience survey incorporating the Friends and Family test into a universal survey suitable for use by both service users and carers is being implemented in January 2017. The introduction of the new surveys is also to be complemented with a centralised mailshot process whereby certain service users will also be posted PoY surveys. To support the feedback cycle a PoY dashboard is in development and to reduce burden on clinical services, data entry of feedback received will be undertaken by the Commisisoning & Quality Assurance team. (page 28)

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 Planning Guidance and standard contract

NTW Integrated Commissioning & Quality Assurance Report

2016-17 Month 9 (December 2016)

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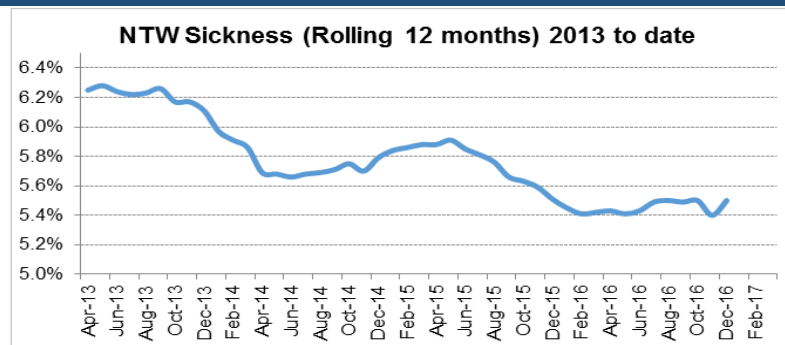
NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 9:	Financial Sustainability Risk Rating Month 9:	<p>NHS Improvement have recently confirmed that the Trust's assigned shadow segment under the Single Oversight Framework remains at "2" (targeted support).</p> <p>Performance against the previous risk assessment framework remains green (lowest risk for Governance). 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>
		Green	2	

Quality Priorities:	Quarter 3 forecast achieved:	Quarter 3 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and in quarter 3 all have been fully achieved with the exception of waiting times.
	6	1	

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. All quarter 3 requirements have been achieved and no risks to delivery identified.
	10	0	

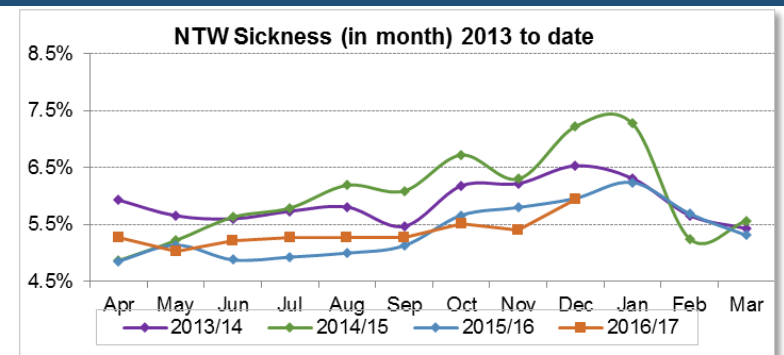
Workforce:	Statutory & Essential Training:			Information Governance continues to be an area for improvement at 85.5%. The MHA, MCA and DOLs training is now reported as a combined total at 77.9%.	Appraisals: Appraisal rates have increased to 82.7% in December 16 (was 80.8% last month).
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	15	2	2		

Sickness Absence:



The "in month" sickness absence rate is now reported above the 5% target at 5.95% in December 2016

The rolling 12 month sickness average has increased to 5.5% in the month



Finance:

At Month 9, the Trust has a surplus of £5.5m which is £0.8m ahead of our revised plan due to a £1.5m gain on disposal being achieved a month ahead of 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 its control total which requires Groups and directorates to continue to reduce both pay and non-pay spend. The financial position has improved from a £2.8m surplus at month 8 mainly due to a reduction in pay spend in December and the gain on disposal.

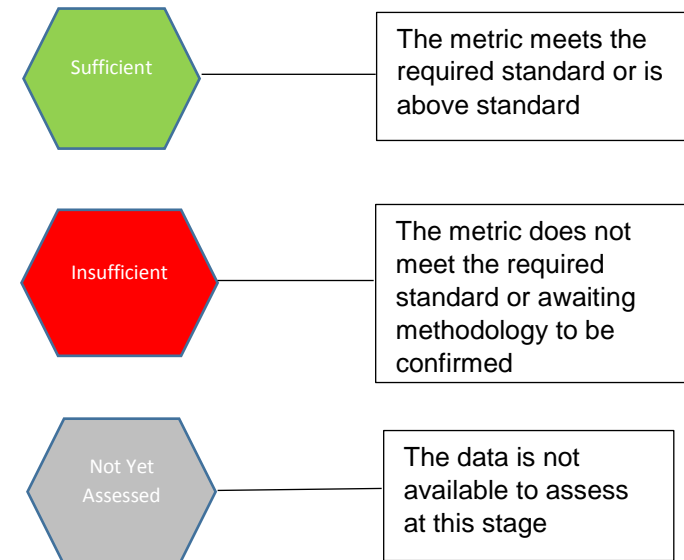
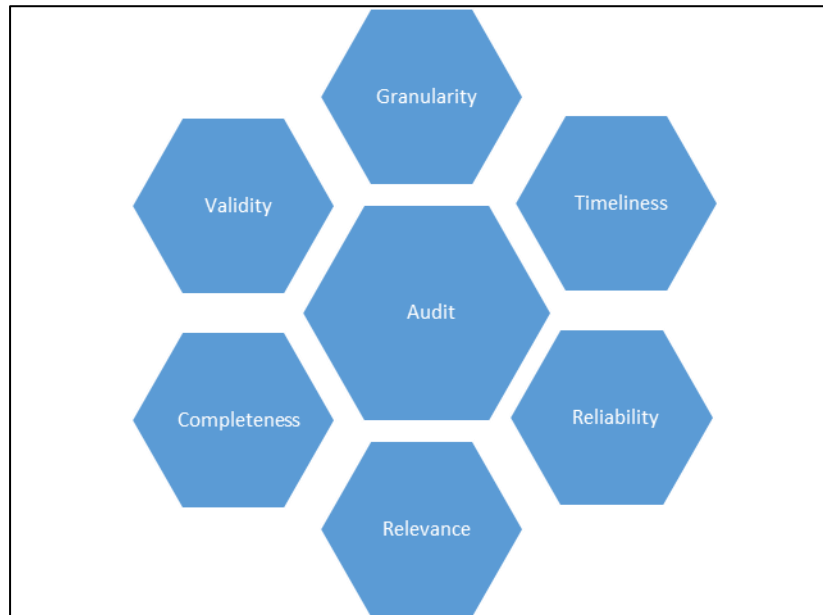
The main financial pressures are CYPs In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. The staffing overspend at Month 9 across the Trust was £0.9m and agency spend in month 9, was lower than previous months. Spending on temporary staffing (agency, bank and overtime) needs to continue to reduce to achieve the control total and to get staffing levels down to budgeted establishments. Agency spend is £9.0m at Month 9 which is £1.8m above ceiling trajectory and forecast agency spend is around £11.3m which is £2.7m above the Trust’s ceiling. Work is on-going 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 both pay and non-pay 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, 10 0%</p>	<p>10, 100 %</p>	<p>10, 100 %</p>	<p>10, 100 %</p>	<p>12, 86 %</p> <p>2, 14 %</p>	<p>7, 100 %</p>	<p>6, 75 %</p> <p>2, 25 %</p>
All achieved in Month 9	All achieved in Month 9	All achieved in Month 9	All achieved in Month 9	7 day follow up (2 patients) and IAPT KPI 4 underperformed at a contract level for month 9 and against the quarter	All achieved in Month 9	Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 9 and against the quarter.

