

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22nd March 2017

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 11 February 2017) – 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 & Debate

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 current quarter performance against both the old Risk Assessment Framework and the SOF is included within this report (pages 5).
- At Month 11, the Trust has a surplus of £7.1m which is £0.9m above revised plan and it is an improvement of £0.9m on last month's £6.2m surplus. The Trust is now forecasting to deliver above its control total and the year to date and forecast risk rating is a 2. The Trust needs to continue to improve its underlying financial position and deliver its recovery plans to achieve this year's and next year's control totals. The Trust is currently forecasting it will deliver its control total based on Groups and directorates continuing to reduce both pay and non-pay spend. The main financial pressures are CYPS Inpatient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. Agency spend in month 11, was £10.4m, which is £2.2m above ceiling trajectory and forecast agency spend is around £11.2m which is £2.6m above the Trust's ceiling. See pages 19-20
- The NHS England, Newcastle/Gateshead and Durham and Tees contract requirements were achieved in the month. Sunderland CCG 7 day follow up contacts and numbers entering IAPT treatment, South Tyneside CCG 7 day follow up contacts, North and Cumbria CCG CPA metrics were not achieved in the month. (page 13)
- All CQUINs are internally assessed as on track to be achieved within the quarter. (page 14)
- Five of the seven quality priorities are forecast to be fully achieved in quarter 4, whilst waiting times and Risk of Harm training remain 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). (p25)

Please note a separate paper is being presented to CDT this week regarding proposed changes to the Accountability Framework in 2017-18

- Reported appraisal rates have decreased in the month from 80.7% to 79.6% (p18)
- The in month sickness absence rate has decreased to 5.16%, this is the lowest February sickness rate of the last four reported years . The 12 month rolling average sickness rate has remained static at 5.4%. (p18)
- Training rates have continued to see most courses above the required standard. The two courses more than 5% below the required standard are Information Governance (86.9%) and PMVA Basic Training (77.1%) (p18)
- Reported complaint, incidents and serious incidents have all decreased in the month. (pages 23-24)
- The Trust's FFT responses from both service users and carers have continued to increase, with nearly 1,000 total responses in February 2017 which is four times the previous average. The increase in responses from carers is particularly pleasing, with 200 received in February which is ten times higher than the previous monthly average. The FFT recommend score has increased from 79% to 83% in the month. (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, 2016-17 Accountability Framework

NTW Integrated Commissioning & Quality Assurance Report

2016-17 Month 11 (February 2017)

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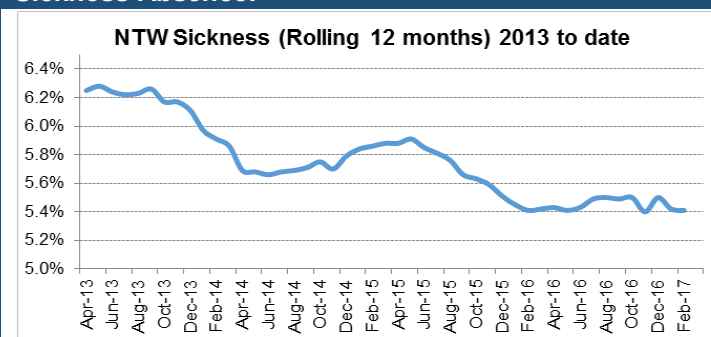
NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 11:	Financial Sustainability Risk Rating Month 11:	The Trust's assigned shadow segment under the Single Oversight Framework remains at "2" (targeted support). 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.
		Green	2	

Quality Priorities:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and at month 11 all continue to be forecast to be fully achieved with the exception of waiting times and risk of harm training.
	5	2	

CQUIN:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services. There are no identified risks to delivery currently against Quarter 4 requirements.
	10	0	

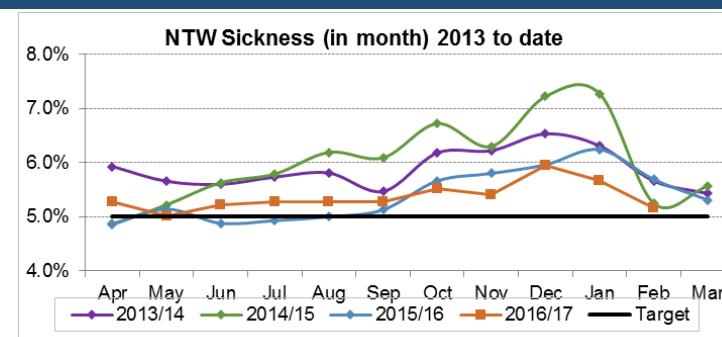
Workforce:	Statutory & Essential Training:			Information Governance continues to be an area for improvement and has improved to 86.9% this month. PMVA Basic training is at 77.1%	Appraisals: Appraisal rates have decreased to 79.6% in February 17 (was 80.7% last month).
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	14	3	2		

Sickness Absence:



The "in month" sickness absence rate is above the 5% target at 5.16% in February 2017

The rolling 12 month sickness average has remained static at 5.4% in the month



Finance: At Month 11, the Trust has a surplus of £7.1m which is £0.9m above revised plan and it is an improvement of £0.9m on last month's £6.2m surplus. The Trust is now forecasting to deliver above its control total and the year to date and forecast risk rating is a 2. The Trust's pay costs increased in Month 11 and the Trust needs to continue to reduce pay spend and improve its underlying financial position and deliver its recovery plans to achieve this year's and next year's control totals. 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. Agency spend in month 11 was £0.1m higher than last month. Spending on temporary staffing (agency, bank and overtime) needs to continue to reduce to get staffing levels down to budgeted establishments. Agency spend is £10.4m at Month 11 which is £2.2m above ceiling trajectory and forecast agency spend is around £11.2m which is £2.6m 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 continue to minimise both pay and non-pay spend in March and going forward.

Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	All achieved in Month 11	Crisis & Contingency within 12 months (94.1%) and CPA review within 12 months (94.4%) under performed at a contract level for month 11.	All achieved in Month 11	7 day follow up (1 patient, 92.3%) underperformed at a contract level for month 11	7 day follow up (1 patient, 94.7%) and the numbers entering IAPT treatment (478) underperformed at a contract level for month 11	All achieved in Month 11	Completion of Risk assessment (2 patients, 80%), Crisis & Contingency (1 patient, 85.7%) and, MHSDS ethnicity (2 patients, 88.2%) under performed at a contract level for month 11.

