

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 24th May 2017

Title and Author of Paper:

Integrated Commissioning & Quality Assurance Report (**Month 12 March 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

Key Points to Note:

- At month 12, The Trust remained 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 12, the Trust had a draft surplus of £8.2m and a risk rating of 2. The Trust needs to continue to improve its underlying financial position to achieve next years control totals. The main financial pressures during the year were CYPS Inpatient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. Agency spend for the year was £11.2m, which is £2.6m above the Trusts ceiling trajectory. See pages 17-18
- All contract requirements were achieved in the month and quarter with the exception of Sunderland CCG 7 day follow up contacts and numbers entering IAPT treatment and Cumbria CCG CPA metrics which were not achieved in both the month and quarter. (page 10)
- All CQUINs were internally assessed as achieved within the quarter with the exception of some slippage against the implementation of the Health Equality Framework for people with Learning Disabilities. (page 11)
- Most quality priorities were fully achieved in quarter 4. (page 15)
- The Accountability Framework for each group was rated as 3 for quality governance for quarter four. The Specialist Group is currently rated as 4 (highest risk) for finance (nb the finance ratings now reflect the Single Oversight Framework). (p22)
- Reported appraisal rates increased in the month from 79.6% to 79.7% (p16)
- The in month sickness absence rate has decreased to 5.09%, this was the lowest March sickness rate of the last four reported years . The 12 month rolling average sickness rate remained static at 5.4%. (p16)
- The staff turnover reported this month is 16.5% which is due to the introduction of NTW Solutions. (p16)
- Training rates continued to see most courses above the required standard. The only course more than 5% below the required standard was PMVA Basic Training

(76.4% was 77.1% last month). Information Governance improved in the month from 86.9% to 92.5%. (p16)

- Reported incidents and serious incidents increased in the month. (pages 20-21)
- The FFT recommend score increased from 83% to 85% in the month which is closer to the national average for similar trusts. (page 25)

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 12 (March 2017)****Contents:**

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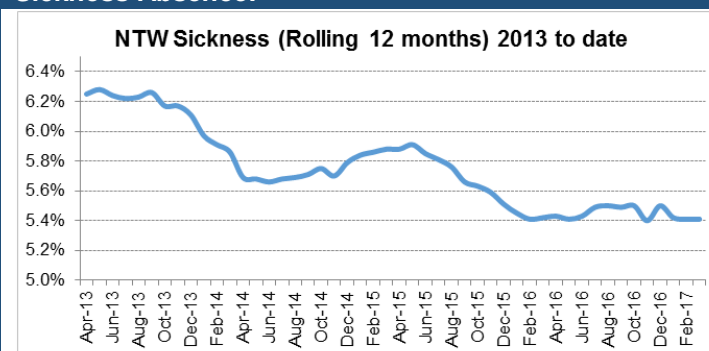
NHS Improvement Risk Assessment Framework:	A material finance risk has been identified resulting in a Financial Sustainability Risk Rating of 2.	Governance Risk Rating Month 12:	Financial Sustainability Risk Rating Month 12:	<p>The Trust's assigned shadow segment under the Single Oversight Framework remains at "2" (targeted support).</p> <p>Performance against the previous risk assessment framework remains green (lowest risk for Governance). The Financial Sustainability risk rating remains at 2. While all of the Governance Risk Assessment Framework requirements are achieved in the month, performance against Internal KPIs as forecast in the annual plan are currently not achieved.</p>
		Green	2	

Quality Priorities:	Quarter 4 achieved:	Quarter 4 part achieved:	Quarter 4 not achieved	<p>In total there are seven quality priorities identified for 2016-17 and at month 12 four are achieved, transitions between inpatient and community mainstream services and risk of harm training have both been rated amber, and waiting times which has been rated red.</p>
	4	2	1	

CQUIN:	Quarter 4 forecast achieved:	Quarter 4 forecast part achieved:	<p>There are a total of ten CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services. A risk has been identified around the Health Equality Framework outcome measure for people with LD therefore this has been rated amber against Quarter 4 requirements.</p>
	9	1	

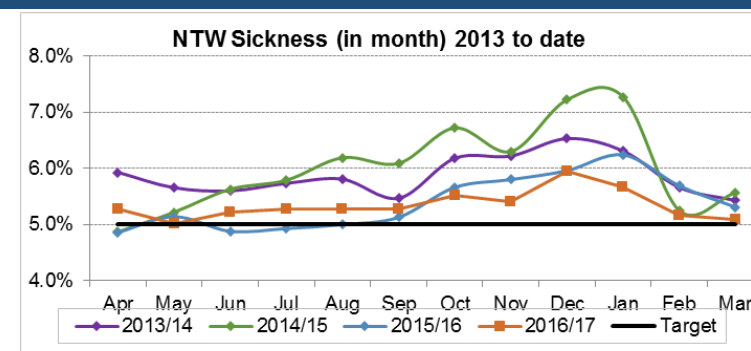
Workforce:	Statutory & Essential Training:			<p>Information Governance has improved to 92.5% this month from 86.9% in February 17. PMVA Basic training is 76.4% Trustwide.</p>	<p>Appraisals: Appraisal rates have increased to 79.7% in March 17 (was 79.6% last month).</p>
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	15	3	1		

Sickness Absence:



The "in month" sickness absence rate is above the 5% target at 5.09% in March 2017

