

## Northumberland, Tyne and Wear NHS Foundation Trust

### Board of Directors

Meeting Date: 24<sup>th</sup> May 2017

Title and Author of Paper:

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

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. The new Single Oversight Framework (SOF) came into effect on 1 October 2016, replacing the Risk Assessment Framework (RAF). The Trust position against the Single Oversight Framework has been assessed by NHS Improvement as segment 2 (targeted support).
2. This report includes a self-assessment of quarter 4 performance against operational performance metrics included within the single oversight framework, highlighting potential areas of risk.
3. NHS Improvement no longer require submission of the previous Governance Return due to the launch of the new Single Oversight Framework.
4. Note that the quarterly Finance templates are now submitted to NHS Improvement earlier in the month than previously. For 2016-17 month 12 a key data return was submitted on 19<sup>th</sup> April with a full return based on the draft accounts submitted on 28<sup>th</sup> April. NTW declared a Use of Resources risk rating of 2. The Board is no longer required to declare confirmation of anticipation that the Trust will continue to maintain a Financial Sustainability risk rating (FSRR) of at least 3 over the next 12 months, as the Financial Sustainability risk rating was replaced by the Use of Resources rating from 1 October.

However had the FSRR continued, the Board would have been able to confirm that the Trust expected to maintain a Financial Sustainability risk rating of at least 3 over the next 12 months based on The Trust planning to achieve next year's control total.

5. From Month 6 NHSI introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. For 2016-17 quarter 4 the Trust reported achievement of its control total so this statement is not required.
6. The agency information reporting required at Q3 by NHSI has not been requested at Q4 as most of this information (ie high cost and long term agency) now forms part of the new weekly agency reporting requirements introduced from 3 April 2017.

Risks Highlighted to Board : None for quarter 4

Does this affect any Board Assurance Framework/Corporate Risks?

Please state Yes or No      No

If Yes please outline

Equal Opportunities, Legal and Other Implications: None

Outcome Required:

To note the Finance submissions which were approved by the Director of Finance/Deputy Chief Executive on behalf of the Board and submitted to NHS Improvement on the 19<sup>th</sup> and 28<sup>th</sup> April 2017.

To note the Quarter 4 self-assessed position against the requirements of the Single Oversight Framework.

Link to Policies and Strategies: N/A

## BOARD OF DIRECTORS

24<sup>th</sup> May 2017

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

#### PURPOSE

To present to the Executive Directors the position against the governance and finance requirements of the Single Oversight Framework. Note that the in-year governance monitoring return and declarations for quarter 4 are no longer required by NHS Improvement due to the implementation of the Single Oversight Framework. This report also includes the governance commentary for Quarter 4 which will be shared with NHS Improvement.

#### BACKGROUND

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

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

For the Financial Sustainability risk rating the Trust would have been 3 at quarter 3 & 4. A summary of the Trust ratings since the start of financial year 2011/12 are set out below:

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

## QUARTERLY SUBMISSION

The quarterly finance return was approved by the Director of Finance/Deputy Chief Executive on behalf of the Board prior to submission on the 19<sup>th</sup> and 28<sup>th</sup> April 2017. There is no longer a requirement to submit a governance return to NHS Improvement.

Quarter 4 Governance narrative – the following information is no longer required to be shared with NHS Improvement, it is included for reference only and will no longer be included in this report from quarter 1 2017/18.

### **Board Changes & Elections**

**Report on any changes to the Board of Directors:** There was one change to the Board of Directors during Quarter 4 as follows:

- Miriam Harte commenced as Non Executive Director from 1<sup>st</sup> January 2017.

	<b>Q4 2016-17</b>
Total number of Executive posts on the Board (voting)	6
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	0
Number of resignations in quarter	0
Number of appointments in quarter	0

### **Report on any changes to the Council of Governors:**

Changes to the Council of Governors during Quarter 4 are detailed below:

#### **Leavers:**

#### **Appointed:**

Cllr Felicity Mendelson, Local Authority Governor from 3<sup>rd</sup> January 2017

### **Results of any election for the Council of Governors:**

#### **Elected:**

### **Governor Elections**

There will be Elections for six vacancies in November 2017 due to ending of terms of office:

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

## Never Events

There were no never events in quarter 4 reported as per the DH guidance document.

## Any patient suicide, homicide or absconson (MH Trusts only) Quarter 4

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

## Adverse national press attention Q4 2016-17

There was the following national media coverage received in the period:

Article in the Daily Mirror regarding the deaths of a former service user who took his life along with his wife whilst on honeymoon in Cambodia. His mother called for more investment in mental health services by the Government.

Article in the Sunday Express regarding the level of assaults on staff with NTW having the highest figures as outlined in the report compiled by NHS Protect.

Article in Private Eye relating to an employment tribunal.