2. Compliance

b) NHS Improvement Single Oversight Framework

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

Nb 16-17 February 2017 data has been used.

Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 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%	95.10%	National data includes all NHS providers and is at November 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%	99.6%	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%	76.4%	77%	65.90%	Published data is as at 1.9.2016 - 30.11.2016	
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%	70%	no data	no data	from weekly sheet 02.03.17	
b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	79%	no data	no data	from weekly sheet 02.03.17	
c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	73%	no data	no data	from weekly sheet 02.03.17	
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%	99.8%	99.0%	99.0%	National data includes all NHS providers and is at October 2016	
Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at October 2016	
Postcode	Monthly	MHSDS	95%	99.9%	99.0%	98.0%	National data includes all NHS providers and is at October 2016	
Current Gender	Monthly	MHSDS	95%	99.9%	100.0%	100.0%	National data includes all NHS providers and is at October 2016	
GP code	Monthly	MHSDS	95%	99.7%	99.0%	98.0%	National data includes all NHS providers and is at October 2016	
CCG code	Monthly	MHSDS	95%	99.4%	no data	no data		
- priority metrics:								
ethnicity	Monthly	MHSDS	85% by 16/17 year end	92.5%	94.00%	83.0%	NEW. Data from metric 17 in dashboard	
Employment status recorded	Monthly	MHSDS	85% by 16/17 year end	93.3%	28.8%	31.4%	The 93.3% 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		7.0%	6.2%	7.6%	MHSDS methodology TBC	
Accommodation status recorded	Monthly	MHSDS	85% by 16/17 year end- unclear if standard applies to recording status or proportion	93.1%	28.0%	36.1%	The 93.1% 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		75.5%	48.8%	56.9%		
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%	52.9%	52.0%	49.0%	NEW metric 1079 published data October 2016	
- waiting time to begin treatment :								
- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.8%	98.0%	87.7%	published data October 2016	
- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.2%	published data October 2016	

2. Compliance

c) CQC Update February 2017

CQC Comprehensive Inspection update

- Action plans on the two 'must dos' and 50 'should dos' were submitted to the CQC on the 27 January 2017. Progress on outstanding actions will continue to be monitored by the CQC Quality Compliance Group.
- The CQC monthly monitoring submissions continue to be submitted to the CQC.

Visit to Alwood by the Children's Commissioner and CQC

The Children's Commissioner and CQC completed an unannounced inspection of Alwood on the 30 and 31 January 2017, feedback from the visit was generally positive.

On the 14 February 2017 the Trust received a data request seeking information on the number of restraints, seclusions, segregation, self-harm, complaints and assaults over the previous six months as well as copies of key policies and procedures. The data and supplementary documents were submitted to the Children's Commissioner on the 1 March 2017.



Registration notifications made in the month:

None.

Mental Health Act Reviewer visits in the month:

None.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Tavistock and Portman NHS Foundation Trust	November 2016	01/02/17		The CQC have rated the three services inspected as 'good'. During this inspection the CQC found that the trust had addressed their issues of concern and therefore changed their rating of safe to 'good'.	here
Leicestershire Partnership NHS Trust	November 2016	08/02/17		Following re-inspection the trust's overall rating remains unchanged. The trust needs to take steps to improve the quality of their services and was in breach of seven regulations.	here

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
West London Mental Health NHS Trust	November 2016	09/02/17	Requires improvement	Following re-inspection the trust's overall rating remains unchanged. Further improvements are required to ensure changes are embedded and sustained.	here
Cumbria Partnership NHS Foundation Trust	October 2016	16/02/17	Requires improvement	This inspection focused on wards for people with learning disabilities or autism. The CQC found that the trust had made some improvements and to reflect this they have amended their rating for this service to 'requires improvement'. The trust's overall rating remains unchanged (requires improvement).	Link to service report - here
Black Country Partnership NHS Foundation Trust	October 2016	17/02/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here
Northumbria Healthcare NHS Foundation Trust	September 2016	17/02/17	Outstanding ☆	This inspection focused on services that were not rated during their last inspection in November 2015 when the trust was rated as 'outstanding' overall. The trust's specialist community mental health services for children and young people were rated as 'good'.	Link to service reports – here
Humber NHS Foundation Trust	December 2016	17/02/17	Requires improvement	This inspection focused on acute wards for adults of working age/PICUs and forensic inpatient/secure wards to check if the trust had made the required improvements. Although further improvements are still required, the CQC has now withdrawn their warning notice.	Link to service reports – here here
North Staffordshire Combined Healthcare NHS Trust	September 2016	21/02/17	Good	Following re-inspection the trust's overall rating has been upgraded to 'good'.	here

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Tees, Esk and Wear Valleys NHS Foundation Trust	November 2016	23/02/17	Good	<p>This inspection focused on acute wards for adults of working age/PICUs and wards for older people with mental health problems.</p> <p>Improvements had been made to wards for adults of working age/PICUs and remains rated as 'good' overall. However improvements are needed to this service overall as there are concerns around safety which is rated as 'requires improvement'.</p> <p>Three units, Worsley Court, Cherry Tree House, and Meadowfields, all based in Vale of York, were originally run by LYP and were rated as 'inadequate'. These three wards were transferred into the older people with mental health problems service at TEWV in October 2015 and there has been an improvement under the TEWV management.</p> <p>Following this inspection of twelve wards, the rating for this service overall has changed from 'good' to 'requires improvement' after inspectors found concerns around safety.</p> <p>The trust remains rated as 'good' overall.</p>	<p>Link to service reports – here</p> <p>here</p>

Future announced inspections:

- March 2017
Birmingham and Solihull Mental Health NHS Foundation Trust
- April 2017
Lincolnshire Partnership NHS Foundation Trust
- June 2017
Pennine Care NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Foundation Trust

CQC Recent News Stories:

Good leadership and outstanding care

In February 2017 the CQC published their final rating report from a comprehensive inspection of all types of NHS trust. This means that 13 NHS foundation trusts have been given an overall rating of 'outstanding' – 5 acute (non-specialist) trusts, 5 acute specialist trusts, 2 mental health trusts and 1 ambulance trust.