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



Finance:	<p>At Month 12, the Trust has a draft surplus for the year of £8.2m which is £1.6m above the Trust's control total. The draft surplus includes £1.8m core Sustainability and Transformation Fund (STF) funding and £1.3m STF Incentive Funding. The Trust should also receive some STF Bonus Incentive Funding that will increase the draft surplus, but the value of this won't be notified until 24 April. The Trust's year-end risk rating is a 2. The Trust's pay costs increased slightly in Month 12 and the Trust needs to continue to reduce pay spend and improve its underlying financial position to achieve next year's control total.</p> <p>The main financial pressures during the year were CYPS In-patient & Community and LD transformation in Specialist Care and staffing pressures in Community Services from agency staff spending. Agency spend in month 12 was £50k 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 for the year was £11.2m which is £2.6m above the Trust's ceiling. Work is on-going to reduce overspends across the main pressure areas and savings schemes continue to be developed/implemented.</p>						
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 12 and against the Quarter	All achieved in Month 12 and against the Quarter	All achieved in Month 12 and against the Quarter	All achieved in Month 12 and against the Quarter	All achieved in Month 12 but underperformed against the Quarter for 7 day follow up (4 patients - 94.4%) and the numbers entering IAPT Treatment (1594)	All achieved in Month 12 and against the Quarter	The contract under performed for month 12 and against the Quarter on Completion of Risk assessment (2 patients, 89.5%), Crisis & Contingency (1 patient, 92.9%) and CPA Reviewed in the last 12 months (1 patient, 91.7%)

2. Compliance

a) NHS Improvement Risk Assessment Framework March 2017

*****Note this is the old RAF format for comparative/historic purposes only and will be retired after March 2017 ****

NHS Improvement Risk Assessment Framework Dashboard																	
Key Indicators:		Standard	Q1 2016-17			Q2 2016-17			Q3 2016-17			Q4 2016-17			Trend	National benchmark	Data Quality
			Apr	May QTD	Q1	July	Aug QTD	Q2	Oct	Nov QTD	Q3	Jan	Feb QTD	Q4			
Governance Risk Rating														<div></div>			
Financial Sustainability Risk Rating			3	3	2	2	2	3	2	2	2	2	2	<div></div>			
Access	7 day follow up	95%	95.7%	97.2%	97.4%	96.8%	97.1%	97.2%	96.0%	96.9%	97.0%	97.4%	96.8%	97.7%	<div></div>	TBC	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> 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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.

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/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%	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	

2. Compliance

c) CQC Update March 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 action plan to address personalisation of care plans in older peoples services was originally planned to be completed by 31st March 2017 however, there has been slippage against a number of actions therefore the action plan remains open. The outstanding actions are:
 - The review of the QMT audit tool
 - The review of the risk register once actions are completed
 - Reaudit in April 2017
 - Assurance that care planning is being discussed in clinical supervision
 - Focus groups with service users and carers
- The CQC monthly monitoring submissions continue to be submitted to the CQC.

Registration notifications made in the month:

The CQC were notified of the closures of Craigavon on 31st March 2017 and Heppell House on 22nd March 2017.

Mental Health Act Reviewer visits in the month:

Ward 31A on 1st March 2017

Recently published CQC inspection reports to note:

None reported this month

Future announced inspections:

- 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:

Business Plan 2017-18

CQC have published their business plan setting out the areas they will focus on over the coming year. The full business plan can be accessed [here](#)

The areas of focus during 2017-18 are as follows:

- Implement and develop their operational model in line with priorities
 - Carry out inspections based on risk or potential improvements in quality.
 - Assess the use of resources by NHS trusts.
 - Put in place better systems for collecting and analysing information about providers.
 - Set up cross-sector meetings at local level to identify system risks and test our approach to new models of care.
 - Publish think pieces and thematic reports, develop a shared adult social care quality commitment, and build the improvement narrative for the sectors we regulate
- Becoming a more digitally accessible organisation
 - Put in place new systems for digitally collecting information from providers.
 - Identify requirements for our online registration system.
 - Make it easier for people to share their experiences of care with us and improve how we share information within our organisation.
 - Improve our intranet and customer relationship management system, and continue to embed the use of our scheduling system.
- Making their staff's working lives better
 - Listen to and act on the feedback we receive through our staff survey.
 - Improve the skills and capabilities of our staff.
 - Improve equality of opportunity so that we make the best use of the diverse talent in our organisation.
- Managing our organisation and our quality better
 - Use information about our quality to help us learn, and to inform how we improve and change our organisation.

Review of how NHS trusts investigate and learn from deaths

Following a review last year CQC published a report 'Learning, candour and accountability' in December 2016 a number of recommendations were made to improve the quality of investigations when people die and ensure safer services for future patients. These recommendations were accepted in full by the Secretary of State and the recommendations are being taken forward by the Department of Health, National Quality Board (NQB) with input from a number of organisations including CQC, NHS England, NHS Digital and NHS Improvement. Further updates on this work will be available on the NQB website in April. The first edition of this guidance can be found [here](#)

New CQC fees for registered providers 2017/18 published

CQC have published their final fees scheme that sets out their annual charges to providers from April 2017. The fee payable for NTW will be £245,652 for 2017 based on the Trusts turnover figure. The full details of the fees are available [here](#). CQC have also published their response to the fees consultation and other supporting information which is available [here](#).

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.