2. Data Quality Kite Marks

Data Quality Kite Mark Assessment



Each metric has been assessed using the seven elements listed in blue to provide assurance that the data quality meets the standard of sufficient, insufficient or Not Yet Assessed

Data Quality Kite Mark – This page provides guidance relating to how the metrics have been assessed within NHS Improvements, Single Oversight Framework and Contract Standards

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Timeliness	Is the data the most up to date and validated available within the system?	The data is the most up to date available	Data is not available for the current period due to problems with the system or process	The data is not the most up to date and decisions may be made on inaccurate data	Understand why the data was not completed within given timeframes. Report this to relevant parties as required
Granularity	Can the data be broken down to different levels e.g. Available at Trust level down to client level?	Where relevant the Trust has the ability to drill down into the data to the correct level	The Trust is unable to drill down into the data to the correct level	It is not possible to drill down to the relevant level of data to understand any issues	Work with relevant teams to ensure the data can be broken down to varying levels
Completeness	Does the data demonstrate the expected number of records for that period?	There is assurance that effective controls are in place to ensure 100% of records are included within the metrics as required and no individual records are excluded without justification	There is inadequate assurance or no assurance that effective controls are in place to ensure 100% of records are included within the metrics	Performance cannot be assured due to the level of missing data	Understand why the data was not complete and request when the data will be updated. Report this to relevant parties as required

Data Quality Indicator	Definition	Sufficient	Insufficient	What does it mean if the indicator is insufficient	Action if metric is insufficient
Validity	Is the data validated by the Trust to ensure the data is accurate and compliant with relevant rules and definitions?	The Trust have agreed procedures in place for the validation and creation of new metrics and amendments to existing metrics	A metric is added or amended to the dashboard without the correct procedures being followed	The data has not been validated therefore performance cannot be assured	The metrics are regularly reviewed and updated as appropriate
Audit	Has the data quality of the metric been audited within the last three years?	The data quality of the metric has been audited within the last three years	The metric has not been audited within the last 3 years	The system and processed have not been audited within the last three years therefore assurance cannot be guaranteed	Ensure metrics that are outside the three year audit cycle are highlighted and completed within the next year. Review the rolling programme of audit
Reliability	The process is fully documented with controls and data flows mapped	Mostly a computerised system with automated controls	Mostly a manual system with no automated controls	Process is not documented and/or for manual data production controls and validation procedures are not adequately detailed	Ensure processes are reviewed and updated accordingly and changes are communicated to appropriate parties
Relevance	The indicator is relevant to the measurement of performance against the Performance question, strategic objective, internal, contractual and regularity standards	This indicator is relevant to the measurement of performance	This indicator is no longer relevant to the measurement of performance	The metric may no longer be relevant to the measurement of standards	Ensure dashboards are reviewed regularly and metrics displayed are relevant and updated or retired if no longer relevant

3. Compliance

b) NHS Improvement Single Oversight Framework

The Single Oversight Framework was implemented on 1st October 2016, evaluating providers' performance.

NTW remains assigned a shadow segment of “2” – targeted support in response to the current financial position.

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.

The table overleaf shows the range of monitoring information for the “Operational Performance” theme, and a self assessment of NTW performance against the standards. While most are achieved, there are some areas of risk identified.

NHSI have not yet required Trusts to provide a self assessment of performance against the framework.

Self assessment against the “operational performance” metrics included within the Single Oversight Framework:

Nb 16-17 quarter 3 to date has been used

Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 3 to date 1617 self assessment	NTW % as per most recently published MHSDS/RTT/EIP/IAPT data	National % from most recently published MHSDS data	Comments. NB those classed as "NEW" were not included in the previous framework	Data Quality Kite Mark Assessment
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	

3. Compliance

c) CQC Update December 2016

CQC Comprehensive Inspection update

- Action plans on the two 'must dos' have been submitted to the CQC.
- Action plans on the 50 'should dos' are being considered within the group management and governance structures.
- The CQC monthly monitoring submissions continue to be submitted to the CQC.

Registration notifications made in the month:

The CQC was notified of the closures of Hadrian Ward and Woodside Ward and of the opening of Mitford Unit on the Northgate Hospital site on the 6 December 2016.

Mental Health Act Reviewer visits in the month:

Hepple House – 25/11/16

Section 132 rights not being revisited at regular intervals continues to be a theme from MHA Reviewer Visits (issue was not identified at Hepple House). A Task and Finish Group has been set up to ensure staff explain a patient's rights to them on admission and routinely thereafter. This work includes 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
Sussex Partnership NHS Foundation Trust	September 2016	23/12/16	Requires improvement	Following re-inspection the trust's overall rating remains as 'requires improvement'. Overall, the CQC concluded that the trust has made improvements in some areas however remains in breach of a number of regulations.	here

CQC Recent News Stories:

Consultations

The CQC has published a consultation on the next phase of developing its regulatory model in line with the direction of travel outlined in its five year strategy for 2016 to 2021. Alongside this, the CQC and NHS Improvement have also issued a joint consultation on developing a shared well-led framework on their combined approach to assessing the use of resources by trusts. Both consultations are due to close on the 14 February 2017 and separate briefings have been prepared for consideration by the Corporate Decisions Team.