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

Metric Id	Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 4 self assessment	NTW % as per most recently published MHSDS/RT T/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
80	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%	99%	89.66%	National data includes all NHS providers and is at January 2017	
31	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%	99.5%	no data	no data		
1400	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%	79.4%	71%	65.70%	Published data is as at 1.10.2016 - 31.12.2016	
	Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:								
1426	a) inpatient wards	Quarterly	Provider return / CQUIN audit	90%	85%	no data	no data	from weekly sheet 06.04.17	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	97%	no data	no data	from weekly sheet 06.04.17	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	83%	no data	no data	from weekly sheet 06.04.17	
	Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital:								
	- identifier metrics:								
238	NHS Number	Monthly	MHSDS	95%	99.9%	99.0%	99.0%	National data includes all NHS providers and is at November 2016	
240	Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at November 2016	
239	Postcode	Monthly	MHSDS	95%	99.9%	99.0%	97.0%	National data includes all NHS providers and is at November 2016	
241	Current Gender	Monthly	MHSDS	95%	99.9%	100.0%	98.0%	National data includes all NHS providers and is at November 2016	
242	GP code	Monthly	MHSDS	95%	99.7%	99.0%	98.0%	National data includes all NHS providers and is at November 2016	
243	CCG code	Monthly	MHSDS	95%	99.4%	no data	no data		
	- priority metrics:								
17	ethnicity	Monthly	MHSDS	85% by 16/17 year end	92.3%	94.00%	83.0%	NEW. Data from metric 17 in dashboard	
27	Employment status recorded	Monthly	MHSDS	85% by 16/17 year end	93.3%	28.8%	33.9%	The 94.1% 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 in line with the national average, which is significantly below the 85% standard required by NHSI	
3	Proportion of patients in employment	Monthly	MHSDS		7.0%	6.3%	8.0%	MHSDS methodology TBC	
28	Accommodation status recorded	Monthly	MHSDS	85% by 16/17 year end- unclear if standard applies to recording status or proportion	93.2%	28.1%	37.1%	The 93.9% 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	
29	Proportion of patients in settled accommodation	Monthly	MHSDS		76.8%	49.0%	58.4%		
	Improving Access to Psychological Therapies (IAPT)/talking therapies							(Sunderland service only)	
1079	- proportion of people completing treatment who move to recovery	Quarterly	IAPT minimum dataset	50%	53.5%	52.0%	49.0%	NEW metric 1079 published data December 2016	
	- waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.6%	99.0%	89.4%	published data December 2016	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.5%	published data December 2016	

## Finance Returns

### Use of Resources Risk rating

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

Risk Ratings	Weight	Plan	Q1 Actual	Q2 Actual	Q3 & Q4 Actual
Capital Service Capacity	25%	2	1	2	No longer applicable
Liquidity Ratio	25%	4	4	4	
I&E Margin	25%	4	2	4	
I&E Margin Variance	25%	4	2	3	
<b>Overall Rating</b>		<b>4</b>	<b>2</b>	<b>3</b>	

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

Risk Ratings	Weight	Plan	Q2 Actual	Q3 Actual	Q4 Actual
Capital Service Capacity	20%	2	3	3	3
Liquidity Ratio	20%	4	1	1	1
I&E Margin	20%	4	1	1	1
I&E Margin Variance	20%	4	2	2	1
Agency	20%	4	2	2	3
<b>Overall Rating</b>		<b>4</b>	<b>2</b>	<b>2</b>	<b>2</b>

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

5. From Month 6 NHSI have introduced a new Board Assurance statement, which must be completed if a trust is reporting an adverse change in its forecast out-turn position. This month the Trust is reporting achievement of its control total so this statement is not required.

### Agency reporting

The agency reporting introduced at Q3 has not been requested at Q4, due to most of the information (ie long term and high cost agency staff) now forming part of the new weekly agency reporting requirements introduced from 3 April 2017.

## **RECOMMENDATIONS**

To note the information included within the report.