NTW progress towards the Five Year Forward View for Mental Health (national priority areas) which has been included in the 2016/17 Quality Accounts



Improving Access to Psychological Therapies (IAPT)

- We have achieved the IAPT 6 and 18 week waiting times standard
- We have achieved the 50% recovery rate
- We are part of a pilot to expand the provision of IAPT services in Sunderland

Expansion of services:

- We have successfully bid for funding to expand the provision of specialist perinatal mental health community teams
- We have been asked to provide a new specialist Transition, Intervention & Liaison Mental Health service for Veterans from April 2017

Children and Young People's Services:

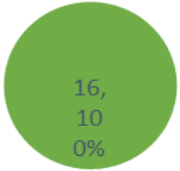
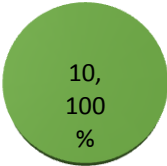
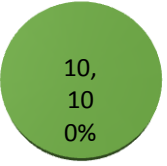
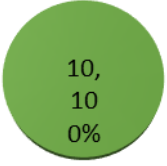
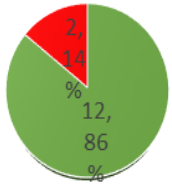
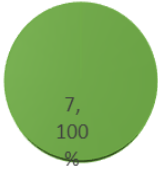
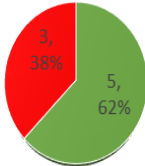







- We are preparing for the new Children and Young People's Community Eating Disorder waiting times standard of seeing urgent cases within one week of referral and all other cases within 4 weeks of referral
- We are working with NHS England to support their review of CAMHS tier 4 specialist beds

We have also:

- Achieved the standard for physical health checks for people with severe mental illness in community services and are working towards achieving the standard in inpatient services
- Achieved the new Early Intervention in Psychosis waiting times standard for 50% of service users to be seen within 2 weeks of referral
- We are working towards the 4 hour crisis care waiting times which are currently in development

3. Contract Update March 2017

a) Quality Assurance – achievement of quality standards March 2017 and Quarter 4

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>All achieved in Month 12 and against the Quarter</p>	 <p>10, 100 %</p> <p>All achieved in Month 12 and against the Quarter</p>	 <p>10, 10 0%</p> <p>All achieved in Month 12 and against the Quarter</p>	 <p>10, 10 0%</p> <p>All achieved in Month 12 and against the Quarter</p>	 <p>2, 14, 12, 86 %</p> <p>All achieved in Month 12 but underperformed against the Quarter for 7 day follow up (4 patients - 94.4%) and the numbers entering IAPT Treatment (1594)</p>	 <p>7, 100 %</p> <p>All achieved in Month 12 and against the Quarter</p>	 <p>3, 38%, 5, 62%</p> <p>The contract under performed for month 12 and against the Quarter on Completion of Risk assessment (2 patients, 89.5%), Crisis & Contingency (1 patient, 92.9%) and CPA Reviewed in the last 12 months (1 patient, 91.7%)</p>
						

3. Contract update March 2017

b) CQUIN update March 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.					Although we have achieved a number of the elements within the CQUIN, the number of clients who have had a EHEF completed has not been as high we had expected it to be at this stage in the process and the roll out has not been applied to all the client group detailed within the CQUIN.
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 March 2017

c) Service Development and Improvement Plan – NHS England

	Milestones	Progress
Adult Eating Disorder Intensive Day Service	<p>Service to articulate a revised clinical care pathway and the process to step up and down from the intensive day service based on need and complexity.</p> <p>Service to define the role of the consultant psychiatrist and psychologist and the expectations of these roles.</p> <p>Service to work with commissioners to agree the level of scaffolding/earlier intervention support</p>	<p>Update March 2017 – As the MDT has established itself roles are defined and pathways have become more flexible to support those referred into the service.</p> <p>Arrangements for peer supervision, training and scaffolding are agreed across the localities within the trust. Transitions between services is progressing and care reviews are completed with all professionals in attendance improving communication and treatment plans.</p>
Alnwood Transition	<p>The below points are subject to an agreed national position as these services sit within a framework.</p> <p>The service and commissioners to work together to agree a revised model of clinical delivery and to agree a bed configuration in line with the current budget and agreed reduction in activity level/ bed occupancy for 16/17.</p> <p>The service and commissioners to agree a framework to support the transition from the current model of delivery to the new model</p>	<p>The consultation regarding the reconfiguration of Alnwood bed / numbers and the subsequent review of nursing staff skill mix was launched on the 14th of March 2017.</p> <p>The consultation proposes that overall the number of adolescent mental health beds (At Ashby Ward) is reduced to 7 and the number of adolescent learning disability bed (At Lennox Ward) remains at 7.</p> <p>Of the two complex cases, one young person was discharged at the end of February 2017 and the other young person's case remains delayed whilst awaiting a suitable placement to be identified.</p>
Gender Dysphoria Service	<p>The service will work in collaboration with NHS England to develop achievable timescales for meeting the to continue to work to the action plan agreed in 2015/16 following investment by NHS England to meet 18 week waiting times target agreed between both parties. By end of Q2</p> <p>The service will provide a monthly update on progress against the plan</p> <p>The service and commissioners will agree an acceptable level of activity for the team in keeping with expected team capacity</p> <p>NHS England to consider potential penalty for non-achievement of action plan timescales relating to the recruitment of staff, increased activity and the continued reduction of the waiting list. This statement does not relate to RTT.</p>	<p>All posts are now successfully recruited into allowing for an increase in initial assessments and improving capacity within the team in relation to caseloads and supporting patients through the appropriate care pathway.</p> <p>The DNA rate continues to fall and for Q4 is now at 11.2%.</p> <p>Further work is required to prevent waits within the pathway increasing and the team are working with management to address this.</p> <p>Patient waits are currently at 10 months and referral rates continue to increase.</p> <p>The total number waiting at the end of Q4 is 304 a decrease of 56 from the</p>