3. Compliance

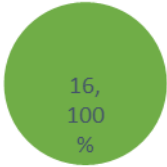



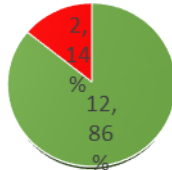
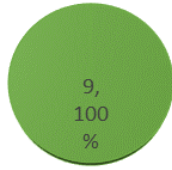
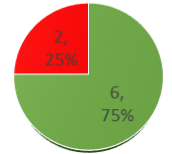







d) National Access & Outcomes Development Update

Please note that performance against RTT, EIP and IAPT waiting times is covered in the Monitor section of the report. Performance against MDT waits and other local access requirements (eg Gender Dysphoria, ADHD) are included within the quarterly quality priority update to CDT-Q.

No update this month.

4. Contract Update December 2016

a) Quality Assurance – achievement of quality standards December 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
 <p>16, 100 %</p> <p>All achieved in Month 9</p>	 <p>10, 100 %</p> <p>All achieved in Month 9</p>	 <p>10, 100 %</p> <p>All achieved in Month 9</p>	 <p>10, 100 %</p> <p>All achieved in Month 9</p>	 <p>12, 86 %</p> <p>2, 14 %</p> <p>1, 8 %</p> <p>7 day follow up (2 patients) and IAPT KPI 4 underperformed at a contract level for month 9 and against the quarter</p>	 <p>9, 100 %</p> <p>All achieved in Month 9</p>	 <p>6, 75 %</p> <p>2, 25 %</p> <p>Completion of Risk assessment (2 patients), Crisis & Contingency and CPA review within 12 months (1 patient) under performed at a contract level for month 9 and against the quarter</p>
 <p>Part of the contract data provided to NHS England is manually collated therefore not achieving full kite mark status</p>						

4. Contract update December 2016

b) CQUIN update December 2016

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1. Embedding Clinical Outcomes	£947,740	To further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.					
2. Patients & Carers Involvement & Engagement CQUIN	£947,740	To improve the involvement and engagement with carers and service users when they access crisis services.					
3. Measuring effectiveness in Community Children and Young Peoples Services	£1,196,261	This approach will provide a first step in work towards an outcome based contract for the future and is in keeping with the recent report of the Children and Young People's Mental Health Taskforce Future in Mind (March 2015).					
4. Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	£1,351,969	Providers will be assessed against quarterly implementation of governance-focused requirements.					
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.					
Grand Total	£6,113,378						

4. Contract update December 2016 2017-18 NHS Standard Contract

The planning guidance for 2017-18 was earlier than in previous planning cycles, to facilitate early contract sign off and allow enhanced planning prior to the start of the new financial year. All contracts, with the exception of Northumberland CCG, were either signed or agreed in principle by 23rd December 2016, in line with national timescales.

All agreed contracts have applied 2.1% uplift, 2% efficiency and 2.5% CQUIN – of which, 1% is to be withheld as a reserve dependent upon STP progress and compliance with agreed control totals.

The current agreed contract values are as follows:

NEWCASTLE GATESHEAD CCG	£61.4m
NORTHTYNESIDE CCG	£19.0m
NORTHUMBERLAND CCG	not yet signed
SOUTH TYNESIDE CCG	£21.6m
SUNDERLAND CCG	£49.0m
NHS ENGLAND	£50.5m, plus £1.4m for Health & Justice services
DURHAM & TEES CCGs	note these contracts are cost per case

Quality Standards, Information Requirements, Service Development Improvement Plans (SDIPs) and Data Quality Improvement Plans (DQIPs) have been included within agreed contracts, along with agreement to review service specifications.

4. Contract update December 2016

a) NHS England Quarter 3 Service Development Improvement Plan

	Milestones	Progress
Adult Eating Disorder Intensive Day Service	Review the existing Eating Disorder Intensive Day Service pathway	Pathways into and out of REDS Intensive Day Service have been reviewed and a process to improve access and ensure flexibility for patients has been agreed. Work is ongoing with wider NTW colleagues to consider the Access and Waiting Time Standard along with the associated commissioner guidance for those aged 18-19 years with an eating disorder or suspected eating disorder to consider the service and delivery impact. Work is ongoing in relation to roles of specialist practitioners in the team.
Alnwood Transition	The service and commissioners to work together to agree a revised model of clinical delivery and to agree a bed configuration in line with the current budget and agreed reduction in activity level/ bed occupancy for 16/17.	The team around the child model is in place on Ashby for the mental health patients. This is having a positive impact on the number of incidents involving these young people. Issues remain with the bespoke package of care on Wilton Ward although a discharge date has been agreed for February 2017. This is having a continued impact on the services capacity to respond to referral requests at the current time due to the ongoing damage to seclusion facilities.
Gender Dysphoria Service	The service will work in collaboration with NHS England to develop achievable timescales for meeting the action plan agreed in 2015/16 following investment by NHS England to meet 18 week waiting times target agreed between both parties.	All posts are now successfully recruited into allowing for an increase in initial assessments and improving capacity within the team in relation to caseloads and supporting patients through the appropriate care pathway. The DNA rate continues to be low at 18%. Patient waits remain at 12 months and referral rates continue to increase.
Mental Health Forensic Outreach and Outpatient Service	The service will work with the commissioners to identify the range of activities delivered by each of these elements of service provision.	See below. This will be covered in the 17/18 SDIP
Agree level of contact activity for all block contracts and process for review/revision of these in year	Provisional contact activity put in place for block contracts to be reviewed and revisions to be agreed where necessary	A level of contact activity has been agreed between NTW and commissioners for 17/18 with elements needing further exploration and understanding being picked up in the 17/18 SDIP. These include a better understanding of the forensic community pathway and CMHT provision alongside a review of CNDS contacts to ensure all activity is being captured in the most meaningful way.
Wards 1a and 1b neuro rehab at Walkergate Park	Specialised Commissioning and NTW to work together to negotiate and agree and a local weighted bed day tariff for wards 1a and 1b.	An agreement has been reached on a C&V basis for the 17/18 contract. This will be monitored and reviewed via the monthly contract meeting

