Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 26th July 2017

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 3 June 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 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 3, the Trust has a year to date surplus of £1.0m which is in line with plan and equates to a finance and use of resources score of 1 (this is a sub theme of the Single Oversight Framework), the forecast year-end risk rating is also a 1. The Trust needs to continue to improve its underlying financial position to achieve this years control totals. The main financial pressures during the month were staffing pressures in CYPS inpatient, Older People's in-patients, LD transformation and income being less than plan in Specialist Care. See pages 19-20
- There are a number of contract requirements largely relating to CPA metrics and seven day follow up which were not achieved across local CCGs during month 3 and quarter 1 with only South Tyneside achieving quarter 1 fully. (page 14)
- All CQUINs are internally assessed as achieved at the end of Quarter 1 (page 15)
- Two of the five quality priorities are assessed as achieved in quarter 1, whilst three remain RAG rated as amber. (page 22)
- The Accountability Framework for each group is currently forecast as 4 due to the continuing underperformance in each group against a number of quality metrics. (p23)
- Reported appraisal rates have increased in the month to 80.6% (was 78.9% last month). (p21)
- The in month sickness absence rate has increased to 5.26% in the month. The 12 month rolling average sickness rate has increased to 5.37%. (p21)
- Training rates have continued to see most courses above the required standard. The only course more than 5% below the required standard is PMVA Basic Training (78.2% was 77.9% last month). (p21)
- The service user and carer FFT recommended score was 88% in June which is an increase from 84% in May and is in line with the national average. (page 26)

Risks Highlighted: NHS Improvement 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 – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2017-18 Month 3 (June 2017)

Contents:

NHS Improvement Risk Assessment Framework:	1			The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy)
Quality Priorities:	Quarter 1 achieved:	Quarter 1 part achieved:	Quarter 1 not achieved	In total there are five quality priorities identified for 2017-18 and at quarter 1 two are assessed as achieved whilst the waiting times, embedding the positive and safe strategy and mental health act – reading of rights quality priorities are currently rated as amber.
	2	3	0	
CQUIN:	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:		There are a total of ten CQUIN schemes in 2017-18 across local CCGs and NHS England commissioned services. All have been internally assessed as achieved during the quarter.
	10	0		

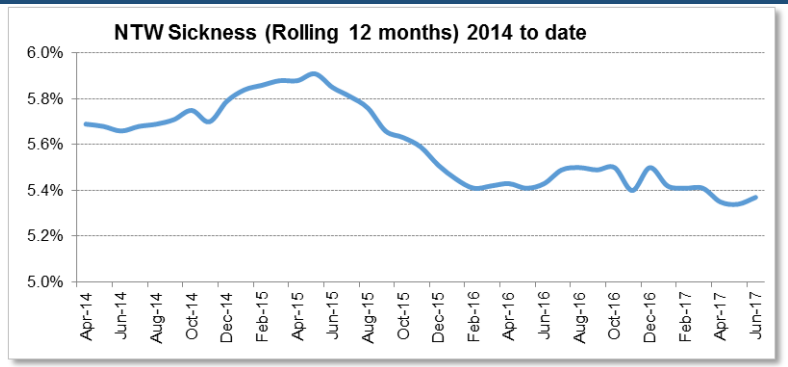
Workforce:

Statutory & Essential Training:

Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Clinical Supervision training (83.2%) and Information Governance training (92.1%) are within 5% of the required standard, PMVA Basic training is more than 5% below the standard at 78.2% Trustwide.
16	2	1	

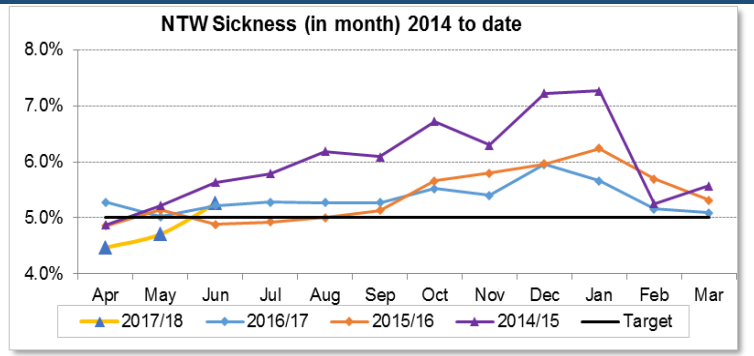
Appraisals: Appraisal rates have increased to 80.6% in June 17 (was 78.9% last month).

Sickness Absence:



The "in month" sickness absence rate is above the 5% target at 5.26% in June 2017

The rolling 12 month sickness average has increased to 5.37% in the month



Finance:

At Month 3, the Trust has a year to date surplus of £1.0m which is in line with plan. Pay spend at Month 3 was £62.8m which is £0.5m higher than plan and includes £2.2m agency spend which is £0.2m under the planned trajectory to hit our agency ceiling of £8.6m.

The Trust is forecasting to meet its control total of £7.1m by delivering a surplus before Sustainability and Transformation Fund (STF) funding of £5.2m and receiving its STF funding of £1.9m. The Trust's finance and use of resources score is currently a 1 (this is a sub theme of the Single Oversight Framework) and the forecast year-end risk rating is also a 1.

The main financial pressures at Month 3 are staffing pressures in CYPS inpatients, Older People's in-patients & Learning Disabilities transformation and income being less than plan in Specialist Care. The Trust needs to reduce pay spend down to planned levels to improve the underlying financial position and to achieve this year's control total.

To achieve this, spending on temporary staffing (agency, bank and overtime) needs to continue to reduce to reduce staffing levels to budgeted establishments. Work is ongoing to reduce overspends across the main pressure areas and savings schemes continue to be developed/implemented.

Contract Summaries:

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
81% of metrics achieved in month 3	80% of metrics achieved in month 3	100% of metrics achieved in month 3	90% of metrics achieved in month 3	86% of metrics achieved in month 3	57% of metrics achieved in month 3	75% of metrics achieved in month 3
81% of metrics achieved in quarter 1	90% of metrics achieved in quarter 1	90% of metrics achieved in quarter 1	100% of metrics achieved in quarter 1	86% of metrics achieved in quarter 1	57% of metrics achieved in quarter 1	75% of metrics achieved in quarter 1
The areas of under performance relate mainly to CPA metrics and 7 day follow up						

2. Compliance

a) NHS Improvement Single Oversight Framework

Self assessment as at Quarter 1 against the "operational performance" metrics included within the 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 1 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
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%	100%	100%	89.90%	National data includes all NHS providers and is at April 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%	99.8%	100%	98.80%	National data includes all NHS providers and is at March 2017	
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%	80.0%	75%	62.00%	Published data is as at March 2017	
	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%	91%	no data	no data	from weekly sheet 06.07.17	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	92%	no data	no data	from weekly sheet 06.07.17	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	84%	no data	no data	from weekly sheet 06.07.17	
	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 March 2017	
240	Date of Birth	Monthly	MHSDS	95%	100.0%	100.0%	100.0%	National data includes all NHS providers and is at February 2017	
239	Postcode	Monthly	MHSDS	95%	100.0%	99.0%	98.0%	National data includes all NHS providers and is at March 2017	
241	Current Gender	Monthly	MHSDS	95%	99.8%	100.0%	100.0%	National data includes all NHS providers and is at March 2017	
242	GP code	Monthly	MHSDS	95%	99.8%	99.0%	99.0%	National data includes all NHS providers and is at March 2017	
243	CCG code	Monthly	MHSDS	95%	99.5%	99.0%	99.0%	National data includes all NHS providers and is at February 2017	
	· priority metrics:								
17	ethnicity	Monthly	MHSDS	85%	93.0%	94.00%	83.0%	NEW. Data from metric 17 in dashboard.	
27	Employment status recorded	Monthly	MHSDS	85%	94.9%	28.9%	32.7%	The 94.9% 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. NTW is below the national average, both of which are significantly below the 85% standard required by NHSI	
28	Accommodation status recorded	Monthly	MHSDS	85%	94.9%	28.2%	37.7%	The 94.9% 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. NTW is below the national average, both of which are significantly below the 85% standard required by NHSI	
	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%	50.0%	54.0%	51.7%	NEW metric 1079 published data March 2017	
	· waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.7%	99.0%	89.4%	published data March 2017	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	100.0%	98.9%	published data March 2017	

NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of June 2017, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement.

The Model Hospital portal aims to provide a nationally available performance information system relating to metrics of productivity, efficiency and quality of care.