	Milestones	Progress
		end of Q3.
Mental Health Forensic Outreach and Outpatient Service	<p>The service will work with the commissioners to identify the range of activities delivered by each of these elements of service provision.</p> <p>The service and commissioners will work together to agree an activity plan and a mechanism for measuring and reporting on this.</p>	See below. This will be covered in the 17/18 SDIP
Agree level of Contact activity for all block contracts and process for review/revision of these in year	Provisional contact activity put in place for block contracts to be reviewed and revisions to be agreed where necessary	A level of contact activity has been agreed between NTW and commissioners for 17/18 with elements needing further exploration and understanding being picked up in the 17/18 SDIP. These include a better understanding of the forensic community pathway and CMHT provision alongside a review of CNDs contacts to ensure all activity is being captured in the most meaningful way.
Wards 1a and 1b neuro rehab at Walkergate Park	Specialised Commissioning and NTW to work together to negotiate and agree and a local weighted bed day tariff for wards 1a and 1b.	An agreement has been reached on a C&V basis for the 17/18 contract. This will be monitored and reviewed via the monthly contract meetings.

*Refer to Contract Technical Guidance for detail of requirements

3. Contract update March 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%	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%	10.1%
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%	86.7%
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%	84.6%
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%	78.1%
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%	92.3%
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%	93.4%
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%	70.9%
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%	56.0%
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%	96.5%

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 March 2017

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

Four of the seven priorities are currently rated green, two are rated amber and one is 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					Fully achieved
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking					Fully achieved
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking					This quality priority has been rated amber due to a delay in the development and implementation plan
Improve the way we relate to patients and carers	4	To improve the referral process and the waiting times for referrals to multidisciplinary teams.	Gail Bayes					This quality priority is rated as red this month as we have not achieved the 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					This quality priority continues into 17/18
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					Fully achieved
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare					This quality priority has been rated amber due to the delivery of the 85% trained target not being achieved by 31.3.17. This quality priority continues into 17/18

5. Monthly Workforce Update March 2017

Workforce Dashboard

Training	Standard	M12 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions - Nursing	Staffing Solutions - Psychology	Behaviours and Attitudes	Target	M12 position	Trend
Fire Training	85%	88.3%	▲	91.1%	88.3%	91.3%	83.5%	70.2%	85.4%	60.9%	Appraisals	85%	79.7%	▲
Health and Safety Training	85%	92.2%	▼	95.4%	91.7%	94.2%	89.8%	70.2%	88.4%	82.6%	Disciplinarys (new cases since 1/4/16)		145	
Moving and Handling Training	85%	93.4%	▼	97.6%	91.4%	96.4%	89.7%	70.2%	93.8%	82.6%	Grievances (new cases since 1/4/16)		49	
Clinical Risk Training	85%	91.3%	▲	95.0%	90.7%	91.6%			75.3%		<div>Recruitment, Retention & Reward</div> <div>Target</div> <div>M12 position</div> <div>Trend</div> <div>Corporate Induction</div> <div>100%</div> <div>100.0%</div> <div>—</div> <div>Local Induction</div> <div>100%</div> <div>90.6%</div> <div>▲</div> <div>Staff Turnover</div> <div><10%</div> <div>16.5%</div> <div>▲</div> <div>Current Headcount</div> <div></div> <div>6385</div> <div></div>			
Clinical Supervision Training	85%	82.3%	▲	88.8%	80.7%	81.8%			75.3%					
Safeguarding Children Training	85%	95.3%	▲	98.3%	94.6%	97.1%	92.9%	70.2%	94.9%	82.6%				
Safeguarding Adults Training	85%	92.9%	▲	96.5%	92.5%	93.3%	91.7%	71.2%	94.1%	87.0%				
Equality and Diversity Introduction	85%	94.0%	▲	97.0%	93.0%	95.7%	93.2%	72.1%	90.3%	82.6%	<div>Best Use of Resources</div> <div>Target</div> <div>M12 position</div> <div>Trend</div> <div>Agency Spend</div> <div></div> <div>£795,420</div> <div>▼</div> <div>Admin & Clerical Agency (included in above)</div> <div></div> <div>£151,363</div> <div>▼</div> <div>Overtime Spend</div> <div></div> <div>£120,345</div> <div>▲</div> <div>Bank Spend</div> <div></div> <div>£734,922</div> <div>▼</div>			
Hand Hygiene Training	85%	92.4%	▼	94.9%	91.7%	95.1%	89.9%	70.2%	87.9%	78.3%				
Medicines Management Training	85%	89.9%	▲	95.1%	87.2%	90.8%	91.1%		83.1%					
Rapid Tranquilisation Training	85%	86.7%	▲	94.9%		86.8%			53.9%					
MHCT Clustering Training	85%	87.8%	▲	87.7%	92.4%	68.0%					<div>Managing Attendance</div> <div>Target</div> <div>M12 position</div> <div>Trend</div> <div>In Month sickness</div> <div><5%</div> <div>5.09%</div> <div>▲</div> <div>Short Term sickness (rolling)</div> <div></div> <div>1.49%</div> <div></div> <div>Long Term sickness (rolling)</div> <div></div> <div>3.29%</div> <div></div> <div>Average sickness (rolling)</div> <div><5%</div> <div>5.4%</div> <div>—</div>			
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	82.8%	▲	89.1%	84.0%	83.4%			63.1%					
Seclusion Training (Priority Areas)	85%	94.5%	▼	95.5%		94.0%								
Dual Diagnosis Training (80% target)	80%	88.3%	▲	93.1%	90.7%	88.6%			67.1%					
PMVA Basic Training	85%	76.4%	▼	77.9%		77.2%			70.6%		<div>Performance at or above target</div> <div>▲</div> <div>Better than previous month</div> <div>Performance within 5% of target</div> <div>—</div> <div>Same as previous month</div> <div>Under-performance greater than 5%</div> <div>▼</div> <div>Worse than previous month</div>			
PMVA Breakaway Training	85%	92.3%	▲	100.0%	88.4%	96.4%								
Information Governance Training	95%	92.5%	▲	95.7%	92.6%	93.4%	91.4%	72.1%	88.1%	65.2%				
Records and Record Keeping Training	85%	98.6%	▲	99.7%	98.7%	99.3%	97.1%	82.7%	98.4%	91.3%				