4. Contract update December 2016

b) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			55.8%	56.0%	56.2%	56.7%	56.6%	56.8%	56.8%	57.2%	57.4%			
Current Service Users on CPA			11.3%	11.2%	11.1%	10.9%	10.7%	10.7%	10.7%	10.6%	10.7%			
Current in scope patients assigned to a cluster			87.6%	88.0%	88.0%	88.0%	87.8%	87.4%	87.1%	87.3%	87.4%			
Number of initial MHCT assessments that met the mandatory rules			85.9%	84.4%	86.7%	85.0%	85.3%	87.4%	84.6%	83.7%	83.0%			
Number of Current Service Users within their cluster review threshold		100%	81.7%	82.5%	82.0%	81.3%	80.2%	79.1%	77.9%	78.2%	78.3%			
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	94.4%	94.2%	93.8%	93.7%	93.3%	93.0%	93.2%	93.1%	92.8%			
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.1%	93.9%	93.3%	93.8%	93.6%	93.7%	93.2%	93.6%	93.5%			
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	73.0%	71.2%	75.7%	76.1%	73.5%	72.8%	75.1%	76.5%	67.6%			
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		100%	47.9%	47.1%	49.5%	47.8%	51.9%	57.1%	46.9%	47.6%	46.4%			
Current Service Users on CPA reviewed in the last 12 months	95%	95%	97.1%	95.9%	96.2%	95.8%	96.6%	96.9%	96.6%	96.4%	97.0%			

5. Quality Goals/Quality Priorities/Quality Account Update December 2016

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

Six of the seven priorities are currently rated green, one is rated amber and none are rated red against the Quarter 3 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					Currently at 85.6% - attaining the 85% trained trajectory.
	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 still patients waiting more than 18 weeks for first contact with a team (excluding areas with known pressures, ie CYPS, gender etc).
	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					Rated green in quarter 3 however there is a risk to the delivery of the 85% trained target in quarter 4.

6. Monthly Workforce Update December 2016

Workforce Dashboard											Behaviours and Attitudes		
Training	Standard	M9 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Target	M9 position	Trend
Fire Training	85%	88.6%	▲	91.1%	88.0%	91.3%	86.3%	51.3%	89.2%	76.9%	85%	82.7%	▲
Health and Safety Training	85%	93.2%	▼	97.7%	92.6%	95.0%	91.4%	59.1%	91.1%	80.8%		101	
Moving and Handling Training	85%	94.1%	▼	98.9%	92.5%	96.6%	91.1%	58.3%	95.9%	84.6%		39	
Clinical Risk Training	85%	90.4%	▲	92.8%	89.1%	91.9%			78.4%				
Clinical Supervision Training	85%	80.2%	▼	86.4%	76.8%	81.1%			80.4%				
Safeguarding Children Training	85%	95.0%	▲	98.3%	94.8%	96.2%	94.1%	59.1%	95.0%	84.6%			
Safeguarding Adults Training	85%	92.7%	▲	96.6%	93.0%	91.8%	92.9%	61.7%	93.5%	88.5%			
Equality and Diversity Introduction	85%	94.2%	▲	97.5%	93.8%	95.4%	94.7%	60.0%	89.7%	80.8%			
Hand Hygiene Training	85%	93.1%	▲	96.4%	93.0%	95.5%	91.2%	58.3%	89.2%	73.1%			
Medicines Management Training	85%	88.5%	▲	92.9%	86.5%	88.4%	90.7%		85.3%				
Rapid Tranquilisation Training	85%	83.9%	▲	91.2%		83.3%			59.8%				
MHCT Clustering Training	85%	85.3%	▲	77.9%	89.9%	49.7%							
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	77.9%	▲	86.4%	79.4%	78.9%			56.0%				
Seclusion Training (Priority Areas)	85%	95.8%	▲	97.3%		94.8%							
Dual Diagnosis Training (80% target)	80%	87.2%	▲	93.4%	90.3%	88.4%			62.4%				
PMVA Basic Training	85%	89.0%	▼	93.3%		93.2%			74.9%				
PMVA Breakaway Training	85%	90.1%	▲	100.0%	86.4%	94.4%							
Information Governance Training	95%	85.5%	▲	91.0%	83.7%	88.4%	83.2%	42.6%	84.4%	65.4%			
Records and Record Keeping Training	85%	98.3%	▲	99.7%	98.8%	99.2%	96.7%	66.1%	99.3%	96.2%			

Recruitment, Retention & Reward			
Target	M9 position	Trend	
100%	100.0%	—	Corporate Induction
100%	90.3%	▲	Local Induction
<10%	7.8%	▲	Staff Turnover
	6296		Current Headcount

Best Use of Resources			
Target	M9 position	Trend	
	£589,067	▲	Agency Spend
	£124,645	▼	Admin & Clerical Agency (included in above)
	£188,918	▲	Overtime Spend
	£537,732	▲	Bank Spend

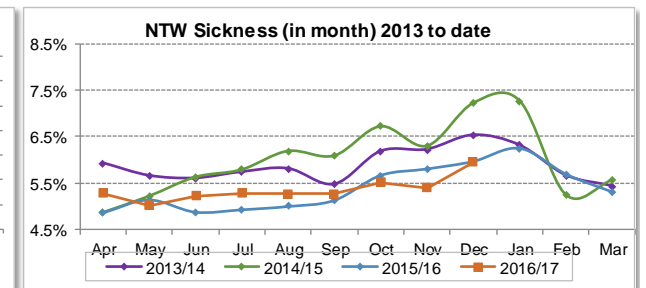
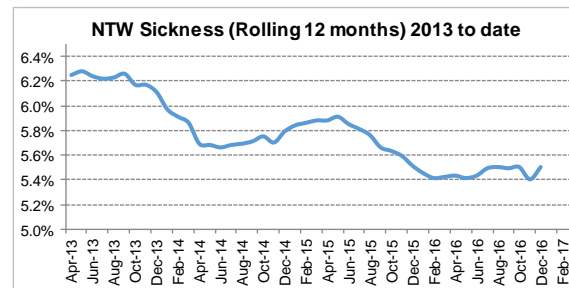
Managing Attendance			
Target	M9 position	Trend	
<5%	5.95%	▼	In Month sickness
	1.45%		Short Term sickness (rolling)
	4.06%		Long Term sickness (rolling)
<5%	5.5%	▼	Average sickness (rolling)