In Professor Sir Mike Richards' recent column he highlighted what he believes the CQC has learnt about outstanding care during "round one" of comprehensive inspections of NHS trusts. He said:

"Round one" inspection of 238 NHS trusts has given us a unique insight into the quality of care delivered within NHS secondary and tertiary care services. In addition to the 13 trusts rated as outstanding we have observed core services which are providing outstanding care within a wider range of trusts. We will very shortly be publishing an overview report into the state of acute hospitals in England based on these findings. We plan to follow this with equivalent reports for mental health, community health and ambulance services. We will also soon have completed our first round of inspections of independent acute hospitals and we will report on these too.

There is no doubt that NHS acute trusts are facing very significant challenges at present, with increasing activity, difficulties discharging medically fit patients from hospital and a very challenging financial environment. However, there is also no doubt that some trusts are coping with this better than others.

Our inspections have highlighted the importance of good leadership, working together to deliver the best possible outcomes for patients. Our good and outstanding trusts are supporting their staff to deliver great care – and this is reflected both in what staff say to us when we inspect and also by the findings in the NHS Staff Survey. We have found that the Staff Survey findings are amongst the most useful intelligence, correlating well with CQC ratings. I would urge all NHS trusts to extend the survey to all of their staff, as many have already done, as this will give trust leaders the best possible insight into staff engagement and areas where problems may exist.

Next phase consultation

The Trust has submitted responses to the recent consultation documents from the CQC and NHS Improvement which closed in February 2017. The CQC received over 500 responses to their consultation on their next phase of regulation. Their consultation sought views on the principles of how the CQC will regulate new models of care and complex providers; changes to assessment frameworks across all sectors; how we will register services for people with learning disabilities; and the way the CQC will regulate NHS trusts and foundation trusts from April 2017.

A second consultation in the spring will seek views on how the CQC will regulate adult social care and primary medical service providers from October 2017.

The state of care in NHS acute hospitals 2014 - 2016

The CQC have published their findings from their programme of NHS acute comprehensive inspections. The report captures what they have learned from three years' worth of inspections. A copy of their findings can be found [here](#). Within this report there were specific references to mental health services, highlights include:

- In 2016 the CQC carried out a review to look at how acute, community and mental health trusts investigate and learn from deaths of patients. This showed that while there were areas of good practice at individual steps in the investigation pathway, no single trust could demonstrate good practice across all aspects of identifying, reviewing and investigating deaths and ensuring that learning was put into practice. In addition, with no single framework setting out what should be done, practice varies widely.
- This report found particular problems with people attending A&E who are having a mental health crisis or who have an underlying mental health problem. Recording of people with mental health problems is inconsistent, but it is estimated that 5% of all A&E attendances (potentially one million people if estimates are correct) are related to mental health problems. Increasingly, liaison psychiatry teams are being seen as essential in providing an effective pathway of care. A close relationship between a liaison service and the A&E department can provide a quicker and more effective assessment to people in crisis. They can also provide frontline staff with basic mental health awareness training.

The following areas of good practice were identified within the report:

- **Luton and Dunstable Hospital, Bedfordshire**
The service had an established and experienced leadership team who were visible and approachable to staff at all levels and had a clear and committed focus to drive improvements in patient safety and the quality of care and treatment throughout the department. Staff were encouraged to challenge behaviour in their colleagues that was not in line with the trust's values. Patients described staff as caring and professional. **Staff showed an awareness of the emotional and mental health needs of patients and were able to refer patients for specialist support if required. Assessment tools for anxiety, depression and wellbeing were available for staff to use when required.**
- **Frimley Park Hospital, Surrey**
The surgical services were led by a highly committed, enthusiastic team of staff, each of whom shared a passion and responsibility for delivering a first class service. Staff described leadership as "excellent" and "visible". Staff understood the ethos of the service and the corporate values, and showed a commitment to delivering a high-quality service to patients. The nutritional needs of patients were being assessed and people's religious, cultural and medical dietary needs were met. **People who had particular physical or mental health needs were supported by staff who had been trained in these areas, including care needs associated with dementia.** There were arrangements in place to respond to complaints in accordance with a local policy.

New CQC fees for registered providers 2017/18 to be published in March 2017

In March 2017 the CQC will publish their final fees scheme that sets out their annual charges to providers from April 2017. The amount that providers will pay for their regulation will depend on the type of health or social care they offer, as well as how close they are already to meeting the cost of their regulation in full. The full details of the fees increase will be published in their final fees scheme in March 2017. The CQC will also publish their response to the fees consultation and other supporting information.

2. 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.

Development of evidence-based treatment pathways - each spanning referral to recovery
Completed: EIP CYPS Eating Disorders Crisis care: urgent and emergency MH liaison in acute hospitals Dementia
In development: Generic children and young peoples mental health Perinatal mental health Crisis care: urgent and emergency blue light MH response (all ages) urgent and emergency community based MH response urgent and emergency MH response for CYP Acute mental health care Integrated psychological therapies
Planned for 2017-18 and 2018-19: Community Mental Health care (psychosis, PD, Bipolar affective disorder & severe/complex MH problems) Self-harm

Gender Dysphoria Waiting Times

NHS England have now confirmed that non surgical providers of gender services are not yet required to make national submissions of RTT waiting times data, although this information is still expected to be shared with local specialised commissioning teams.

Psychiatric Liaison Services

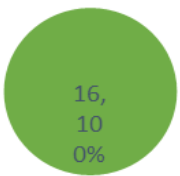
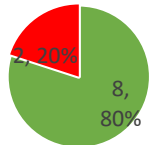
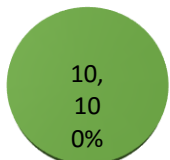
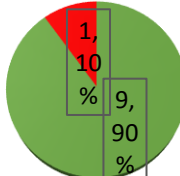
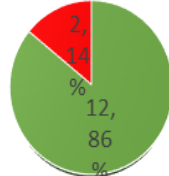
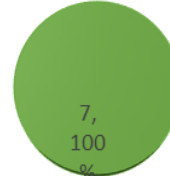
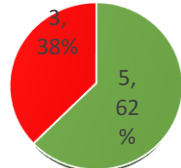







A framework of outcome measures in Psychiatric Liaison Services has recently been published by the Royal College of Psychiatrists and can be found [here](#)

MHSDS

MHSDS is being changed from April 2017 to allow reporting against the crisis care access standard.