▲

Performance at or above target

—

Performance within 5% of target

▼

Under-performance greater than 5%

▲

Better than previous month

—

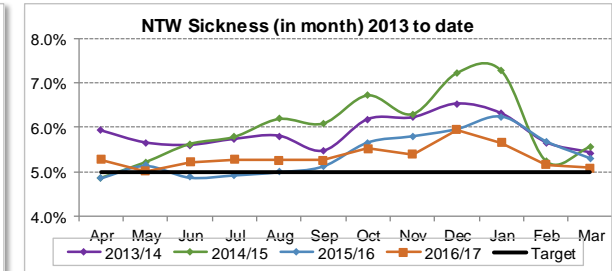
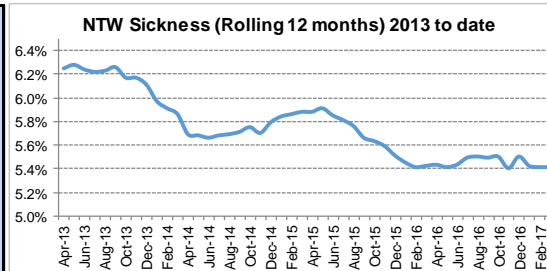
Same as previous month

▼

Worse than previous month

Comments:

Appraisals have increased this month to 79.7% from 79.6% last month and remain below the 85% standard .
 In March the trend for training shows an increase across the majority of training.
 The staff turnover figure has increased this month due to the introduction of NTW Solutions.
 The in month sickness has decreased during the month to 5.09% and the rolling 12 month sickness figures has remained static



6. Finance Update March 2017

Financial Performance Dashboard

NTW Income & Expenditure

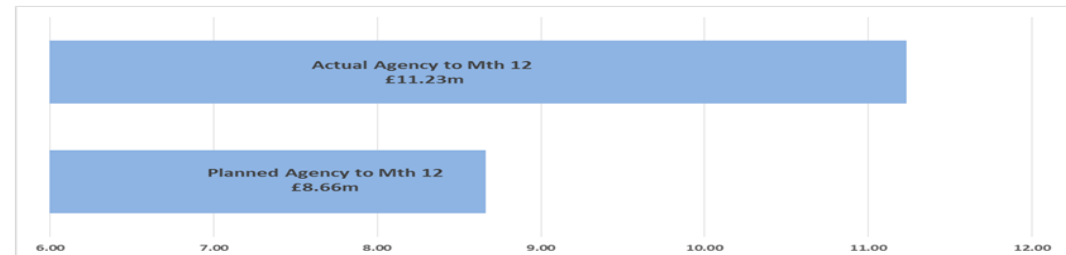
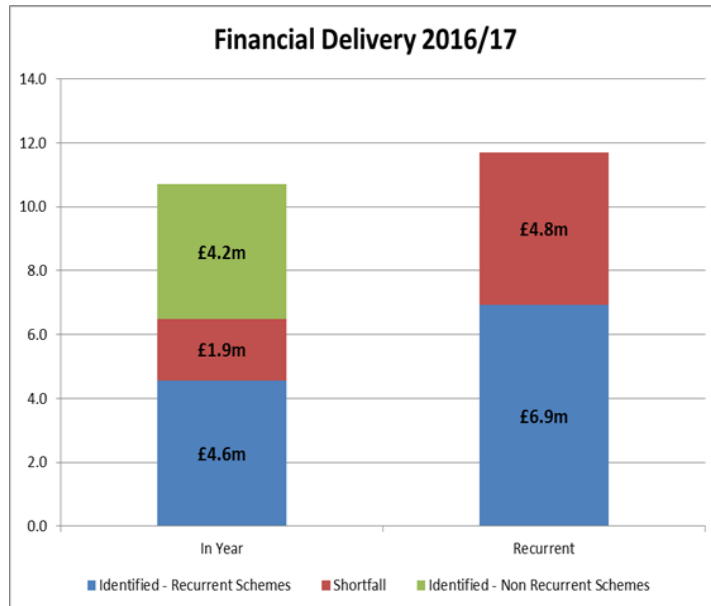
	Plan £m	YTD £m	Variance £m
Income	314.6	315.5	(0.9)
Pay	(245.9)	(246.1)	0.2
Non Pay	(48.9)	(50.8)	1.9
EBITDA	19.8	18.6	1.2
Cost of Capital	(13.2)	(10.4)	(2.8)
Surplus/(Deficit)	6.6	8.2	(1.6)

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	25.8	21.9	3.9
Community	20.4	19.8	0.6
Inpatient Care	33.7	34.2	(0.5)
Central	(73.3)	(67.7)	(5.6)
Surplus/(Deficit)	6.6	8.2	(1.6)

Key Indicators	Current
Risk Rating	2
Agency Spend	£11.2m
FDP Delivery	£8.8m
Cash	£17.5m
Capital Spend	£12.6m