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

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

Comments:

Appraisals have increased this month to 82.7% from 80.8% last month and remain below the 85% standard .
 In December the trend for training shows an increase across the majority of training
 The in month sickness has increased during the month to 5.95% and the rolling 12 month sickness figures has also increased slightly



7. Finance Update December 2016

Financial Performance Dashboard

NTW Income & Expenditure

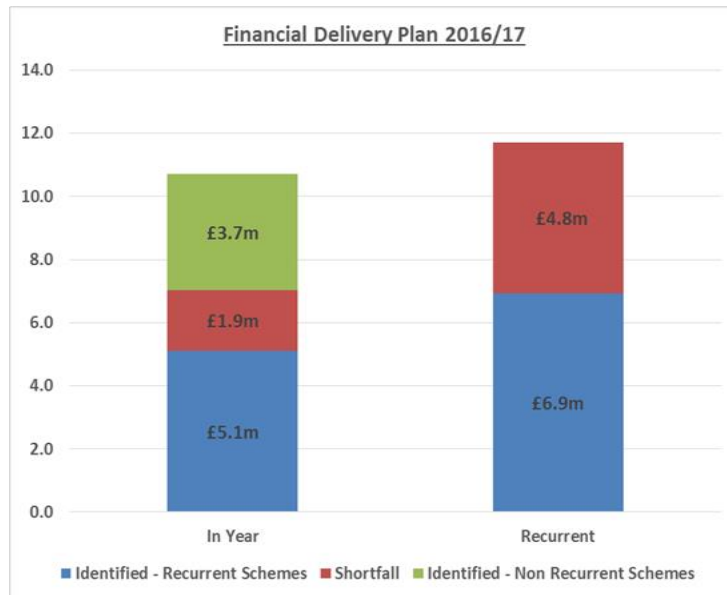
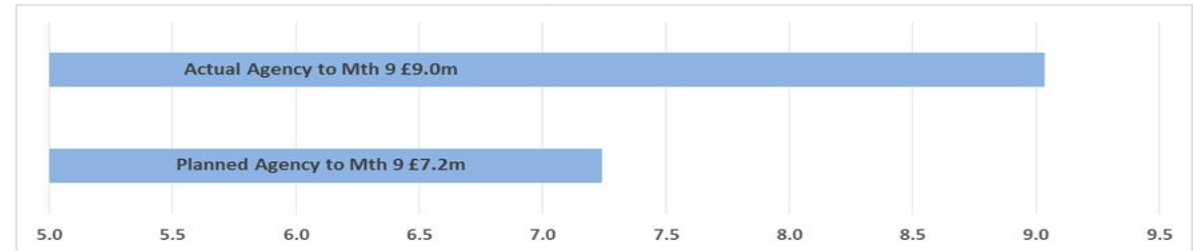
	Plan £m	YTD £m	Variance £m
Income	233.2	233.5	(0.3)
Pay	(184.3)	(185.2)	0.9
Non Pay	(34.3)	(35.2)	0.9
EBITDA	14.6	13.1	1.5
Cost of Capital	(9.9)	(9.1)	(0.8)
Surplus/(Deficit)	4.7	4.0	0.7
Gain on disposal		1.5	(1.5)
Surplus/(Deficit)	4.7	5.5	(0.8)

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	19.3	16.9	2.4
Community	15.1	14.2	0.9
Inpatient Care	24.0	24.7	(0.7)
Central	(53.7)	(51.8)	(1.9)
Surplus/(Deficit)	4.7	4.0	0.7
Gain on disposal		1.5	1.5
Surplus/(Deficit)	4.7	5.5	(0.8)

Key Indicators	Current
Risk Rating	2
Agency Spend	£9.0m
FDP Delivery	£4.9m
Cash	£13.8m
Capital Spend	£8.8m

Agency Spend Month 9



Key Issues/Risks

- £5.5m Surplus at Mth 9 – This is £0.8m ahead of the planned surplus due to a gain on disposal of £1.5m which has been delivered a month ahead of plan (£1.5m planned increase in January).
- Control Total – The Trust is forecasting delivery of its £6.5m Control Total. This is based on some material assumptions including the gain on disposal counting towards the control total, delivery of financial recovery plans, reductions in pay spend 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 is overspent by £0.9m. Pay costs reduced in December and monthly pay spend needs to continue to reduce if the Trust is to meet its control total this year and next year.
- 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 9. Community Services are also £0.9m above their control total at month 9.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 9 is £9.0m which is £1.8m over the planned trajectory. Forecast spend is around £11.3m.
- Financial Delivery Plan - £4.9m of the planned £6.3m savings achieved at month 9.
- Cash – £13.8m at month 9 (£6.8m below plan). Forecast is £22.4m (£2.4m below plan).
- Capital Spend - £8.2m (£6.1m below plan). Forecast is £12.7m (£8.9m below plan).

Agency Dashboard – Month 9 2016/17

Key issues

1. Monitor introduced capped rates for Agency staff in November 2015 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 Mth9 was £9.0m which is £1.8m above plan. Forecast spend is around £11.34m which is £2.7m 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. From 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 around 20 per week as current practice now is that agency medics are brought in at or below capped rates.