3. Contract Update February 2017

a) Quality Assurance – achievement of quality standards February 2017

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>8, 10 80%</p>	 <p>10, 10 0%</p>	 <p>1, 10 9, 10 90%</p>	 <p>2, 14 12, 14 86%</p>	 <p>7, 7 100%</p>	 <p>3, 6 5, 6 83%</p>
<p>All achieved in Month 11</p>	<p>Crisis & Contingency within 12 months (94.1%) and CPA review within 12 months (94.4%) under performed at a contract level for month 11.</p>	<p>All achieved in Month 11</p>	<p>7 day follow up (1 patient, 92.3%) underperformed at a contract level for month 11</p>	<p>7 day follow up (1 patient, 94.7%) and the numbers entering IAPT treatment (478) underperformed at a contract level for month 11</p>	<p>All achieved in Month 11</p>	<p>Completion of Risk assessment (2 patients, 80%), Crisis & Contingency (1 patient, 85.7%) and, MHSDS ethnicity (2 patients, 88.2%) under performed at a contract level for month 11.</p>
						

3. Contract update February 2017

b) CQUIN update February 2017

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						

3. Contract update February 2017

c) Service Development and Improvement Plan – No update this month.

3. Contract update February 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17		
			Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			55.8%	56.0%	56.2%	56.7%	56.6%	56.8%	56.8%	57.2%	57.4%	57.5%	57.7%	
Current Service Users on CPA			11.3%	11.2%	11.1%	10.9%	10.7%	10.7%	10.7%	10.6%	10.7%	10.5%	10.3%	
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%	86.9%	87.2%	
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%	84.1%	84.0%	86.7%	
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%	78.0%	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%	92.6%	92.5%	
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%	92.8%	92.9%	
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%	70.4%	71.3%	68.5%	
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%	47.2%	50.8%	51.7%	
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%	96.1%	95.4%	

N.B The outcomes steering group will be proposing revised standards for the three metrics highlighted above

4. Quality Goals/Quality Priorities/Quality Account Update February 2017

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, two are rated amber and none are rated red against the Quarter 4 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	Amber	Amber	Amber	Green	
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking	Green	Green	Green	Green	
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking	Amber	Green	Green	Green	
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	Amber	Amber	Amber	Amber	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	Green	Green	Green	Green	
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	Green	Green	Green	Green	
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare	Green	Green	Green	Amber	Rated green in quarter 3 however there is a risk to the delivery of the 85% trained target in quarter 4

5. Monthly Workforce Update February 2017

Workforce Dashboard											Behaviours and Attitudes		
Training	Standard	M11 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Target	M11 position	Trend
Fire Training	85%	87.3%	▲	89.8%	87.8%	90.4%	84.5%	55.3%	82.9%	58.3%	85%	79.6%	▼
Health and Safety Training	85%	92.4%	▼	95.7%	91.5%	94.6%	91.2%	61.0%	91.1%	75.0%		138	
Moving and Handling Training	85%	93.7%	▲	98.0%	91.3%	96.5%	91.5%	60.2%	96.1%	79.2%		44	
Clinical Risk Training	85%	90.7%	▲	93.0%	90.0%	91.6%			76.4%				
Clinical Supervision Training	85%	80.3%	▼	86.7%	77.7%	80.7%			77.5%				
Safeguarding Children Training	85%	95.1%	▲	98.3%	94.3%	96.3%	94.9%	59.3%	95.8%	83.3%			
Safeguarding Adults Training	85%	92.4%	▲	96.5%	92.2%	91.7%	93.2%	60.2%	94.5%	87.5%			
Equality and Diversity Introduction	85%	93.9%	▲	97.1%	93.2%	95.2%	94.3%	61.8%	91.3%	70.8%			
Hand Hygiene Training	85%	92.6%	▲	95.4%	92.6%	94.6%	91.5%	57.7%	89.2%	70.8%			
Medicines Management Training	85%	89.5%	▲	94.0%	86.7%	90.6%	92.7%		84.3%				
Rapid Tranquilisation Training	85%	86.2%	▲	94.2%		85.4%			57.3%				
MHCT Clustering Training	85%	84.1%	▲	81.6%	88.9%	48.9%							
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	80.9%	▲	88.8%	82.2%	81.1%			58.9%				
Seclusion Training (Priority Areas)	85%	96.1%	▲	97.3%		95.3%							
Dual Diagnosis Training (80% target)	80%	87.9%	▲	94.3%	90.4%	87.9%			64.7%				
PMVA Basic Training	85%	77.1%	▼	78.1%		80.4%			67.4%				
PMVA Breakaway Training	85%	91.4%	▲	100.0%	88.0%	94.8%							
Information Governance Training	95%	86.9%	▲	92.2%	85.1%	89.6%	84.1%	58.5%	86.3%	54.2%			
Records and Record Keeping Training	85%	98.2%	▼	99.7%	98.6%	99.2%	96.6%	71.5%	99.5%	91.7%			

Recruitment, Retention & Reward			
	Target	M11 position	Trend
Corporate Induction	100%	100.0%	—
Local Induction	100%	87.9%	▼
Staff Turnover	<10%	7.6%	▲
Current Headcount		6348	

Best Use of Resources			
	Target	M11 position	Trend
Agency Spend		£750,829	▼
Admin & Clerical Agency (included in above)		£140,773	▼
Overtime Spend		£188,968	▼
Bank Spend		£672,036	▼

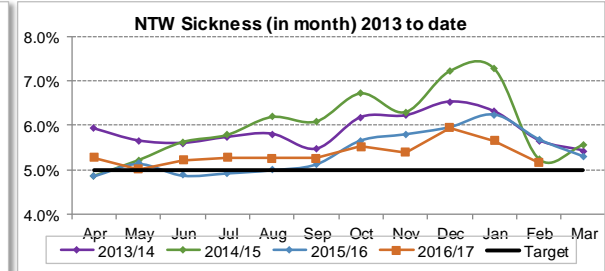
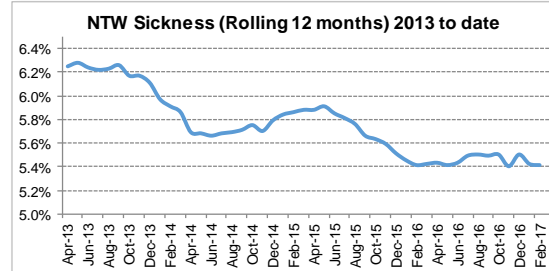
Managing Attendance			
	Target	M11 position	Trend
In Month sickness	<5%	5.16%	▲
Short Term sickness (rolling)		1.43%	
Long Term sickness (rolling)		3.98%	
Average sickness (rolling)	<5%	5.4%	—