Agency Spend Month 12



Key Issues/Risks

- £8.2m Surplus at Mth 12 – This is £1.6m above the Trust's control total mainly due to the receipt of £1.3m STF incentive funding.
- Control Total – The Trust has delivered above its Control Total.
- Risk Rating – New Use of Resources rating is a 2 at the year-end.
- Pay costs have increased slightly this month. 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 £3.9m above their control total at month 12 including a £0.9m provision for bad debts. Community Services were also £0.6m above their control total at month 12.
- Agency Spend – Target spend in 16/17 is £8.6m. Agency spend at month 12 is £11.2m which is £2.6m over the Trust's ceiling.
- Financial Delivery Plan - £8.8m of the planned £8.2m savings for the year achieved.
- Cash – £17.5m at the year-end which is £7.1m below plan.
- Capital Spend - £12.6m for the year which is £9.0m below plan.

Finance Agency

Agency Dashboard – Month 12 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 Mth12 is £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 20 per week March as current practice is that agency medics are brought in at or below capped rates except in exceptional circumstances.

Year to date - Mth 12				
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	3.1	4.1	1.8	8.9
Community	4.7	1.0	0.1	5.8
Inpatients	2.1	2.9	0.2	5.2
Support Serv	1.4	0.0	0.4	1.8
	11.2	8.1	2.5	21.8

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 63-66	Wk 67	Wk 68	Wk 69	Wk 70	Wk 71
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	30/1-20/2	27/2	6/3	13/3	20/3	27/3
Medical	13	102	30	218	184	173	247	190	70	92	107	98	109	97	21	15	18	10	6
Nursing	39	15	3	1,283	670	586	665	50	30	20	25	20	20	20	5	5	5	5	5
Psychology & SW	61	195	0	200	578	609	663	65	40	40	45	20	20	15	5	0	0	0	0
Total	113	312	33	1,701	1,432	1,368	1,575	305	140	152	177	138	149	132	31	20	23	15	11

7. Outcomes/Benchmarking/National datasets update

Benchmarking:

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 has been received and is currently under review with any comments required to be feedback by 14th April 2017. Once comments have been returned a summary of the key findings will be included in the following months report.

8. Safety Highlights

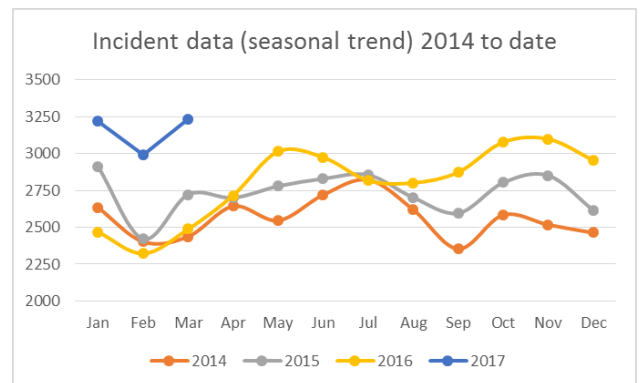
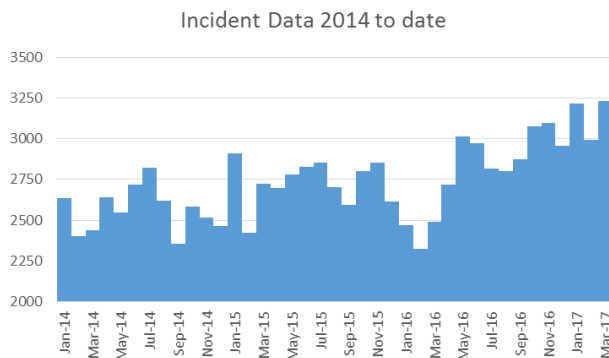
Nb. Thematic analysis is provided separately within the six monthly safety report provided to the Board

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	3233
Number of Serious Incidents	20	18	22	13	16	17	15	23	14	19	19	22
Total number of Serious Incidents reported on STEIS	10	12	7	3	11	8	8	9	8	9	6	8
Total number reported within 2 working days	10	12	7	3	11	8	8	9	8	9	6	8
Total number of serious incidents reviewed	9	11	10	10	10	8	8 (1 not STEIS)	12	8	9	5	8
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	7
Percentage completed within agreed timescales	33%	36%	70%	60%	100%	100%	100%	91.6%	100%	100%	100%	87.50%

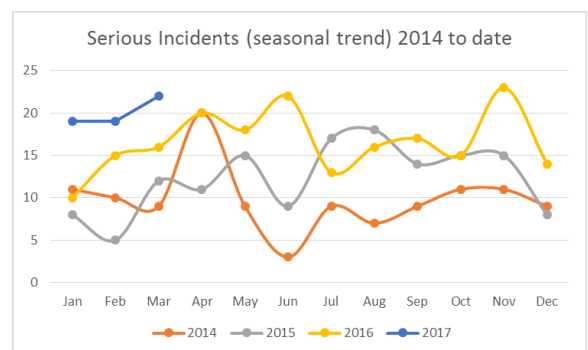
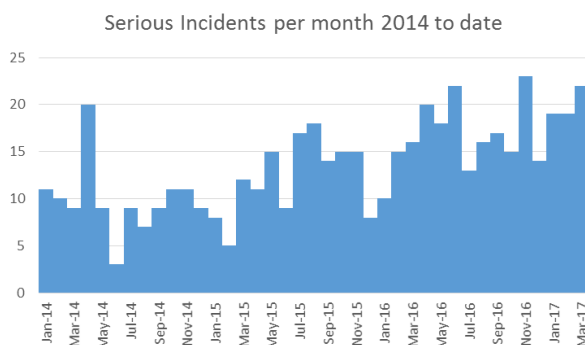
Complaints Monitoring - Number of Complaints Received												
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Number of new Complaints Received	23	26	38	33	34	45	33	47	27	45	33	33
Number of Complaints re-opened	6	5	4	3	4	3	4	9	8	9	8	10
Number of Complaints withdrawn	4	3	10	3	7	3	3	6	7	5	8	13
Number of Complaints Completed	25	31	34	35	26	28	21	45	40	29	39	37
Number of Complaints Completed within agreed Timescales	100%	77%	94%	77%	88%	71%	86%	71%	80%	90%	92%	97%