Group	Year to date - Mth 9			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
Specialist	2.7	3.0	1.4	7.1
Community	3.8	0.8	0.2	4.7
Inpatients	1.6	2.3	0.1	4.1
Support Services	1.0	0.0	0.4	1.4
	9.0	6.2	2.1	17.3

Monitor Agency Price 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 37-41	Wk 42-45	Wk 46-49	Wk 50-54	Wk 55	Wk 56	Wk 57	Wk 58
Staff Group	23/11-3/1	4/1-31/1	1/2-22/2	29/2-27/3	28/3-25/4	2/5 - 23/5	30/5-20/6	27/6-25/7	1/8 - 29-8	5/9-26/9	3/10-24/10	31/10-28/11	5/12	12/12	19/12	26/12
Medical	13	0	102	30	218	184	173	247	190	70	92	107	19	21	29	29
Nursing	26	13	15	3	1,283	670	586	665	50	30	20	25	5	5	5	5
Psychology & SW	37	24	195	0	200	578	609	663	65	40	40	45	5	5	5	5
Total	76	37	312	33	1,701	1,432	1,368	1,575	305	140	152	177	29	31	39	39

8. Outcomes/Benchmarking/National datasets update

Benchmarking:

CAMHS Workforce Audit 2016

Summary Report

Background

The NHS Benchmarking Network were commissioned by Health Education England (HEE) to undertake a comprehensive stocktake of the CAMHS workforce across England. This included quantifying workforce provision across a range of sectors including the NHS, independent sector, social care, justice system and voluntary sector. This work aimed to scope the CAMHS workforce across England, in order to enable Health Education England to identify skills and capacity gaps that need to be addressed at both local and national levels. Future in Mind references a previous smaller audit that showed “not only deficits in terms of competencies but also gender and age issues that need to be addressed. 48% of staff in the survey were found to be due to retire in the next 10 years, and 90% were female.” Thus this work profiles gender and age issues across the wider workforce.

This work was designed to build a comprehensive profile of the CAMHS workforce that could be used to develop evidence based plans on future workforce needs for CAMHS.

Process

The stocktake was split into separate collections for NHS (Phase 1) and non-NHS (Phase 2) providers of CAMHS.

Phase 1 launched in February 2016 and completed in May 2016. The findings from this Phase of work are comprehensive with almost all NHS providers in England submitting detailed data. Phase 1 findings have been compiled from data profiles that cover almost 11,000 staff.

Phase 2 targeted non-NHS providers across a wide number of agencies. Data collection was launched in May 2016 and ran until August 2016. Although the non-NHS provider market is more fragmented, a large number of data submissions were made.

In total, 65 NHS organisations responded to the Children's and Young People's Mental Health Services workforce stocktake. Many of these organisations have multiple services, and in total 116 individual team submissions were received.

National Findings

Skill mix: Participants reported the majority of their workforce was nursing, in both inpatient and community settings. Community teams typically reported nurses in more senior roles (AfC band 6 and 7) compared to inpatient services where most nurses were band 5.

Dedicated therapist provision was more evident in community services (39% of the workforce) than in inpatient settings (20%). The most common therapist role was Clinical Psychologist

Time allocation: Patient facing time averaged 43% in community settings and 60% in inpatient CAMHS.

Workforce demographics: The NHS CAMHS workforce is predominantly female and white British which will not be representative of local communities in many areas. Low levels of disability within the workforce were reported. Age profiling showed staff in Tiers 2-3 are typically older than those in Tier 4. This may suggest a career pathway whereby staff start work in an inpatient setting and then progress to

community services after gaining experience. In community CAMHS, only 58% of staff on average worked 0.8 – 1 WTE. The lowest levels of full time staff were seen in clinical psychology where more than half of staff worked less than 0.8 WTE. Inpatient CAMHS typically had more full time staff, though clinical psychology remained an area with more part time posts. Most staff in all disciplines and across all areas of CAMHS were on permanent contracts, with relatively low levels of locum and temporary contracts reported

Vacancies: Most vacancies were for therapists, followed by nursing staff. 122 WTE administrator posts were vacant nationally. This may impact on the time allocation of staff if more clinical staff time is spent performing administration duties to fill the gap.

10. Accountability Framework

Continuity of Service/Financial Sustainability Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	3	4	1*		1	2	3*		1	1	4*		

Continuity of Service/Financial	4	3	2	1
Contribution - quarters one and two	Exceeding Plan	In line with/just below plan (within 1%)	Between 1% and 2% below plan	More than 2% below plan
Quarter 3 onwards - Single Oversight Framework	Special measures	Mandated support	Targeted support	Maximum Autonomy

quarters one and two only
quarter three onwards

Quality Governance Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	2	2	2		2	2	2		2	2	2		
Performance against National Standards:													
CQC Information:													
Performance against Contract Quality Standards:													
Clinical Quality Metrics:													

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

11. Monthly activity update – (currently excludes Specialist and LD Services)

Monthly Activity Update														
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.
Gateshead	April	1430	20	2	17	4	4	91.10%	48	82.80%	4	136	NHS - Awaiting Rehab or Intermediate Care	1
													NHS - Care Home	2
													Placement - Residential	1
	May	1439	16	3	20	7	7	89.70%	78	79.20%	3	93	NHS - Public Funding	2
													NHS - Care Home	1
													Placement - Residential	1
	June	1349	19	3	19	8	8	89.20%	59	82.56%	3	90	NHS - Public Funding	2
													NHS - Care Home	1
													Placement - Residential	1
	July	1456	31	4	23	5	5	92.18%	61	84.80%	4	96	NHS - Care Home	2
													Placement - Residential	1
													NHS - Public Funding	1
August	1550	23	4	28	5	5	94.66%	58	87.09%	3	108	SC - Completion of Assessment	1	
												NHS - Care Home	1	
												Placement - Residential	1	
September	1454	17	1	16	5	5	96.98%	3	93.58%	3	108	NHS - Public Funding	1	
												NHS - Care Home	1	
												Placement - Residential	1	
October	1350	15	1	24	4	5	86.97%	74	82.38%	2	93	SC - Completion of Assessment	1	
												NHS - Care Home	1	
												Placement - Residential	0	
November	1031	15	2	19	3	3	86.79%	68	82.44%	4	59	NHS - Public Funding	1	
												NHS - Care Home	2	
												Placement - Residential	1	
December	978	15	0	14	7	6	93.00%	147	97.00%	0	0	SC - Completion of Assessment	2	
												Both - Public Funding	1	
													1	
Newcastle	April	2846	46	6	44	20	20	75.30%	91	66.40%	2	60	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home	1
													Placement - Residential	1
	May	3001	39	1	33	17	17	73.40%	46	67.50%	6	156	Awaiting NTW - WAA Rehabilitation	4
													NHS - Care Home	2
													Placement - Residential	1
	June	3033	47	2	46	33	34	77.21%	64	70.67%	3	111	Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home	1
													Placement - Residential	1
	July	3116	36	3	41	16	16	74.68%	51	69.10%	4	124	NHS - Completion of Assessment	1
													NHS - Care Home	1
													Placement - Residential	1
August	3010	45	4	45	16	16	65.13%	28	60.98%	3	88	Awaiting NTW - WAA Rehabilitation	1	
												NHS - Care Home	0	
												Placement - Residential	1	
September	3113	49	5	43	16	17	65.83%	27	62.30%	2	88	Awaiting NTW - Forensics	1	
												NHS - Care Home	1	
												Placement - Residential	0	
October	3212	47	1	40	14	14	67.43%	206	61.04%	2	62	Awaiting NTW - Forensics	1	
												Lowry Ward - Hadrian Clinic	1	
												Beckfield	1	
November	3172	33	3	41	9	8	67.53%	131	63.33%	1	60	NHS - Care Home	0	
												Placement - Residential	0	
												Awaiting NTW - Forensics	1	
December	3318	51	7	42	15	15	69.00%	192	73.00%	0	0		1	
													1	
													1	