▲	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 decreased this month to 79.6% from 80.7% last month and remain below the 85% standard .
 In February the trend for training shows an increase across the majority of training
 The in month sickness has decreased during the month to 5.16% and the rolling 12 month sickness figures has also decreased slightly



6. Finance Update February 2017

Financial Performance Dashboard

NTW Income & Expenditure

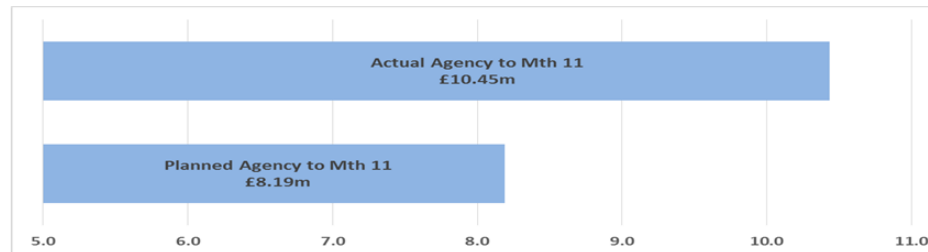
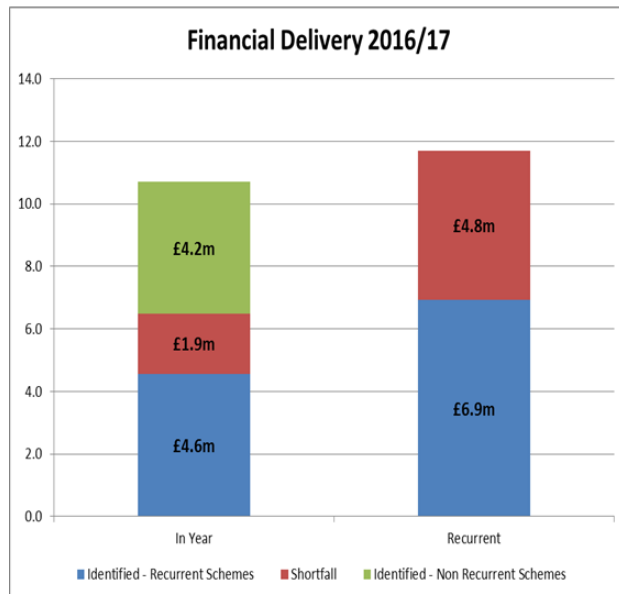
	Plan £m	YTD £m	Variance £m
Income	287.7	287.9	(0.2)
Pay	(225.8)	(225.8)	0.0
Non Pay	(43.5)	(43.8)	0.2
EBITDA	18.3	18.3	0.0
Cost of Capital	(12.1)	(11.2)	(0.9)
Surplus/(Deficit)	6.2	7.1	(0.9)

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	23.6	20.8	2.8
Community	18.6	18.2	0.4
Inpatient Care	30.7	31.5	(0.8)
Central	(66.7)	(63.4)	(3.3)
Surplus/(Deficit)	6.2	7.1	(0.9)

Key Indicators	Current
Risk Rating	2
Agency Spend	£10.4m
FDP Delivery	£7.6m
Cash	£20.1m
Capital Spend	£10.3m

Agency Spend Month 11



Key Issues/Risks

- £7.1m Surplus at Mth 11 – This is £0.9m more than revised plan surplus and a £0.9m improvement on last month's position.
- Change in discount rate on Provisions – The impact of this technical adjustment this year will result in a £1.0m reduction in surplus in Mth12.
- Control Total – The Trust is now forecasting to over-deliver against its Control Total.
- Risk Rating of 2 – New Use of Resources rating is a 2 and the year-end forecast rating is also a 2.
- Pay costs have increased this month from the lower levels in December and January. Monthly pay spend needs to continue to reduce if the Trust is to meet its control total next year.
- Main pressures - CYPS In-patient & Community services and LD transformation in Specialist Care which have resulted in Specialist Care being £2.8m above their control total at month 11. Community Services are also £0.4m above their control total at month 11.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 11 is £10.4m which is £2.2m over the planned trajectory. Forecast spend is around £11.2m.
- Financial Delivery Plan - £7.6m of the planned £8.2m savings achieved at month 11.
- Cash – £17.1m at month 11 (£6.5m below plan). Forecast is £20.2m (£4.4m below plan).
- Capital Spend - £10.3m (£9.3m below plan). Forecast is £12.5m (£9.1m below plan).

Finance Agency

Agency Dashboard – Month 11 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 Mth11 was £10.4m which is £2.2m above plan. Forecast spend is around £11.2m which is £2.6m 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 45 per week in April to around 25 per week as current practice now is that agency medics are brought in at or below capped rates except in exceptional circumstances.

Group	Year to date - Mth 11			
	Agency £m	Bank £m	Overtime £m	TOTAL £m
Specialist	3.0	3.6	1.7	8.3
Community	4.3	0.9	0.2	5.4
Inpatients	1.9	2.7	0.2	4.8
Support Serv	1.2	0.0	0.4	1.6
	10.4	7.3	2.4	20.2

Monitor Agency Price Cap Breaches (Number of shifts)

	Wk 1-10	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 55-58	Wk 59-62	Wk 63	Wk 64	Wk 65	Wk 66
Staff Group	23/11-31/1	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	5/12-26/12	2/1 - 23/1	30/1	6/2	12/2	19/2
Medical	13	102	30	218	184	173	247	190	70	92	107	98	109	20	30	26	21
Nursing	39	15	3	1,283	670	586	665	50	30	20	25	20	20	5	5	5	5
Psychology & SW	61	195	0	200	578	609	663	65	40	40	45	20	20	5	5	5	0
Total	113	312	33	1,701	1,432	1,368	1,575	305	140	152	177	138	149	30	40	36	26

7. Outcomes/Benchmarking/National datasets update

Benchmarking:

The Learning Disability Benchmarking workshop was held on the 7th March and highlighted a drop in both spend and activity across Inpatients & Community learning disability services over the last 2 years (nationwide). It was emphasised that further work was required to review why this was the case as, though a reduction in In patients was expected (in light of transforming care), it had been expected that nationally we would have seen increased investment in community services. The Learning Disability Benchmarking Toolkit, with details of NTW performance against a number of measures, is now available on the Benchmarking website (from the 8th of March 2017). An NTW bespoke report and the full national report are due to be completed and sent to Providers at the end of March 17. Once these are received the data will be reviewed and a summary of the key findings included in the following months report.