Monthly trend data since 2014 is shown overleaf

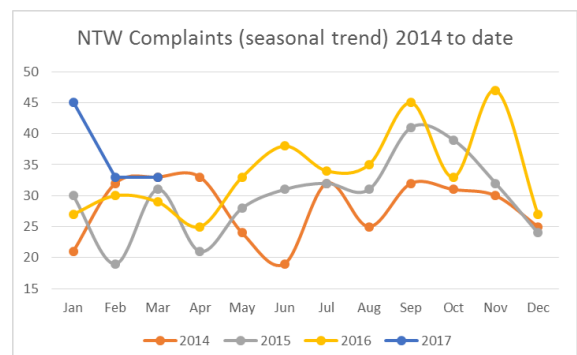
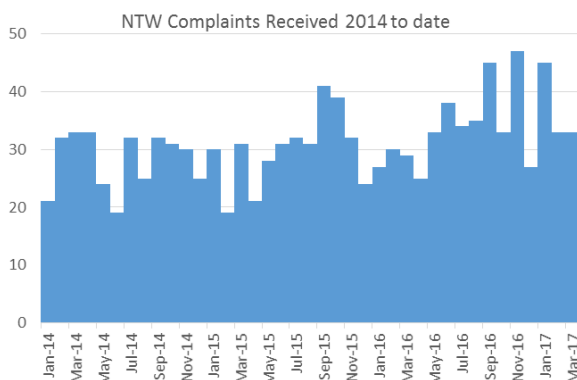
The numbers of incidents reported remain higher this financial year than in previous years:



Number of serious incidents reported:



Complaints have remained static this month:



9. Accountability Framework

N.B A revised Accountability Framework for 2017-18 is proposed and will take effect from 1st April 2017

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	*At Q3 the new ratings have been reflected in line with the single oversight framework (see below)			
Continuity of Service/Financial	4				3				2				1			
Contribution - quarters one and two	Exceeding Plan				In line with/just below plan (within 1%)				Between 1% and 2% below plan				More than 2% below plan			
Quarter 3 onwards - Single Oversight Framework	Special measures				Mandated support				Targeted support				Maximum Autonomy			
Quality Governance Risk Rating:	Inpatient Group				Community Group				Specialist Group				Comments:			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
	2	2	2	2	2	2	2	2	2	2	2	2	2			
Performance against National Standards:																
CQC Information:																
Performance against Contract Quality Standards:																
Clinical Quality Metrics:																
Quality Governance Risk Rating Framework:	4				3				2				1			
Performance against National Standards:	All achieved				In month below standard				In month below standard				Quarterly standard breached			
CQC Information:	No concerns				No concerns				Concerns raised				Concerns raised			
Performance against Contract Quality Standards:	All achieved				In month below standard				Quarterly standard breached				Quarterly standard breached			
Clinical Quality Metrics:	All achieved				In month below standard				Quarterly standard breached				Quarterly standard breached			

10. Monthly activity update – October 2016 – March 2017 *(currently excludes Specialist and LD Services)*

High Level Commissioning Report														
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	Awaiting 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
													Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													SC - Completion of Assessment	1
	March	1256	22	1	21	4	4	92.49%	62	96.19%	4	110	SC - Care Home Placement - Nursing Home	1
													Awaiting NTW - WAA Rehabilitation	1
													NHS - Care Home Placement - Residential	1
													SC - Care Home Placement - Residential	1
New castle	October	3212	47	1	40	14	14	67.43%	206	61.04%	2	62	Low ry Ward - Hadrian Clinic	1
	November	3172	33	3	41	9	8	67.53%	131	63.33%	1	60	Beckfield	1
													NHS - Care Home Placement - Residential	0
													Awaiting 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	
													Awaiting NTW - Forensics	
	January	3383	37	6	43	14	14	69.77%	151	63.00%	1	47	SC - Care Home Placement - Residential	0
													NHS - Care at Home Package	0
													Awaiting NTW - Forensics	1
	February	2918	40	3	43	9	9	64.42%	188	57.97%	1	28	Awaiting NTW - Forensics	1
North Tyneside	March	2966	34	4	40	13	14	60.98%	173	64.44%	1	31	Awaiting NTW - Forensics	1
	September	1208	18	2	22	2	2	86.40%	71	80.36%	0	31	NHS - Care Home Placement - Nursing Home	0
	October	1066	17	1	23	2	2	83.51%	260	78.40%	0	0		
	November	1022	16	2	15	0	0	81.16%	289	75.28%	1	2	Awaiting NTW - WAA Rehabilitation	1
	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		
North Tyneside	March	1144	18	1	23	1	1	78.44%	307	83.48%	0	0		