Monthly Activity Update															
CCG	Month	Occupied Bed Days	Total Admissions	Total Emergency Re Admissions	Total Discharges	Total Transfers In	Total Transfers Out	Occupancy (%)	Leave Overnight	Occupancy Ex Leave (%)	Delayed Clients	Delayed Days	Reason for delay	Reason for delay No.	
North Tyneside	April	1252	18	0	19	1	1	86.40%	119	78.40%	1	30	SC - Care Home Placement - Nursing Home	1	
	May	1246	19	1	18	4	4	84.90%	73	79.00%	1	31	SC - Care Home Placement - Nursing Home	1	
	June	1221	18	2	18	4	3	88.19%	57	80.73%	0	20	NHS - Care Home Placement - Nursing Home	0	
	July	1275	25	3	25	8	8	89.53%	92	82.43%	0	0			
	August	1262	23	2	22	4	4	87.47%	90	80.99%	0	31	NHS - Care Home Placement - Nursing Home	1	
	September	1208	18	2	22	2	2	86.40%	71	80.36%	0	31	NHS - Care Home Placement - Nursing Home	0	
	October	1066	17	1	23	2	2	83.51%	260	78.40%	0	0			
	November	1022	16	2	15	0	0	81.16%	289	75.28%	1	2	Awaiting NTW - WAA Rehabilitation	1	
Northumberland	December	1151	18	2	14	5	5	82.49%	366	88.89%	0	0			
	April	3048	43	4	51	15	16	86.40%	119	78.40%	0	0			
	May	3005	47	8	46	6	7	84.90%	73	79.00%	0	0			
	June	2832	40	4	38	13	14	88.19%	57	80.73%	1	2	SC - Public Funding	1	
	July	2788	48	4	52	11	11	89.53%	92	82.43%	1	31	SC - Care Home Placement - Nursing Home	1	
	August		2516	32	0	41	9	9	87.47%	90	80.99%	1	54	Awaiting NTW - Forensics	1
		SC - Care Home Placement - Nursing Home												0	
	September		2450	46	1	42	7	7	86.40%	71	80.36%	1	54	Awaiting NTW - Forensics	1
		SC - Care Home Placement - Nursing Home												0	
	October		2657	49	8	45	9	9	83.51%	97	78.40%	3	68	Awaiting NTW - Forensics	1
		SC - Care Home Placement - Nursing Home												1	
		Both - Care Home Placement - Nursing Home												1	
November		2721	42	5	39	12	11	81.16%	289	75.28%	3	90	Awaiting NTW - Forensics	1	
	SC - Care Home Placement - Nursing Home												1		
	NHS - Care Home Placement - Nursing Home												1		
December	2785	46	5	55	6	6	82.49%	366	88.89%	0	0				
South Tyneside	April	1638	19	3	27	7	7	88.30%	98	82.90%	1	30	SC - Public Funding	1	
	May	1608	22	1	20	3	3	85.50%	96	81.10%	0	13	SC - Public Funding	0	
	June	1672	29	1	24	5	5	88.25%	64	82.83%	0	0			
	July	1907	30	2	29	10	10	88.91%	65	83.99%	0	0			
	August	1836	22	2	23	8	8	84.92%	66	80.51%	0	1	Both - Completion of Assessment	0	
	September	1610	20	2	27	13	13	85.75%	66	81.45%	0	1	Both - Completion of Assessment	0	
	October	1659	26	0	17	2	4	85.08%	55	82.30%	0	0			
	November		1402	15	2	22	7	13	86.20%	188	82.65%	1	89	SC - Care Home Placement - Nursing Home	0
SC - Completion of Assessment		1													
December	1544	19	2	20	5	5	85.95%	306	90.61%	0	0				
Sunderland	April	2593	29	0	25	14	14	88.30%	98	82.90%	1	30	Awaiting NTW - WAA Rehabilitation	1	
	May	2734	31	2	29	16	17	85.50%	96	81.10%	0	0			
	June	2952	46	1	37	13	13	88.25%	64	82.83%	0	0			
	July	2907	33	1	37	13	13	88.91%	50	83.99%	0	0			
	August	2710	22	1	29	8	8	84.92%	65	80.51%	0	0			
	September	2741	49	0	45	19	19	85.75%	66	81.45%	0	0			
	October	1659	26	0	17	2	4	85.08%	55	82.30%	0	0			
	November	2352	30	0	29	9	19	86.20%	188	82.65%	0	11	NHS - Care at Home Package	1	
December	1544	19	2	20	5	5	85.95%	306	90.61%	0	0				