MHSDS v2.0 Changes to tables and data items

Standardisation Committee for Care Information (SCCI) has agreed some changes to the Mental Health Services Data Set v1.1. These changes will be implemented in the new MHSDS v2.0 by April 2017. The associated ISN's and standard documentation for MHSDS v2.0 can be found on the [SCCI0011 Publication page](#).

The changes included in MHSDS v2.0 relates to new government policy initiatives; resolution of issues within the current data collection; and inclusion of other key stakeholder requirements as follows:

- Enhance collection of data related to Child and Adolescent Mental Health Services (CAMHS) such as through the collection of CAMHS 'needs based groupings'
- Improve the identification of 'Out of Area Placements'
- Improve breakdowns in access and outcomes across groups protected by the Equality Act 2010 through inclusion of Person Marital Status
- Align Mental Health Delayed Discharge Period data items with changes to NHS England Delayed Transfers of Care (DToc) categories
- Enable Access and Waiting Time Standards for Crisis Care reporting
- Collect different types of plans relating to referrals and discharges through a genericised 'Care Plan' table
- Enable the collection of a Forensic Mental Health tariff and currency model
- Incorporate further elements of the Assuring Transformation (AT) and Learning Disability Census collections
- Improve understanding of Ward properties with the addition of Hospital Bed Type and Intended Age Group
- Address minor maintenance issues to ensure the data set remains fit for purpose such as moving Postcode of Main Visitor to the Hospital Provider Spell table
- Address any further known issues that were highlighted during the testing and implementation of MHSDS v1.1.

Systems must be fully conformant with these additional changes from **1st April 2017**. Care providers should commence local data collection for these additional/amended data items from that date and national monthly submissions must commence from **1st June 2017**.

In order to assess if providers and system supplier can implement these changes to the existing version of MHSDS v1.1 standard specification and to help assess the expected data quality and coverage, a conformance questionnaire was required to be completed by the Trust and has now been submitted as required.

Within the submitted questionnaire we have stated that at as at 1st April 2017 we would be unable to collect the majority of the new/amended data items as required until the completed upgrade of our patient Administration System (RiO). The newer version of RiO has the capability to capture many of the new required items and this will be reviewed following go live. By June 2017 we have reported we anticipate that we will be in a position to make a submission under the new MHSDS v2.0 IBD.

8. Safety Highlights

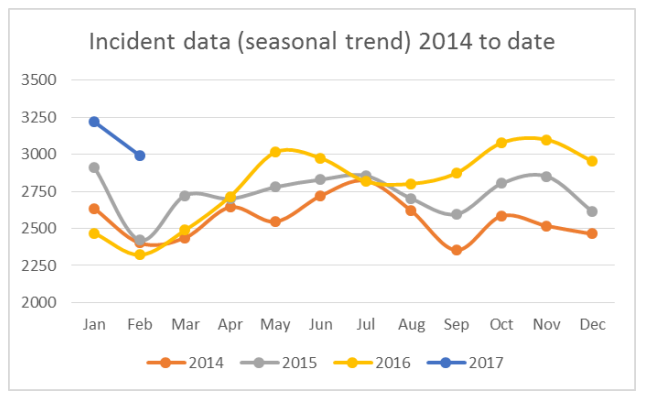
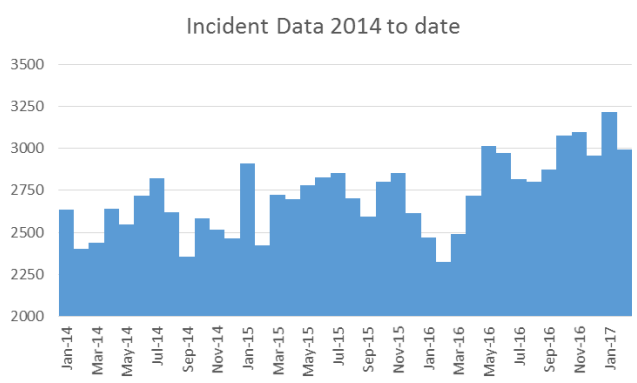
Nb. Thematic analysis is provided separately within the six monthly safety report provided to the Board

Summary of all reportable incidents												
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Incidents	2716	3014	2974	2817	2801	2873	3077	3098	2955	3219	2991	
Number of Serious Incidents	20	18	22	13	16	17	15	23	14	19	19	
Total number of Serious Incidents reported on STEIS	10	12	7	3	11	8	8	9	8	9	6	
Total number reported within 2 working days	10	12	7	3	11	8	8	9	8	9	6	
Total number of serious incidents reviewed	9	11	10	10	10	8	8 (1 not STEIS)	12	8	9	5	
Total number of serious incidents reviewed and shared with commissioners within 60 working days	3	4	7	6	10	5	7	11	8	9	5	
Percentage completed within agreed timescales	33%	36%	70%	60%	100%	100%	100%	91.6%	100%	100%	100%	