The portal uses a combination of nationally available data and data collected from Trusts to support Trusts in developing a greater understanding of their performance and how they compare nationally. It allows Trusts to easily access their data compared to others and offers a dynamic and interactive platform to benchmark performance, with the ability to choose a bespoke peer group.

Data held within the portal currently relates to metrics included within the Single Oversight Framework, broken down as follows:

Due to the volume of data included within the portal a summary of each of the above themes is being considered in turn over a three month period, as follows:

May 2017	Quality of Care
June 2017	Operational Performance
July 2017	Finance & Use of Resources plus Leadership & Improvement

(nb there is currently no data reported in relation to strategic change)

Single Oversight Framework comparative data – Operational Performance:

The chart below shows NTW performance against key performance metrics and with the exception of Accommodation and Employment status, NTW are consistently above the national average:

Mental Health Services Data Set	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
MHSDS - Accommodation status (adults)	Feb 2017	40%	40%	85%			
MHSDS - Commissioner org code	Jan 2017	100%	100%	95%			
MHSDS - Date of Birth	Jan 2017	100%	100%	95%			
MHSDS - Employment status (adults)	Feb 2017	41%	37%	85%			
MHSDS - Ethnicity	Jan 2017	94%	86%	85%			
MHSDS - Current gender	Jan 2017	100%	100%	95%			
MHSDS - Registered GP org code	Jan 2017	99%	99%	95%			
MHSDS - NHS number	Jan 2017	99%	100%	95%			
MHSDS - Postcode	Jan 2017	99%	99%	95%			

Improving Access to Psychological Therapies	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
IAPT waiting time to begin treatment: % within 18 weeks	Q4 2016/17	100%	100%	95%			
IAPT waiting time to begin treatment: % within 6 weeks	Q4 2016/17	99%	93%	75%			
IAPT: % people completing treatment who move to recovery	Q2 2016/17	54%	50%	50%			No trendline available

Community Mental Health Team	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
Patients requiring acute care who received best practice gatekeeping assessment	Q4 2016/17	100%	99%	95%			

Early Intervention psychosis waits	Period	Trust Actual	Peer Median	Benchmark Value	Info	Variation	Trend
EIP - first episode treatment within 2 weeks of referral - Part A	To Apr 2017	80%	76%	50%			

Single Oversight Framework comparative data – Finance & Use of Resources plus Leadership and Improvement:

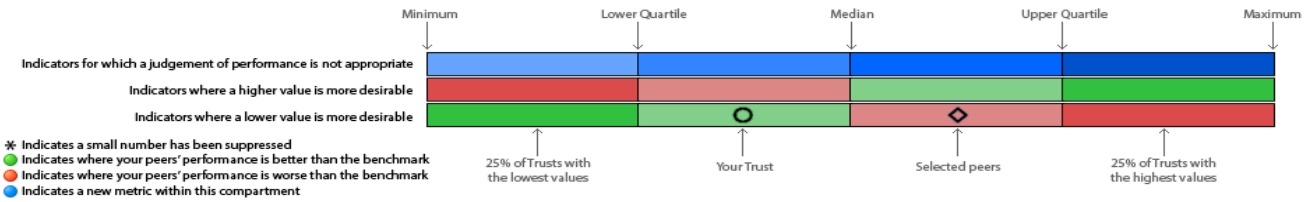
Use of Resources combined score	Capital service capacity - value	Liquidity (days) - value	I&E surplus or deficit/total revenue - value
Segment 2 Mar 2017	1.66 Mar 2017	11.31 Mar 2017	3.22% Mar 2017

Distance from control total - value	Distance from agency spend cap - value
1.05% Mar 2017	30.63% Mar 2017

Total Expenditure	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - Actual	Feb 2017	£280.74m	-	-		No variation available	No trendline available
YTD Expenditure - VarianceToPlan - Total	Feb 2017	4%	-	1%			No trendline available
Monthly Expenditure - Actual	Feb 2017	£27.30m	-	-		No variation available	
Monthly Expenditure - VarianceToPlan - Actual	Feb 2017	11%	-	2%			
Monthly Expenditure - Plan	Feb 2017	£24.65m	-	-		No variation available	

Pay Expenditure	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - Actual -Pay	Feb 2017	£225.79m	-	-		No variation available	No trendline available
YTD Expenditure - VarianceToPlan - Pay	Feb 2017	5%	-	1%			No trendline available
Monthly Expenditure - Actual - Pay	Feb 2017	£20.53m	-	-		No variation available	
Monthly Expenditure - VarianceToPlan- Pay	Feb 2017	7%	-	3%			

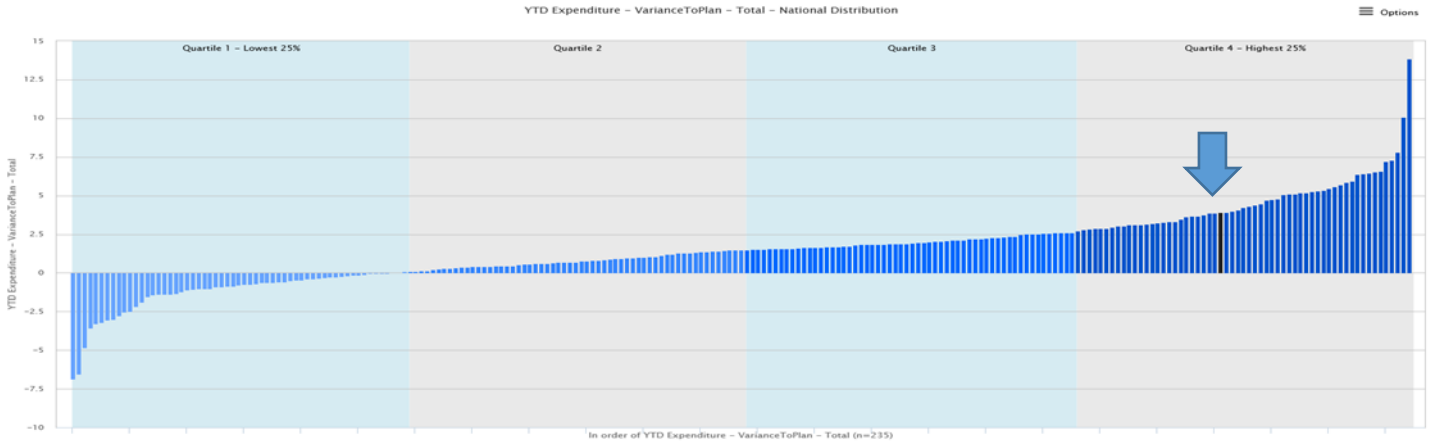
NonPay Expenditure	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - Actual -NonPay	Feb 2017	£54.95m	-	-		No variation available	No trendline available
YTD Expenditure - VarianceToPlan - NonPay	Feb 2017	-2%	-	2%			No trendline available
Monthly Expenditure - Actual - NonPay	28/02/2017	£6.77m	-	-		No variation available	
Monthly Expenditure - VarianceToPlan- NonPay	Feb 2017	23%	-	2%			



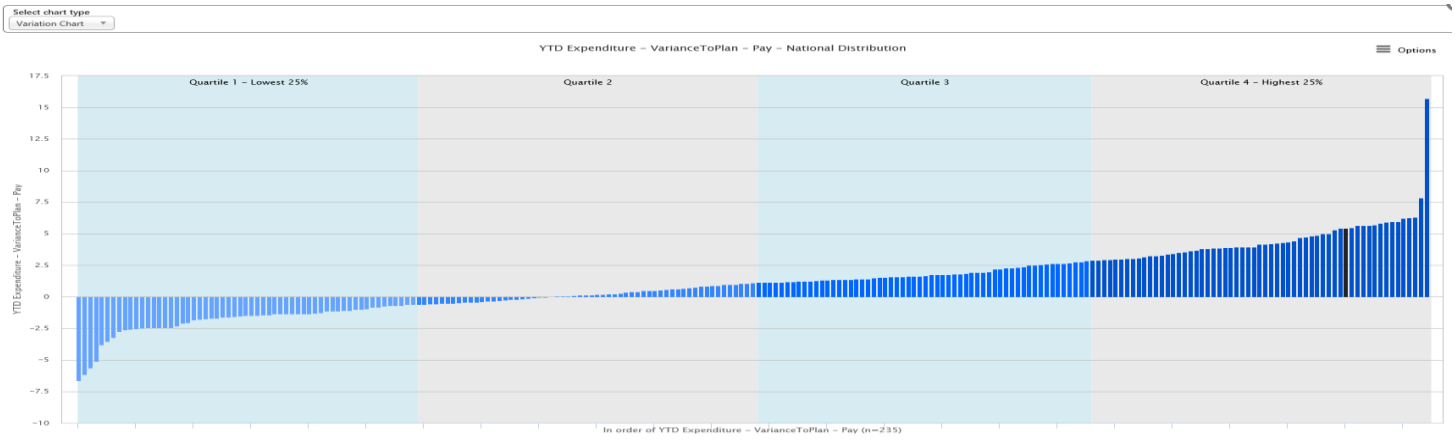
* Indicates a small number has been suppressed
Indicates where your peers' performance is better than the benchmark
Indicates where your peers' performance is worse than the benchmark
Indicates a new metric within this compartment