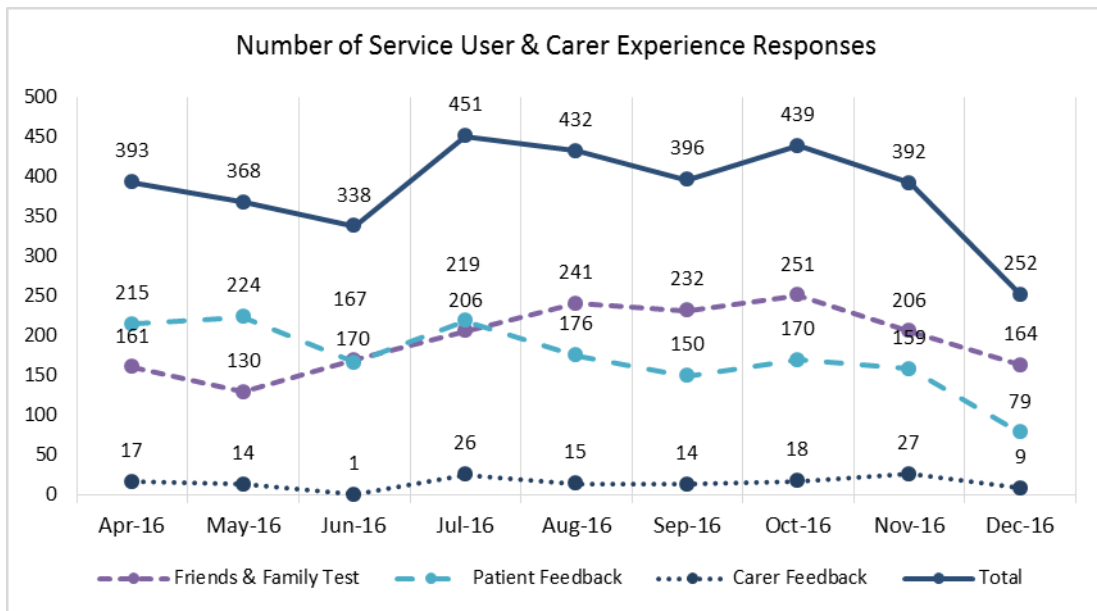
12. Service User & Carer Experience Monthly Update December 2016

Experience Feedback:

Feedback received in the month – December 2016:

		Received on paper	Received via electronic methods (including telephone)	Total received December 2016
Friends and Family Test (FFT)	Responses	159	5	164
	Recommend Score % (nb national average is 88%)			73% (was 79% last month)
Other service user Feedback	Responses	79	0	79
Carer Feedback	Responses	9	0	9
Total		247	5	252

Graph showing FFT and POY received by month:



A new format for the Points of You experience survey incorporating the Friends and Family test into a universal survey suitable for use by both service users and carers is due for implementation in January 2017. The introduction of the new surveys in inpatient and other clinical areas is complemented with a centralised mailshot process whereby a sample of service users will be posted PoY surveys. To support the feedback cycle a PoY dashboard is in development to enable clinical services monitor the patient experience related to their service. Guidance for staff, service users and carers will be available on the NTW intranet in January 2017.

13. Mental Health Act Dashboard

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

Mental Health Act Dashboard												
Key Metrics	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Record of Rights (Detained) Assessed within 7 days of detention start date	96.6%	97.9%	95.5%	94.3%	94.8%	92%	92.0%	95.3%	96.5%			
Record of Rights (Detained) Revisited in past 3 months (inpatients)	98.0%	98.6%	99.0%	97.6%	97.0%	95.9%	97.7%	96.4%	98.0%			
Record of Rights (Detained) Assessed at Section Change within the Period	83.3%	90.4%	80.0%	86.9%	91.2%	80.7%	78.0%	91.9%	95.8%			
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	59.5%	68.3%	61.8%	64.8%	65.7%	60.5%	59.7%	57.1%	66.2%			
Community CTO Compliance Rights Reviewed in Past 3 months	41.1%	50.2%	56.1%	54.0%	40.3%	30.7%	40.7%	40.5%	44.3%			
Community CTO Compliance Rights Assessed at start of CTO	83.3%	87.5%	84.6%	82.4%	91.7%	69.2%	81.3%	80.0%	83.3%			

The dashboards show that the provision of rights to patients detained in hospital is fairly well embedded within the Trust. For the period 1st April 2016 to 30th November 2016, compliance with the first metric (rights given within 7 days of the detention start date) has been on average around 95%. However actual compliance with this metric throughout September and October dropped to a low of 92%.

Throughout the same period as detailed above, compliance with rights having been revisited within the past 3 month period has been consistently above 95% (The average for the period is 97.5%)

Compliance is lower in relation to the provision of rights where the section the patient was detained under had changed (average 85%).

It is relevant to note that providing detained patients with explanations of their rights is not only a requirement of the Code of Practice but a **legal requirement** under the Mental Health Act therefore improvement in the level of compliance is required.

The CQC, in their annual report “Monitoring the Mental Health Act in 2015/16” provide details of their national level findings in relation to the provision of rights. While the majority of records the CQC reviewed during their MHA visits showed evidence that patients had been given information there was no evidence that staff discussed rights with patients at the point of detention in 10% of cases and no evidence that patients had been reminded of their rights from time to time in 18% of cases. Compliance within NTW Trust is currently higher than that reported in the CQC national level findings.

The CQC, following 10 of their last 21 MHA reviewer visits reported issues in relation to the provision and recording of rights. The issues reported included - rights not given at the review date that was set or when the section had changed. The CQC also reported instances where rights were not given on transfer to a different ward.

The local ‘rights’ recording form is being reviewed by the local forms group, any changes recommended by the group (including practice changes which may improve compliance) are submitted to the MHL Steering Group. The Group are currently considering how to involve patients nearest relatives/carers in the process for those patients who lack capacity. In terms of frequency for the repeat of rights, the Group are looking at how patients could be involved in this decision and how the rationale for the decision should be recorded.

The good practice in relation to providing patients with information will be drawn to the attention of the local forms group at the next meeting.

In relation to CTO patients the dashboards show that the improvement in compliance seen in August 2016 with the provision of rights at the point the CTO is made has not been sustained throughout this

reporting period (1st April – 30th November). The high in August of 91.7% dropped to 69.2% in September and was around 80% in October and November.

Compliance with the provision of further explanations within a three month period is much lower the average compliance as a percentage over the period being 38.6% with a range of 30.7% to 56.1%.

How these shortfalls can be addressed will be considered as part of the remit of the CTO Task and Finish Group. The current statistics were reviewed at the last meeting.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention) - in relation to section 58 treatment (medication for mental disorder) is consistently under 66%. This is despite a prompt from the MHA office when the section papers are received.

The review of the recording form and associated practice issues is part of the remit of the local forms group and any changes recommended by the group (including practice changes which may improve compliance) will be submitted to the MHL Steering Group.

Improvement in compliance for CTO patients will also be part of the remit of the CTO Task and Finish Group.

14. Other Useful Information December 2016

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

None to report