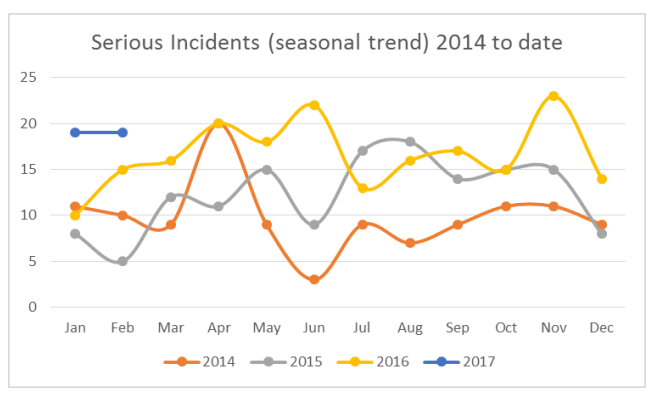
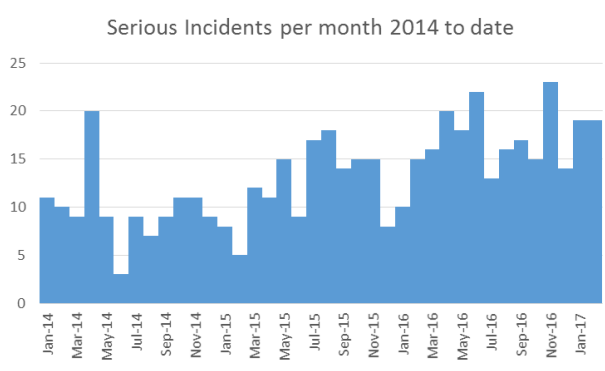
Complaints Monitoring - Number of Complaints Received												
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Number of new Complaints Received	23	26	38	33	34	45	33	47	27	45	33	
Number of Complaints re-opened	6	5	4	3	4	3	4	9	8	9	8	
Number of Complaints withdrawn	4	3	10	3	7	3	3	6	7	5	8	
Number of Complaints Completed	25	31	34	35	26	28	21	45	40	29	39	
Number of Complaints Completed within agreed Timescales	100%	77%	94%	77%	88%	71%	86%	71%	80%	90%	92%	

Monthly trend data since 2014 is shown overleaf

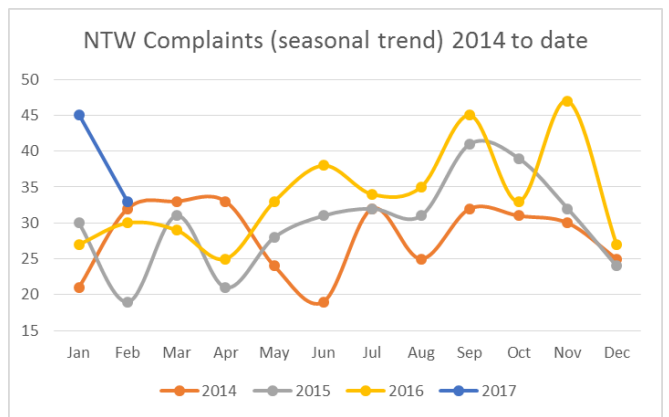
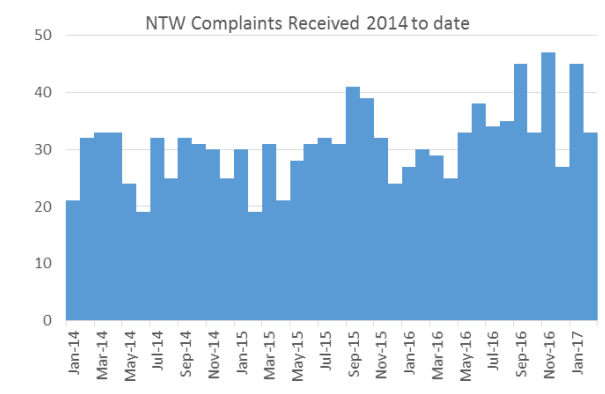
The numbers of incidents reported remain higher this financial year than in previous years:



Number of serious incidents reported:



There has been an decrease in complaints this month:



9. Accountability Framework

N.B A revised Accountability Framework for 2017-18 is proposed

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	1	2	3*	2	1	1	4*	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	quarters one and two only quarter three onwards
Quarter 3 onwards - Single Oversight Framework	Special measures	Mandated support	Targeted support	Maximum Autonomy	

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	3	2	2	2	3	2	2	2	3	
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

10. Monthly activity update – October 2016 – February 2017 *(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	October	1350	15	1	24	4	5	86.97%	74	82.38%	2	93	NHS - Care Home Placement - Residential	1	
													NHS - Public Funding	0	
													SC - Completion of Assessment	1	
	November	1031	15	2	19	3	3	86.79%	68	82.44%	4	59	NHS - Care Home Placement - Residential	1	
													SC - Completion of Assessment	2	
													Both - Public Funding	1	
	December	978	15	0	14	7	6	93.00%	147	97.00%	0	0			
	January	1199	19	3	16	4	4	97.21%	114	95.60%	4	130	Aw aiting NTW - WAA Rehabilitation	1	
													NHS - Care Home Placement - Residential	1	
													SC - Completion of Assessment	1	
													Both - Public Funding	0	
	February	1104	14	0	13	3	3	96.77%	51	93.26%	4	112	SC - Care Home Placement - Nursing Home	1	
Aw aiting NTW - WAA Rehabilitation													1		
NHS - Care Home Placement - Residential													1		
SC - Completion of Assessment													1		
New castle	October	3212	47	1	40	14	14	67.43%	206	61.04%	2	62	Low ry Ward - Hadrian Clinic	1	
													Beckfield	1	
	November	3172	33	3	41	9	8	67.53%	131	63.33%	1	60	NHS - Care Home Placement - Residential	0	
													Aw aiting NTW - Forensics	1	
	December	3318	51	7	42	15	15	69.00%	192	73.00%	0	0	SC - Care Home Placement - Residential		
													NHS - Care at Home Package		
	January	3383	37	6	43	14	14	69.77%	151	63.00%	1	47	Aw aiting NTW - Forensics		
													SC - Care Home Placement - Residential	0	
	February	2918	40	3	43	9	9	64.42%	188	57.97%	1	28	NHS - Care at Home Package	0	
													Aw aiting NTW - Forensics	1	
	North Tyneside	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	Aw aiting NTW - WAA Rehabilitation	1
December		1151	18	2	14	5	5	82.49%	366	88.89%	0	0			
January		1239	23	1	20	6	6	83.22%	312	77.08%					
February		1067	17	4	18	3	3	83.51%	279	77.44%	0	0			

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.
Northumberland	October	2657	49	8	45	9	9	83.51%	97	78.40%	3	68	Aw aiting 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	Aw aiting 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		
	January	2717	50	7	43	10	9	83.22%	312	77.08%	3	69	Aw aiting NTW - Forensics	1
													SC - Care Home Placement - Residential	1
													SC - Care Home Placement - Nursing Home	1
	February	2480	41	2	40	10	10	93.51%	279	77.44%	3	84	Aw aiting NTW - Forensics	1
													SC - Care Home Placement - Residential	1
SC - Care Home Placement - Nursing Home													1	
South Tyneside	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		
	January	1489	16	1	23	2	2	87.75%	223	84.01%	1	31	SC - Public Funding	1
February	1083	12	0	19	2	2	87.39%	88	83.65%	1	28	SC - Public Funding	1	
Sunderland	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		
	January	2833	38	1	31	12	12	87.75%	223	84.01%	0	0		
	February	2846	39	1	28	12	12	87.39%	201	83.65%	0	0		