National Metrics (MH providers only)	NTW performance

Mental Health Services Data Set	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - VarianceToPlan - Total	Feb 2017	4%	-	1%			No trendline available

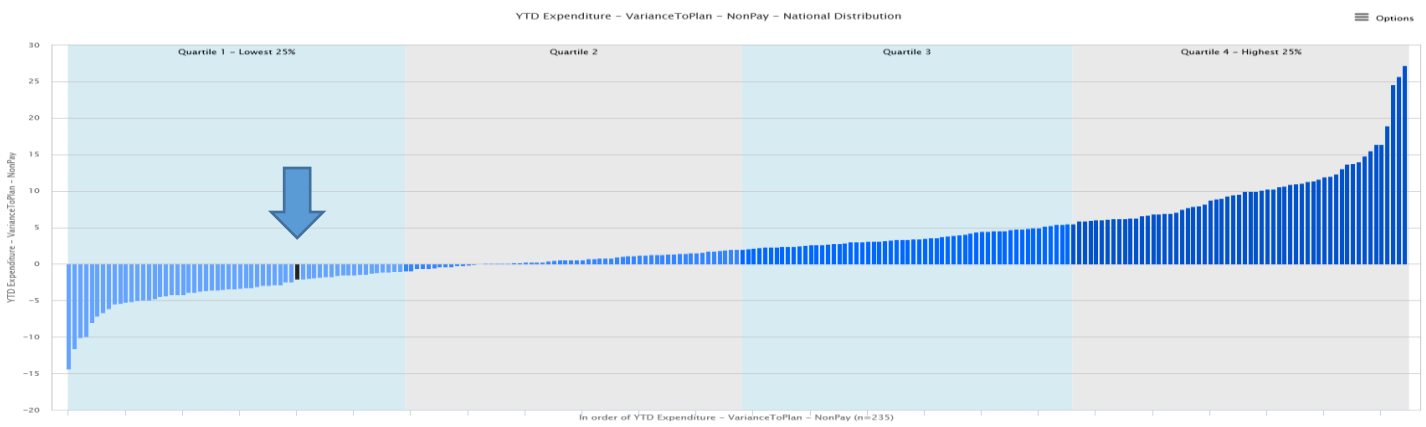


Mental Health Services Data Set	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - VarianceToPlan - Pay	Feb 2017	5%	-	1%			No trendline available



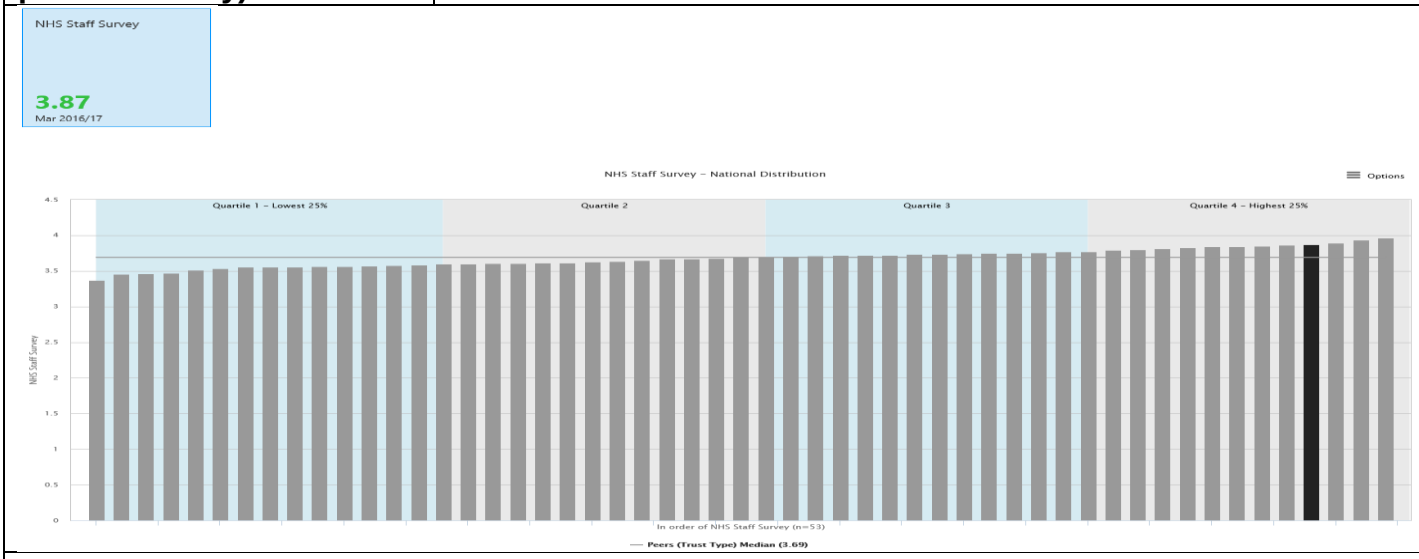
Mental Health Services Data Set	Period	Trust Actual	Peer Median	National Median	Info	Variation	Trend
YTD Expenditure - VarianceToPlan - NonPay	Feb 2017	-2%	-	2%			No trendline available

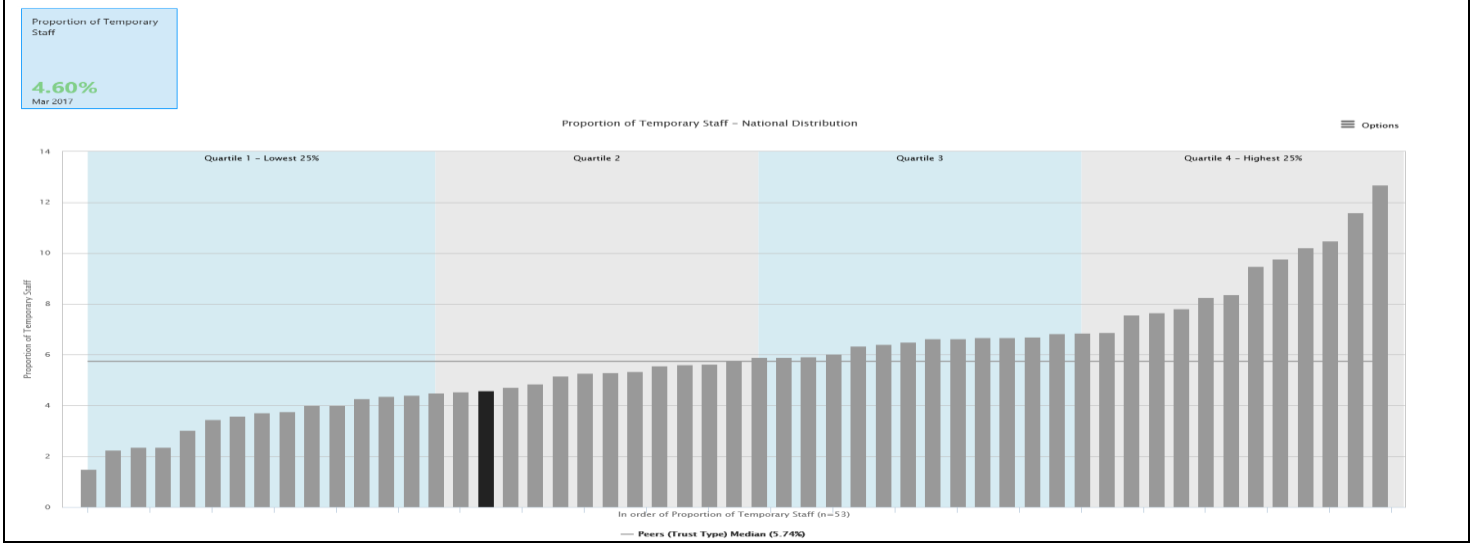
National Metrics (MH providers only)	NTW performance