**Lisa Quinn**

**Executive Director of Commissioning & Quality Assurance**

**May 2017**

### Procedure for preparing in-year submissions

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

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



**Exception report Q4 2016-17****Table 3: Examples of where an exception report is required**

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

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

**Any patient suicide, homicide or absconsion (MH Trusts only) Quarter 4**

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

<b>Incident Date</b>	<b>Incident Number</b>	<b>Department</b>	<b>Cause 1</b>	<b>Current Status</b>
01/01/2017	248324	Crisis Response & Home Treatment S Tyne Palmers	DE01 Unexpected Death	Conclusion Pending
01/01/2017	248451	NLD Recovery Partnership Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
04/01/2017	249027	NCL Clinical Drug And Alcohol Service Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
08/01/2017	249470	NCL Clinical Drug And Alcohol Service Plummer Ct	DE18 Unexpected Death Local AAR	Conclusion Pending
12/01/2017	249353	NLD Recovery Partnership Wallace Green	DE18 Unexpected Death Local AAR	Conclusion Pending
15/01/2017	249706	Initial Response Team SoT HWP	DE18 Unexpected Death Local AAR	Conclusion Pending
16/01/2017	250203	NLD Recovery Partnership Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
17/01/2017	250530	NCL North & East Adult CMHT Molineux	DE01 Unexpected Death	Conclusion Pending
17/01/2017	253144	Gender Dysphoria Team Benfield	DE18 Unexpected Death Local AAR	Conclusion Pending
18/01/2017	249952	Central & S Northumberland CMHT Greenacres	DE01 Unexpected Death	Conclusion Pending
21/01/2017	250350	Initial Response Team SoT HWP	DE18 Unexpected Death Local AAR	Conclusion Pending
25/01/2017	250780	SLD Psychological Wellbeing Service MWM	DE01 Unexpected Death	Conclusion Pending
25/01/2017	250953	North Tyneside Recovery Partnership Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
28/01/2017	251402	NLD Recovery Partnership Sextant House	DE01 Unexpected Death	Conclusion Pending
31/01/2017	251530	Initial Response Team SGP	DE18 Unexpected Death Local AAR	Conclusion Pending
31/01/2017	251527	EIP NLD Greenacres	DE01 Unexpected Death	Conclusion Pending
01/02/2017	251713	NLD Recovery Partnership Sextant House	DE18 Unexpected Death Local AAR	Conclusion Pending
02/02/2017	252102	LD Community Treatment Team MWM	DE18 Unexpected Death Local AAR	Conclusion Pending
02/02/2017	252409	SLD Cognitive FF CTT MWM	DE18 Unexpected Death Local AAR	Conclusion Pending
08/02/2017	252370	Hauxley	DE18 Unexpected Death Local AAR	Conclusion Pending
09/02/2017	252630	SLD South Psychosis/Non Psychosis Doxford	DE01 Unexpected Death	Conclusion Pending
12/02/2017	253048	North Tyneside Recovery Partnership Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending
17/02/2017	253617	North Tyneside Recovery Partnership Wallsend	DE18 Unexpected Death Local AAR	Conclusion Pending

Incident Date	Incident Number	Department	Cause 1	Current Status
19/02/2017	253981	GHD Community Non Psychosis Team Dryden Rd	DE01 Unexpected Death	Conclusion Pending
21/02/2017	253873	CYPS Community NCL GHD Benton House	DE01 Unexpected Death	Conclusion Pending
21/02/2017	253967	NCL West Adult CMHT Silverdale	DE01 Unexpected Death	Conclusion Pending
24/02/2017	254074	Castleside Ward	DE18 Unexpected Death Local AAR	Conclusion Pending
24/02/2017	256405	Community Neuro Psychiatry WGP	DE01 Unexpected Death	Conclusion Pending
25/02/2017	254421	NLD Recovery Partnership Greenacres	DE18 Unexpected Death Local AAR	Conclusion Pending
26/02/2017	254431	NCL West Adult CMHT Silverdale	DE01 Unexpected Death	Conclusion Pending
06/03/2017	255602	North NLD CMHT Hawkhill	DE18 Unexpected Death Local AAR	Conclusion Pending
07/03/2017	255604	EIP NLD Greenacres	DE01 Unexpected Death	Conclusion Pending
08/03/2017	255489	Addictions Services SLD 4 To 6 Mary Street	DE18 Unexpected Death Local AAR	Conclusion Pending
08/03/2017	255467	Mitford Bungalows	AA09 Absented Themselves From Hospitals	Local After Action Review
10/03/2017	256276	NLD Recovery Partnership Wallace Green	DE18 Unexpected Death Local AAR	Conclusion Pending
11/03/2017	256170	Addictions Service SLD Empire House	DE18 Unexpected Death Local AAR	Conclusion Pending
15/03/2017	257087	North Tyneside West Adult CMHT Wallsend	DE04 Alleged Homicide By A Patient	SUI Review
16/03/2017	256404	Addictions Services SLD 4 To 6 Mary Street	DE18 Unexpected Death Local AAR	Conclusion Pending
21/03/2017	256957	North Tyneside West Adult CMHT Oxford Centre	DE01 Unexpected Death	Conclusion Pending
23/03/2017	257105	NLD Recovery Partnership Sextant House	DE01 Unexpected Death	Conclusion Pending
25/03/2017	257460	NLD Recovery Partnership Greenacres	DE01 Unexpected Death	Conclusion Pending
25/03/2017	257725	NCL North & East Adult CMHT Molineux	DE18 Unexpected Death Local AAR	No Information Required By Coroner
28/03/2017	258637	CTLD Physiotherapy Benton House	DE18 Unexpected Death Local AAR	Conclusion Pending
30/03/2017	257829	NCL North & East Adult CMHT Molineux	DE01 Unexpected Death	Conclusion Pending
30/03/2017	257928	NCL West Adult CMHT Silverdale	DE01 Unexpected Death	Conclusion Pending