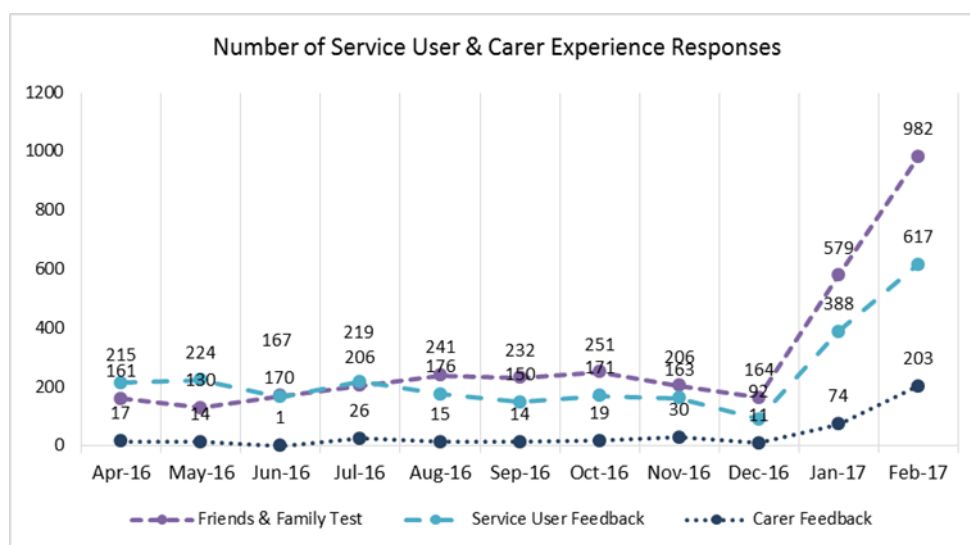
11. Service User & Carer Experience Monthly Update February 2017

Experience Feedback:

Feedback received in the month – February 2017:

		Received on paper	Received via electronic methods (including telephone)	Total received February 2017
Friends and Family Test (FFT)	Responses	944	38	982
	Recommend Score % (nb national average is 88%)			83% (79% last month)
Points of You (PoY) Feedback from Service Users	Responses	586	31	617
Points of You Feedback from Carers	Responses	196	7	203

Graph showing FFT and PoY received by month:



Under the new Points of You process there has been an increasing proportion of feedback received. Clinical services can view their feedback via the PoY dashboard which is available from the intranet. Developments to the dashboard are underway to provide a high level summary view for services.

Note that the sample for the 2017 CQC Community MH survey is currently being drawn from applicable service users in contact with services in Autumn 2016.

12. Mental Health Act Dashboard

The Mental Health Act dashboard is still under development and in the testing stages, listed below 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%	86.7%	93.8%	
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%	96.3%	97.2%	
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%	87.0%	88.0%	
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	59.5%	68.3%	61.8%	64.8%	65.7%	60.5%	59.7%	57.1%	66.2%	46.4%	65.4%	
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%	49.6%	51.1%	
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%	84.6%	80.0%	

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 28th February 2017, compliance with the first metric (rights given within 7 days of the detention start date) has been on average around 94%. However actual compliance with this metric in January dropped to a low of 86.7%.

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%)

Compliance is lower in relation to the provision of rights where the section the patient was detained under had changed (average 86.6%).

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 13 of their last 26 MHA reviewer visits (1st April 2016 to date - 07/03/17) 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 has been reviewed by the local forms group. The revised form and associated communications/training plan will be on the agenda of the Mental Health Legislation Steering Group at its next meeting on the 14th March 2017. This is a proposed Quality Priority for next year.

In relation to CTO patients the dashboards show that the improvement in compliance seen in August 2016 (91.7%) with the provision of rights at the point the CTO is made has not been sustained throughout this reporting period (1st April 2016 – 28th February 2017). The high in August of 91.7% dropped to 69.2% in September however has been on average 81% since 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 45.3% with a range of 30.7% to 56.1%. (it should be noted that the on average figure has improved since the last report)

How these shortfalls can be addressed is being considered as part of the remit of the CTO Task and Finish Group. The current statistics were reviewed at the last meeting. A local forms awareness session (which includes the rights and consent to treatment forms) has been delivered to Sunderland community staff with a further one booked for 20/03/17.

The Local Forms Group now has agreed a provisional launch date for the 'new' rights form. A number of training/awareness sessions will be delivered to support this as identified on the communications plan.

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 68.3%. 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. The Local Forms Group has agreed that the review of these particular forms will start in April 2017)

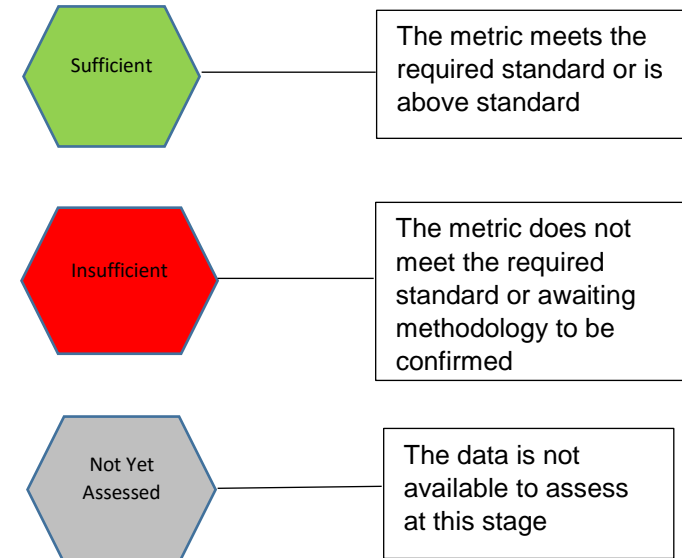
Improvement in compliance for CTO patients is also part of the remit of the CTO Task and Finish Group.

14. Other Useful Information February 2017

None to note this month

Appendix 1 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