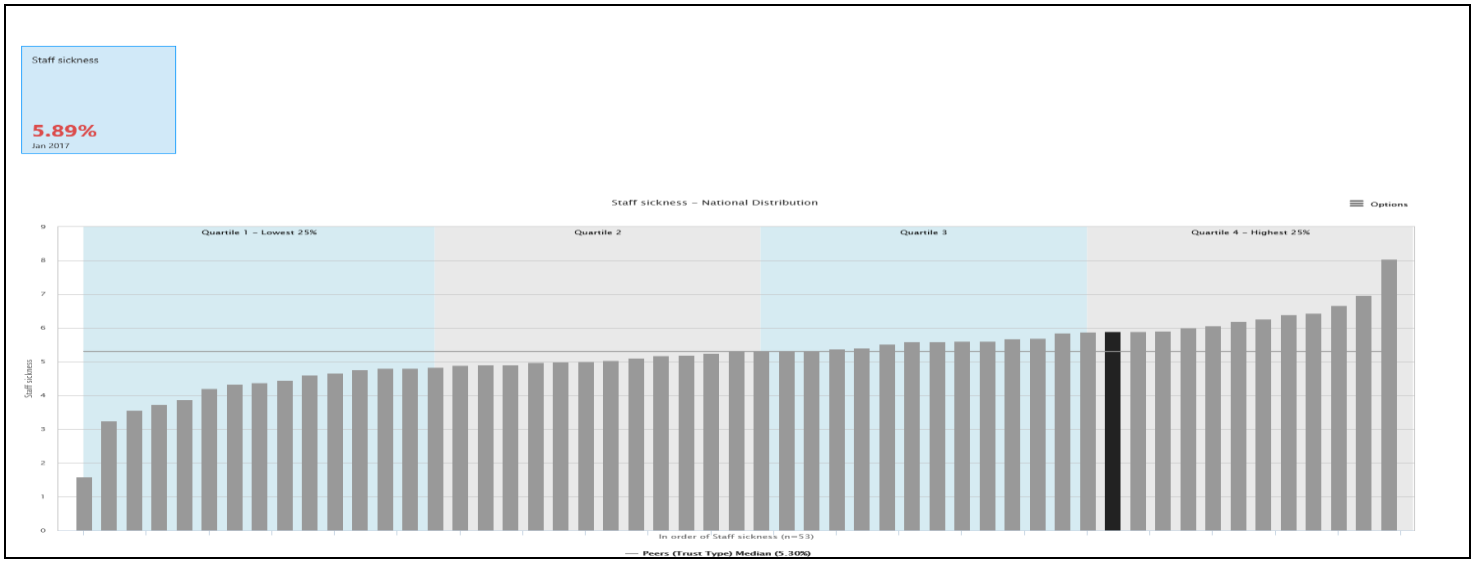


Single Oversight Framework comparative data – Leadership and Improvement:

National Metrics (MH providers only)	NTW performance






Staff sickness
5.89%
Jan 2017
Staff sickness – National Distribution
Options
Quartile 1 – Lowest 25%
Quartile 2
Quartile 3
Quartile 4 – Highest 25%
Staff sickness
In order of Staff sickness (n=53)
Peers (Trust Type) Median (5.30%)

2. Compliance

b) CQC Update June 2017

The Trust has received feedback from the CQC following their focused Mental Health Act visit on assessment, transport and admission to hospital.

Registration notifications made in the month:

None this month

Mental Health Act Reviewer visits in the month:

Shoredrift on 22 May 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. During the visit the Reviewer spoke to eight detained patients in private and two informal patients. One detained patient declined to meet with them.

Findings:

- No evidence of IMHA referrals when patients did not understand their rights
- Section 5(2) – outcomes not fully recorded on trust form
- Patient involvement in care plans
- SOAD requests
- Risk assessment not updated
- Delay in patient's consent to treatment
- Patients not offered copies of section 17 leave forms

Previous visit – 11/6/15. Not all issues resolved. Any unresolved actions have been referred to this report.

Cleadon Ward on 30 May 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. During the visit the Reviewer spoke to seven detained patients in private and two informal patients, one of whom was subject to a CTO. One detained patient declined to meet with the Reviewer and another was unavailable.

Findings:

- Issues around the MCA in the recording of the assessments
- Inconsistency of quality in care plans
- SOAD requests
- Patient consent to medication
- CTOs when patients are granted leave of absence

Previous visit – 8/9/15. All issues resolved.

Bluebell Ward on 5 June 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. The Reviewer interviewed four patients in private and spoke to two others informally. Other patients were off the ward on leave or declined to see them.

Findings:

- Awareness of right to apply for a Tribunal hearing/hospital manager appeals
- Patient consent to treatment
- No evidence of RC using SOAD trust form or speaking with patients following SOAD visit
- Ground leave – open to individual interpretation and potential mistakes.
- Concern about safety on access road

Previous visit – 5/8/15. Not all issues resolved. Any unresolved actions have been referred to this report.

Stephenson House on 13 June 2017

This was an unannounced scheduled visit by a Mental Health Act Reviewer. They saw three patients with their independent mental health advocate (IMHA) in private. The reviewer saw one patient with the IMHA and a member of staff present and completed a patient engagement form with them.

Findings:

- Information regarding CQC and complaints not accessible to all patients
- Care plans not easily understood due to abbreviations. Not enough patient involvement.
- Inclusion of patients in care team meetings/ward reviews
- Safeguarding around seclusion
- Discharge pathways
- Lack of evidence that RC explaining outcome of SOAD visit to all patients

Previous visit – 15/8/15. All issues resolved.

Beadnell on 19 June 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. They interviewed one patient in private.
Findings:

- Section 132 rights – review dates not met
- Patient involvement in care plans
- Staff not using checklist when receiving detention documents

Previous visit – 9/7/15. All issues resolved.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Mersey Care NHS Foundation Trust	March 2017	27/06/17	Good	Following re-inspection the trust's overall rating has remained 'good'. The reinspection was undertaken due to a significant change in the Trust's circumstances whereby they had acquired Calderstones NHS Foundation Trust in July 2016.	here
Lincolnshire Partnership NHS Foundation Trust	March 2017	09/06/17	Good	Following re-inspection the trust's overall rating has remained 'good'.	here

Future announced inspections:

CQC Recent News Stories:

CQC Consultation on further proposals

From 12th June 2017 until 8th August 2017 CQC will be consulting on a further set of proposals to help shape the next phase of regulation for health and social care across the country.

The proposals include:

- Changes to the regulation of primary medical services and adult social care services, including the frequency and intensity of its inspections and how CQC monitors providers and gathers its intelligence
- Improvements to the structure of registration and CQC's definition of 'registered providers'.
- How CQC will monitor, inspect and rate new models of care and large or complex providers.
- Updated approach to the 'fit and proper persons' requirement.

Some of the proposals CQC is now seeking feedback on include:

- Outlining the principles for registering providers at the level of greatest accountability (as CQC currently does and will continue to do for NHS trusts), changes to how registration will record services that providers are registered to deliver and provider-level assessment for all health and care sectors to help encourage improvement.
- Changes to how providers should engage in the 'fit and proper persons' requirement for directors and the information CQC will be expecting from them.

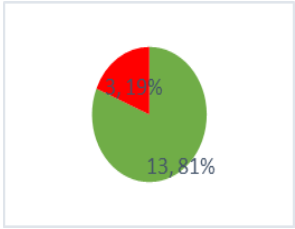
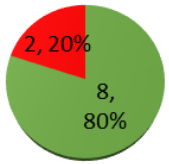
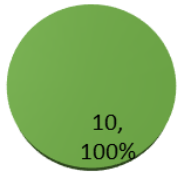
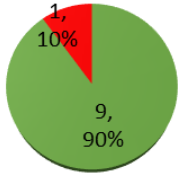
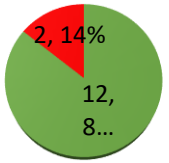
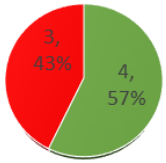
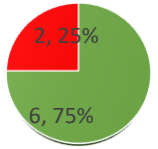
2. Compliance

c) Five Year Forward View for Mental Health – *In development*

Please note that performance against RTT, EIP and IAPT waiting times is covered in the NHS Improvement - Single Oversight Framework 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.

3. Contract Update June 2017

a) Quality Assurance – achievement of quality standards June 2017

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
						
The contract under performed in month 3 on HONOSCA within 7 days of admission and discharge (2 patients, 89.5%) CGAS within 7 days of admission and discharge (1 patient, 92.9%) and current service users with a valid ethnicity (197 patients, 89.6)	The contract under performed in month 3 on Crisis and Contingency (70 patients, 91.9%) and in month 3 against 7 day follow up (3 patients, 93.9%)	All achieved in month 3	The contract under performed in month 3 for 7 day follow up (1 patient, 90.9%) but achieved the quarter	The contract under performed in month 3 and quarter on IAPT numbers moving to recovery (49.1%) and in the quarter the numbers entering IAPT Treatment (1573)	The contract under performed in month 3 and quarter on CPA reviews in last 12 months (3 patients, 90.3%) and Crisis & Contingency (5 patients, 86.8%), CPA risk assessments (3 patients, 94.0%)	The contract under performed in month 3 and Quarter on Completion of Risk assessment (3 patients, 62.5%), Crisis & Contingency (1 patient, 80.0%)
81% of metrics achieved in the quarter The contract under performed in quarter 1 on HONOSCA within 7 days of admission and discharged (2 patients, 89.5%) CGAS within 7 days of admission and discharge (1 patient, 92.9%) and current service users with a valid ethnicity (197 patients, 89.6)	**90% of metrics achieved in the quarter** The contract under performed in quarter 1 on Crisis and Contingency (70 patients, 91.9%) and in month 3 against 7 day follow up (3 patients, 93.9%)	**90% of metrics achieved in the quarter** The contract under performed in quarter 1 on seven day follow up (7 patients, 94.9%)	**100% of metrics achieved in the quarter** All achieved in quarter 1	**86% of metrics achieved in the quarter** The contract under performed in quarter 1 on IAPT numbers moving to recovery (49.1%) and in the quarter the numbers entering IAPT Treatment (1573)	**57% of metrics achieved in the quarter** The contract under performed in quarter 1 on CPA reviews in last 12 months (3 patients, 90.3%) and Crisis & Contingency (5 patients, 86.8%), CPA risk assessments (3 patients, 94.0%)	**75% of metrics achieved in the quarter** The contract under performed in quarter 1 on Completion of Risk assessment (3 patients, 62.5%), Crisis & Contingency (1 patient, 80.0%)
						

3. Contract update June 2017

b) CQUIN update June 2017

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				
			Q1	Q2	Q3	Q4	Comments
1.Improving Staff Health and Wellbeing	£625k	To improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well.					Progressing as planned
2. Improving physical healthcare to reduce premature mortality in people with serious mental illness(PSMI)	£625k	Assessment and early interventions offered on lifestyle factors for people admitted with serious mental illness (SMI).					
3. Improving services for people with mental health needs who present to A&E	£625k	Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E.					
4. Transitions out of Children and Young People's Mental Health Services	£625k	To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services.					
5. Preventing ill health by risky behaviours – alcohol and tobacco	£625k	To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco.					
6. Health and Justice patient Experience	£5k	NHS England has a national priority and focus on patient experience in order to improve the quality of services.					
7. Recovery Colleges for Medium and Low Secure Patients	£1.2m	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
8. Discharge and Resettlement		To find initiatives to remove hold-ups in discharge when patients are clinically ready to be resettled into the community. To include implementation of CUR for MH at pilot sites					
9. CAMHS Inpatient Transitions		To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multi-agency planning and co-ordination.					
10. Reducing Restrictive Practices within Adult Low & Medium Secure Services		The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, to improve patient experience whilst maintaining safe services.					
Grand Total	**£3.7m**						

3. Contract update June 2017

c) Service Development and Improvement Plan – NHS England

	Milestones	Progress
Review Mental Health Secure Outreach Team against service specification called Forensic Outreach and Liaison Service	Ensure service meets the national specification Develop action plan to meet service specification with clear timescales Reach a clear understanding of the types of contacts and activity levels by professionals within the team	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
Gender Dysphoria Service	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded NHS England to review the service against the new specification which is out to consultation NTW will work with NHSE to complete the national reporting template when implemented	We have been progressing this work with the team in line with the new gender service dataset. This is due to go live in the next 2 week This has not yet been circulated. We anticipate consultation will start at the end of July 2017. Changes to the NTW systems are now in place to enable reporting when it is required.
Mental Health and Deaf Team	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded	We are waiting for confirmation from NHSE in relation to the continuation of the national MH and deafness dataset.
Peri-natal outreach	If funding is agreed nationally, implement development of peri -natal outreach service in line with agreed business case	We are waiting for confirmation from NHSE of funding
Peri natal service	To ensure that the service meet the new specification when published	We are waiting for the publication of the new service specification. Service leads are involved in its development.
CAMHS Tier 4 National Service Review	NTW and NHS England to work together to implement recommendations from the national service review	We are waiting for the specific outcomes of the review with recommendations however we are already working with commissioners on the trajectories and bed configuration element as part of the new care models arrangements
Adult Secure National Service Review	NTW and NHS England to work together to implement recommendations from the national service review	We are waiting for the specific outcomes of the review with recommendations however we are already working with commissioners on the trajectories and bed configuration element as part of the new care models arrangements

	Milestones	Progress
Secure Outreach and Transitions Team	**If approved and agreed by NHS England** Develop Secure Outreach and Transitions Team as per agreed business case	The team has been operational since 8th May 2017 3 posts are still within the recruitment process (SALT, OT & Care Navigator) however the aspects of these posts are being overseen by professionals within the Secure Service line / MDT on a case per case basis. The team are working collaboratively & developing relationships with bed based services, TEWV and partner organisations. The case load is expanding as the team becomes established and referrals received. The team are working with bed based services attending review meetings and identifying patients they can work with that have a IDD, working with providers etc to support discharge KLOE's have been set and shared with LIG  Key lines of enquiry for the Enhanced Cor Performance criteria is being established
Adult Medium and Low Secure services	To ensure that the services meet the new specifications when published	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
CAMHs Tier 4 services	To ensure that the services meet the new specifications when published	We are waiting for the publication of the new service specification. The services have contributed to the consultation.
Neuropsychiatry	The current service specification is in draft. NTW will work with NHSE to ensure that the service meets the specification when finalised.	The service has worked with the commissioners to agree a service specification and are currently working to it as a draft spec. This will be reviewed once the national specification is in place. The quality of care is of a high standard and meets the needs of the population.
CNDS	NTW to work with NHS England to develop a clear description of the types of contacts within the service and how they are recorded	The service produced a description of their contacts as part of the discussion in 16/17 on how to capture activity. We need to agree with commissioners a start date and process to begin this work together.

* Refer to Contract Technical Guidance for detail of requirement

3. Contract update June 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update														
			Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
Key Metrics	Contract Standard	Internal Standard	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Current Service Users, in scope for CPP, who are in settled accommodation			58.0%	58.5%	58.9%									
Current Service Users on CPA			10.1%	10.0%	9.8%									
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%									
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%									
Number of Current Service Users within their cluster review threshold		* 100%	77.4%	78.2%	79.0%									
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%									
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%									
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		* 100%	68.9%	70.7%	67.7%									
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		* 100%	54.7%	55.2%	53.6%									
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%									

N.B The outcomes steering group has agreed revised standards for the three metrics highlighted above *, with effect from 1st July the internal standard will be 85%

4. Finance Update June 2017

Financial Performance Dashboard

NTW Income & Expenditure

	Plan £m	YTD £m	Variance £m
Income	78.3	77.6	0.7
Pay	(62.3)	(62.8)	0.5
Non Pay	(12.3)	(11.1)	(1.2)
EBITDA	**3.7**	**3.7**	**0.0**
Cost of Capital	(2.7)	(2.7)	0.0
Surplus/(Deficit)	**1.0**	**1.0**	**0.0**

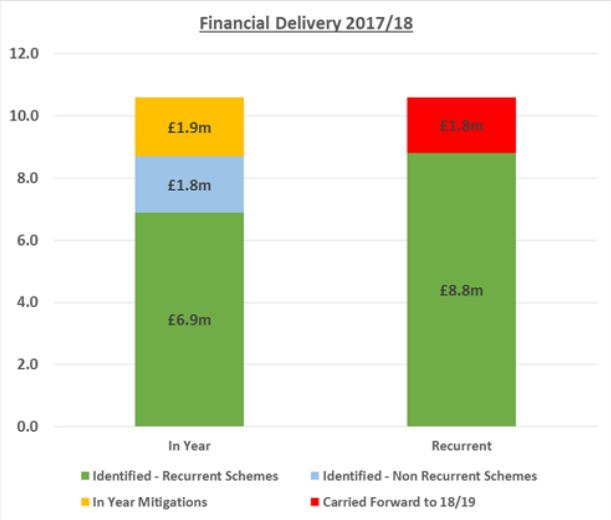
Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	6.6	5.8	0.8
Community	5.7	5.4	0.3
Inpatient Care	7.0	6.5	0.5
Central	(18.3)	(16.7)	(1.6)
Surplus/(Deficit)	**1.0**	**1.0**	**0.0**

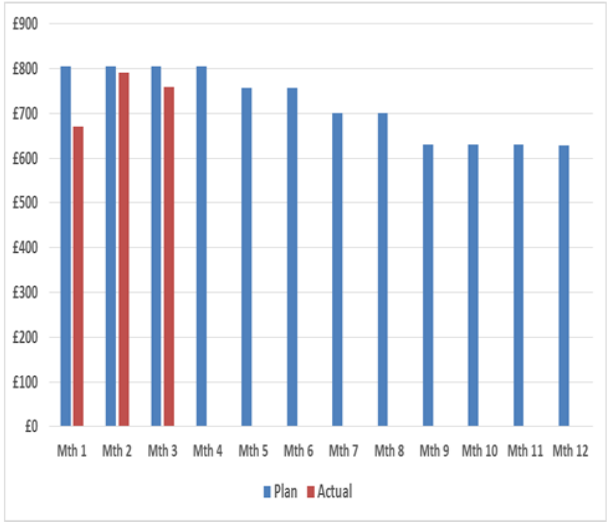
NTW Key Indicators

Key Indicators	Current
Risk Rating	1
Agency Spend	£2.2m
FDP Delivery	£2.6m
Cash	£20.3m
Capital Spend	£0.8m

Financial Delivery Plan



Agency Spend



Key Issues/Risks

- Surplus - £1.0m at Mth3 which is on plan.
- Control Total – The Trust is forecasting delivery of its £7.1m Control Total.
- Risk Rating – The Use of Resources rating is a 1 at Mth3 & the forecast year-end rating is a 1.
- Pay costs and staff numbers are above plan at Mth3. Monthly pay spend needs to continue to reduce if the Trust is to meet its control total this year.
- Main pressures - CYPS In-patients, LD transformation & below plan income in Specialist Care which have resulted in the Group being £0.8m above their control total at Mth3.
- Agency Spend – Target spend in 17/18 is £8.6m. Spend at Mth3 is £2.2m which is £0.2m below target trajectory.
- Financial Delivery Plan - Planned savings of £2.6m have been achieved at Mth3.
- Cash – £20.3m at Mth3 which is £1.5m below plan.
- Capital Spend - £0.8m at Mth3 which is £1.6m below plan.

Agency Dashboard – Month 3 2017/18

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 2016.
2. Cap rates reduced on 1st Feb and reduced further on 1st April 2016 when the need to use suppliers on approved frameworks for all staff groups and agency spend ceilings were also introduced.
3. The Trust's ceiling in 16/17 was £8.6m, which was a £5m reduction on 15/16 spend. Agency spend in 16/17 was £11.3m.
4. The Trust's ceiling for 17/18 remains at £8.6m but a medical agency spend target of £3.1m has also been introduced.
5. Agency spend at Mth3 is £2.2m which is £0.2m below trajectory.
6. Medical agency spend at Mth3 is £1.0m which is £0.1m above trajectory.
7. The number of price cap breaches has reduced significantly since price caps were introduced. In June, the Trust reported an average of 16 above price cap shifts (breaches) per week (11 medical & 5 nursing). At the end of June, 2 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

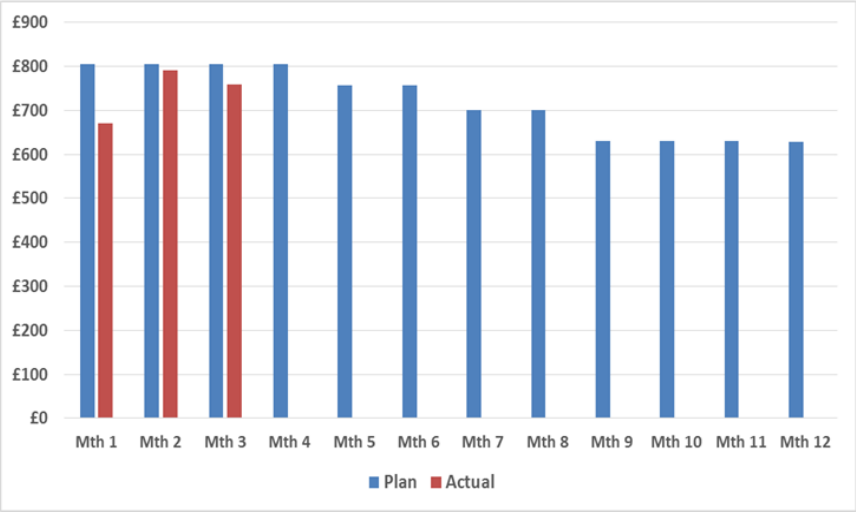
NTW - Temporary Staffing Spend 2017/18

	Year to date - Mth 3			
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	0.6	1.2	0.4	2.2
Community	0.8	0.3	0.0	1.1
Inpatients	0.6	0.7	0.0	1.4
Support Services	0.3	0.0	0.1	0.4
	2.2	**2.2**	**0.6**	**5.0**

Monitor Agency Price Cap Breaches (Number of shifts)

	April	May	June
Staff Group	3/4 - 30/4	1/5 - 28/5	29/5 - 25/6
Medical	70	40	45
Nursing	15	20	20
Total	85	60	65

Agency Spend v Agency Ceiling



5. Monthly Workforce Update June 2017

Workforce Dashboard

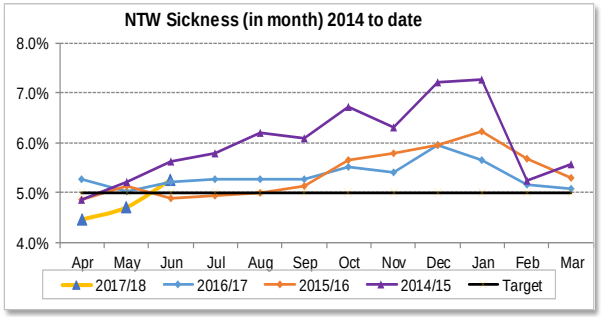
Training and Appraisals	Standard	M3 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions
Fire Training	85%	88.0%	▲	88.4%	88.2%	89.2%	81.0%	60.0%	90.9%	95.0%	95.4%
Health and Safety Training	85%	91.7%	▲	94.8%	90.8%	93.4%	87.1%	63.2%	90.1%	95.0%	95.6%
Moving and Handling Training	85%	93.2%	–	97.8%	91.3%	95.8%	86.6%	60.8%	95.7%	95.0%	95.4%
Clinical Risk Training	85%	90.4%	▼	92.7%	90.2%	91.9%			60.5%		
Clinical Supervision Training	85%	83.2%	▲	86.2%	83.5%	82.4%			70.4%		
Safeguarding Children Training	85%	95.7%	▲	98.0%	95.3%	97.6%	92.2%	63.2%	96.8%	95.0%	97.2%
Safeguarding Adults Training	85%	93.5%	▲	96.1%	92.7%	94.2%	90.5%	64.0%	96.5%	90.0%	97.1%
Equality and Diversity Introduction	85%	94.5%	▲	97.5%	94.5%	95.3%	92.4%	64.0%	90.9%	95.0%	97.2%
Hand Hygiene Training	85%	92.4%	▼	95.0%	91.4%	95.0%	88.1%	62.4%	88.0%	95.0%	95.9%
Medicines Management Training	85%	89.6%	▲	93.3%	88.5%	90.3%	86.2%		79.0%		
Rapid Tranquilisation Training	85%	85.9%	▲	92.7%		87.4%			49.4%		
MHCT Clustering Training	85%	87.0%	▼	85.6%	88.4%	74.4%					
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	85.1%	▲	91.1%	86.6%	86.0%			62.8%		
Seclusion Training (Priority Areas)	85%	96.9%	▲	97.4%		96.5%					
Dual Diagnosis Training (80% target)	80%	89.5%	▼	94.0%	92.2%	89.9%			65.0%		
PMVA Basic Training	85%	78.2%	▲	80.9%		80.9%			66.3%		
PMVA Breakaway Training	85%	91.4%	▼	50.0%	88.0%	95.4%					
Information Governance Training	95%	92.1%	▲	92.9%	92.4%	93.6%	88.8%	64.8%	90.1%	90.0%	
Records and Record Keeping Training	85%	98.4%	▲	99.5%	98.8%	99.1%	96.4%	81.6%	99.7%	95.0%	100.0%

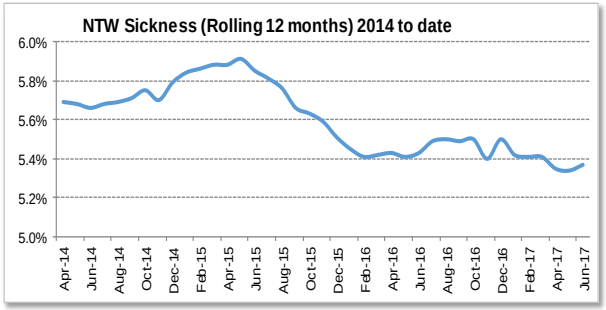
* NB Prior learning may not be reflected in these figures and is being investigated

Appraisals	85%	80.6%	–	84.9%	80.0%	86.1%	60.5%				83.0%

Managing Attendance - includes NTW Solutions	Target	M3 position	Trend
In Month sickness	<5%	5.26%	▼
Short Term sickness (rolling)		0.16%	
Long Term sickness (rolling)		5.20%	
Average sickness (rolling)	<5%	5.37%	▲

NB - NTW Solutions Sickness absence in the month was 4.62%





Best Use of Resources	Target	M3 position	Trend
Agency Spend		£758,660	▲
Admin & Clerical Agency (included in above)		£94,413	▲
Overtime Spend		£171,254	▼
Bank Spend		£691,410	▲

Recruitment, Retention & Reward	Target	M3 position	Trend
Corporate Induction	100%	100.0%	–
Local Induction	100%	92.9%	▲
Staff Turnover (includes NTW Solutions)	<10%	16.4%*	▲
Current Headcount		6511	

*this is a rolling 12 month figure

Behaviours and Attitudes	M3 position
Disciplinaries (new cases since 1/4/17)	63
Grievances (new cases since 1/4/17)	6

6. Quality Goals/Quality Priorities/Quality Account Update June 2017

Progress towards the quarter one requirements for each of the 2017-18 quality priorities is summarised below.

Two of the seven priorities are currently rated green and three are rated amber against the Quarter 1 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				
			Q1	Q2	Q3	Q4	Comments
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					There is slippage into quarter 2 on some elements of this quality priority
Working with you, your carers and your family to support your journey	2	Improve waiting times for referrals to multidisciplinary teams.					There are continuing challenges in maintaining waiting times, particularly in Childrens' and Young People's Community Services.
	3	Implement principles of the Triangle of Care					Progressing as planned
	4	Co-production and personalisation of care plans					Progressing as planned
Ensure the right services are in the right place at the right time to meet all your health and wellbeing needs	5	Use of the Mental Health Act – Reading of Rights					There is slippage on reporting compliance regarding reading of rights due to enhancements made to RiO

7. Accountability Framework

N.B Reflects the revised Accountability Framework for 2017-18 which took effect from 1st April 2017

	Overall Rating	**4**				**4**				**4**				
Quality Governance	Performance against National Standards:	**1**				**1**				**1**				
	CQC Information:	**2**				**1**				**2**				Inpatient Group - Some outstanding issues but systems in place to resolve
	Performance against Contract Quality Standards:	**1**				**2**				**2**				The Community Group was below target on 3 contract metrics for quarter 1. Discussions are on-going within the Group to bring these in line by the end of Q2.
	Clinical Quality Metrics:	**4**				**4**				**4**				Inpatient Group - This has been rated as a 4 due to the failure to meet the current CPP requirements with targets of 100% for the 3 previous quarters and we do not consider them achievable by the end of the quarter. We are also underperforming on IG & PMVA training across the quarter. Community Group - The Group was below target on 10 internal metrics at quarter 1 . Discussions are on-going within the Group to address this it is likely these will be met by the end of Q2 . As such the Group will have failed these areas in 3 consecutive quarters. Whilst CPP metrics remain at 100% it is likely the Group will remain at a level 4.
Use of Resources	YTD Contribution	**4**				**2**				**4**				
	Forecast Contribution	**2**				**2**				**2**				
	Agency Spend	**2**				**1**				**1**				

		1	2	3	4
Quality Governance	**Performance against national standards**	All Achieved or failure to meet any standard in no more than one month	Failure to meet any standard in 2 consecutive months triggered during the quarter	Failure to meet any standard in 3 or more consecutive months triggered during the quarter	Trust is assigned a segment of 3 (mandated support) or 4 (special measures)
	CQC Information	No Concerns -all core services are rated as Good or Outstanding and there are no "Must Do's" with outstanding actions.	No Concerns - all core services are rated as Good or Outstanding however there are "Must Do's" with outstanding actions.	Concerns raised – one or more core services are rated as "Requires Improvement"	Concerns raised – one or more core services are rated as "Inadequate"
	Performance against contract quality standards *(measured at individual contract level)*	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached and contract penalties applied or are at risk of being applied.
	Clinical Quality Metrics	All Achieved	All but a small number of contract metrics are achieved for the quarter and there is a realistic plan in place to recover the underperformance within the following quarter.	Quarterly standard breached in 2nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3rd consecutive quarter.
Use of resources	**YTD contribution**	Exceeding or meeting plan.	Just below plan (within 1%).	Between 1% and 2% below plan	More than 2% below plan
	Forecast contribution				
	Agency Spend	Below or meeting ceiling.	Up to 25% above ceiling.	Between 25% and 50% above ceiling.	More than 50% above ceiling.
	Use of resources metrics	TBC	TBC	TBC	TBC

8. Monthly activity update (Currently in development)

9. Service User & Carer Experience Monthly Update June 2017

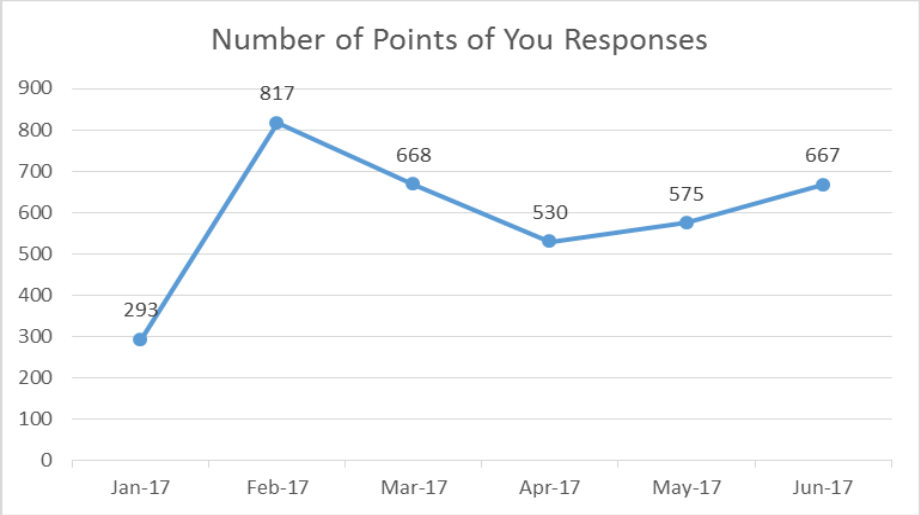
Experience Feedback:

Feedback received in the month – June 2017:

	Responses received June 2017	Results June 2017
Points of You Feedback from Service Users ('Both' option included here)	550	Overall, did we help? Scored: 8.8 out of 10* (8.3 in May)
Points of You Feedback from Carers	117	
Friends and Family Test (FFT) (now a subset of the Points of You responses)	678	Recommend Score**: 88% (84% in May)

* score of 10 being the best, 0 being the worst
** national average recommend score resides around 88%

Graph showing Points of You responses received by month:



In June the number of Points of You responses increased compared to the previous month of May. The results have also showed improvements with 88% of respondents identifying they would recommend our services to family or friends, this figure is above May's recommend score and equal to the national average. In June 2016/17 the latest version of the Points of You dashboard was launched which enabled staff to view a statistical and thematic analysis of the feedback received at a ward and team level.

The Northern Region Gender Dysphoria Service is the only exemption to the Trust-wide Points of You service users and carer experience programme. The service uses a survey developed nationally with all other Gender Dysphoria service in England. During June 17 the Northern Region Gender Dysphoria Service received 7 surveys. Nearly all responses to each of the questions were positive (rating extremely likely or, likely).

10. Mental Health Act Dashboard

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	92.0%	92.4%										
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%										
Record of Rights (Detained)Assessed at Section Change within the Period	87.0%	73.9%										
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%										
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%										
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%										

The revised local rights recording form went 'live' on the 5th June 2017. The dashboard metrics for rights are being amended to link with the structure of the new form. This work is currently in progress therefore the update for June in relation to rights will be incorporated into the July report.

The dashboards show that the provision of rights to patients detained in hospital is fairly well embedded within the Trust. In May 2017 compliance with the metric was 92.4% which is 4.3% lower than for the same period in 2016.

Compliance with rights having been revisited within the past 3 month period for May 2017 has also dipped slightly to 93.5%. For the period April 2016 to March 2017 the compliance rate was consistently above 95%.

Compliance is lower in relation to the provision of rights where the section the patient was detained under had changed - for May 2017 this was 73.9%. This represents a significant dip since December 2016 when compliance was 95.8%. This metric is to be included within the Rights Quality Priority for 2017/2018.

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.

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 14 of their last 32 MHA reviewer visits (1st April 2016 to 30/04/17) reported issues in relation to the provision and recording of rights. The number of occasions the CQC are identifying rights issues is decreasing (the last report showed 13 of 26).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 reduction in compliance in April/May 2017 is disappointing however the local 'rights' recording form has been reviewed by the local forms group. The revised form was made 'live' on 5 June 2017. Awareness sessions to support the introduction of the new form and the changes in practice required are underway and will continue throughout June and July 2017. Registered Nurses are required to attend. The sessions to date have been for the most part well attended and feedback has been good.

An e Learning package is also being developed by the Mental Health Legislation Team. It is anticipated that these and other measures will help drive up compliance and in particular for community patients where compliance is lower.

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 was not sustained throughout the reporting period for 2016/2017 (1st April 2016 – 31st February 2017). The high in August 2016 of 91.7% dropped to 69.2% in September 2016 however the average since October 2016 was 80%. In April 2017 compliance dropped significantly to 42.9% and in May 2017 still further to 33.3%. A specific piece of work will be carried out to try and identify the root cause of this and any other factors that might have a bearing.

Compliance with the provision of further explanations within a three month period remains low in comparison with the related metric for detained patients, the average compliance as a percentage over the period April 2016 to March 2017 was 45.7% with a range of 30.7% to 56.1%. The compliance rate for April 2017 is the same as last year's average of 45.7%. A slight increase has been in noted in May 2017, compliance being 48.9%.

How these shortfalls can be addressed is being considered as part of the remit of the CTO Task and Finish Group. Some further recommendations to try and improve compliance had been made by the CTO Task and Finish Group and will be included on the agenda for discussion/agreement at the Mental Health Legislation Steering Group. A memo highlighting issues with compliance in the community has been sent to all Group directors.

Two 'local forms' awareness sessions (which covered both the requirements of the 'rights' and consent to treatment forms), have been delivered to Sunderland community staff. These sessions were well received and feedback was good.

As noted above the 'new' rights form has now been made 'live and the planned awareness sessions continue.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. A lead has been appointed (Dr R Nadkarni). The CTO task and finish group, at a recent meeting made some recommendations to be taken to the MHL Steering Group for agreement. This included transferring responsibility for the reporting on compliance to representatives from Clinical Services who would be in a position to report on progress against the action plans that have been put in place to improve compliance.

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) has been consistently under 68.3%. The average for the year 1st April 2016 to 31st March 2017 was 61%. For April 2017 the compliance rate was 50.8% and for May 2017 42.44.This is despite a prompt to undertake this, from the MHA office when the section papers are received. Compliance for June has gone up to 55.1%

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 June 2017)

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

13. Outcomes/Benchmarking/National datasets Update and Other Useful Information

Benchmarking

The data collection relating to the Mental Health collection has now been completed and submitted to the NHS Benchmarking Team. There will be ongoing work within the organisation prior to the release of the draft version within the groups where the data will be fully reviewed.

The CAMHS collection is due for submission on the 14th July 2017 and has been circulated to the specialist group prior to submission for comment.

The Trust has registered to participate in the Corporate Functions and the submission is due to the NHS Benchmarking team by 30th September 2017.

The Learning Disability Benchmarking specification has been released and comments have been requested on the existing specification and any feedback regarding new areas of investigation for the project. Comments are required to be reported back to the national team by 21st July 2017. The collection sheet has been circulated within the groups. Comments will be collated and centrally fed back prior to the commencement of the data collection which is due to run between 18th September 2017 until 10th November 2017.

The dates of the NHS Benchmarking Conferences are:

Good Practice in Mental Health Services Conference – 9th November 2017

Good Practice in CAMHS Services Conference – 16th November 2017

Learning Disability – March 2018

NHS Improvement are seeking permission from the Trust to access our 2017 Benchmarking data.

Improving Access to Psychological Therapies (IAPT)

Listed below are the Sunderland IAPT Outcome Measures for June 2017.

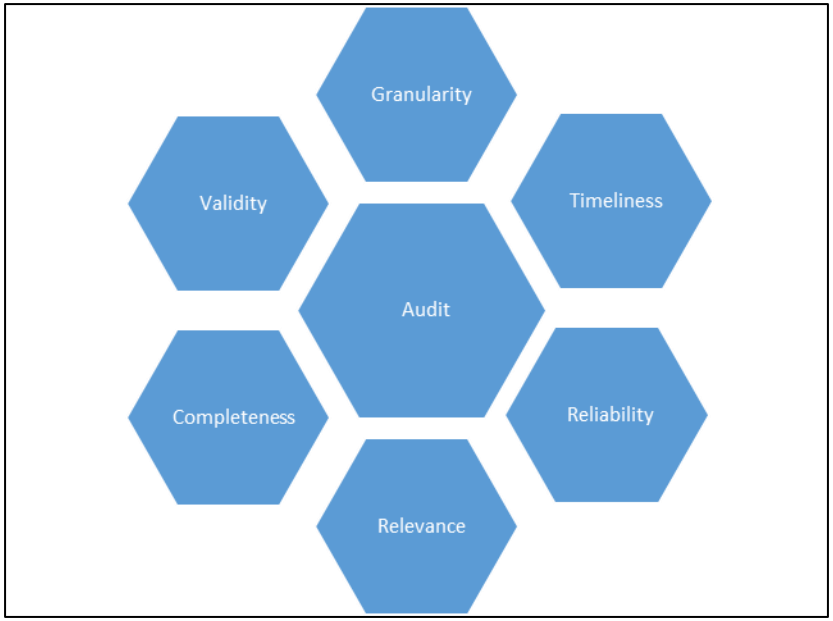
SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2017-2018

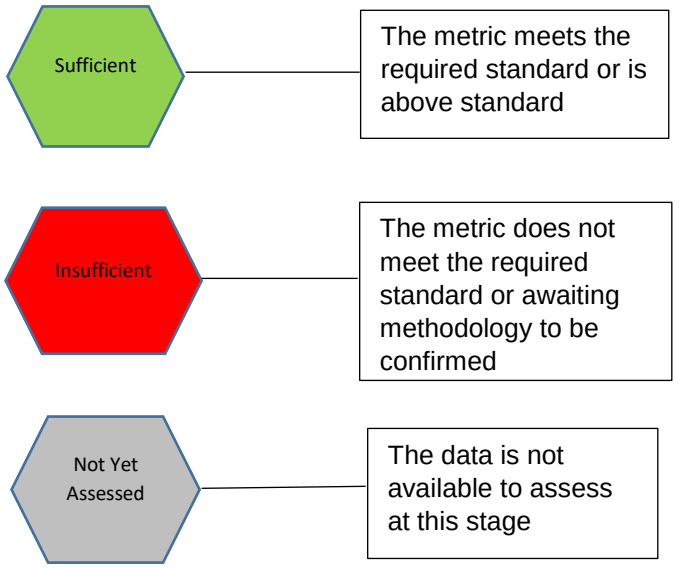
Outcome Measure	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Access - BAME (% of total service users entering treatment)	TBA	4.44%	2.53%	2.41%									
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%									
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09.%	10.68%	10.30%									
Choice - % answering no	TBA	0%	0%	0%									
Choice - % answering partial	TBA	1.94%	5.26%	4.85%									
Choice - % answering yes	TBA	98.06%	94.74%	95.15%									
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6									
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36									
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%									
Reduced Disabilty Improved Wellbeing	TBA	36.31%	32.00%	30.90%									
Reliable Improvement	TBA	73.53%	68.73%	72.53%									
Self Referrals (% of discharges who had self referred)	TBA	73.81%	75.60%	73.82%									
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%									
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%									

It is anticipated that an element of the IAPT contract payment may be linked to these outcomes in future financial years

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 indictor 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