High Level Commisioner Report														
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
	March	2559	45	7	52	6	5	78.44%	307	83.47%	1	74	Aw aiting NTW - Forensics	31
													SC - Care Home Placement - Residential	31
													SC - Care Home Placement - Nursing Home	12
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	March	1195	17	2	12	1	1	87.99%	126	93.14%	1	31	SC - Public Funding	1
	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		
	March	3222	41	2	43	16	15	87.99%	329	93.14%	0	0		

11. Service User & Carer Experience Monthly Update March 2017

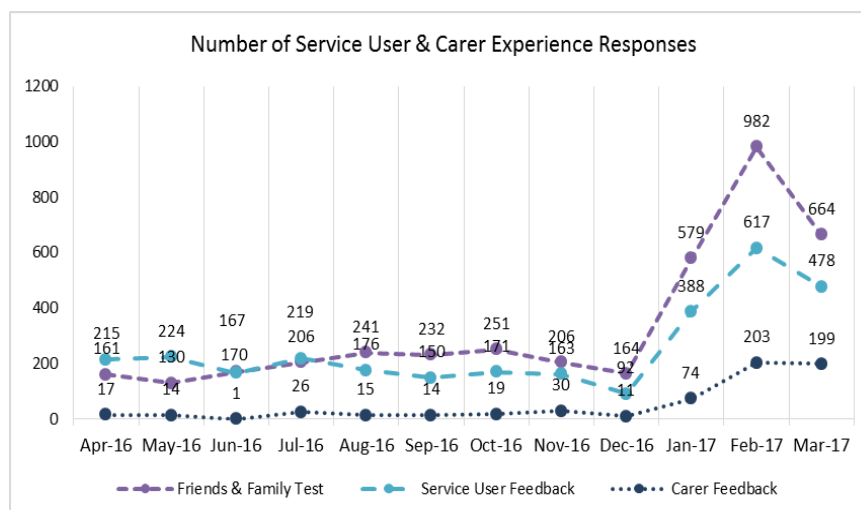
Experience Feedback:

Feedback received in the month – March 2017:

		Received	Total received March 2017
Friends and Family Test (FFT)	Responses	664	664*
	Recommend Score % (nb national average is 88%)		88% (83% last month)
Points of You (PoY) Feedback from Service Users	Responses	478	677
Points of You Feedback from Carers	Responses	199	

* FFT is now a subset of the Points of You responses.

Graph showing FFT and PoY received by month:



Following the implementation of the new Points of You process in January, there has been an increasing response rate. In March the number of responses have reduced, however this remains significantly higher than prior to the Points of You changes. A new 'staff, service user and carer experience' dashboard was launched in January 2017 – a development of this dashboard is due to be introduced in May 2017, which displays a statistical and thematic analysis of the feedback and supports the completion of feedback cycle by ensuring services report the actions taken in response to the feedback received.

Note that the sample for the 2017 CQC Community MH survey has been drawn from applicable service users in contact with services in Autumn 2016 and submitted to Quality Health who are our appointed contractor.

12. Mental Health Act Dashboard

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

Mental Health Act Dashboard												
Key Metrics	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Record of Rights (Detained) Assessed within 7 days of detention start date	96.6%	97.9%	95.5%	94.3%	94.8%	92%	92.0%	95.3%	96.5%	86.7%	93.8%	93.6%
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%	95.6%
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%	88.1%
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%	56.5%
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%	50.9%
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%	75.0%

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 31st March 2017, compliance with the first metric (rights given within 7 days of the detention start date) has been on average around 94%.

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 87.1%).

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 14 of their last 32 MHA reviewer visits (1st April 2016 to 31/03/17) 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 local 'rights' recording form has been reviewed by the local forms group. The revised form and associated communications/training plan was on the agenda of the Mental Health Legislation Steering Group at its meeting on the 14th March 2017. The changes to the form have been agreed and have been submitted to IT systems admin who will build the form on RiO. Rights is a 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 – 31st February 2017). The high in August of 91.7% dropped to 69.2% in September however has been on average 80% since October.

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 45.7% with a range of 30.7% to 56.1%.

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. Two local forms awareness sessions (which includes the rights and consent to treatment forms) has been delivered to Sunderland community staff. These sessions were well received and feedback was good.

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. An e-Learning Package for 'rights' is currently under development by the Mental Health Legislation Team.

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%. The average for the year 1st April 2016 to 31st March 2017 is 61%. This is despite a prompt to complete this, 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)

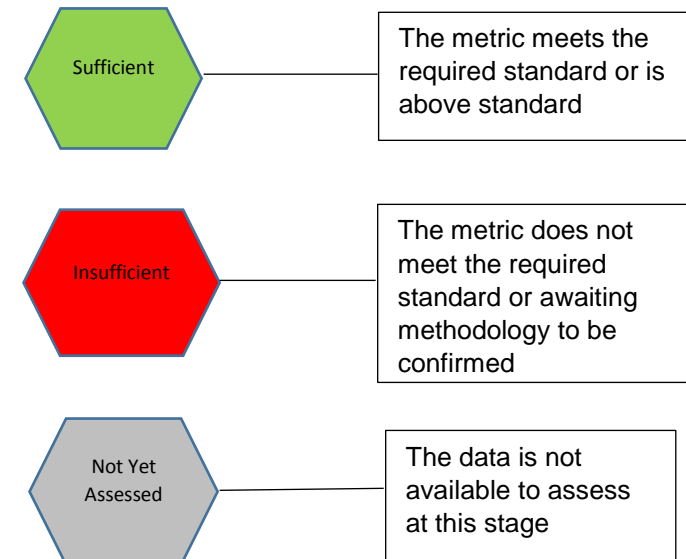
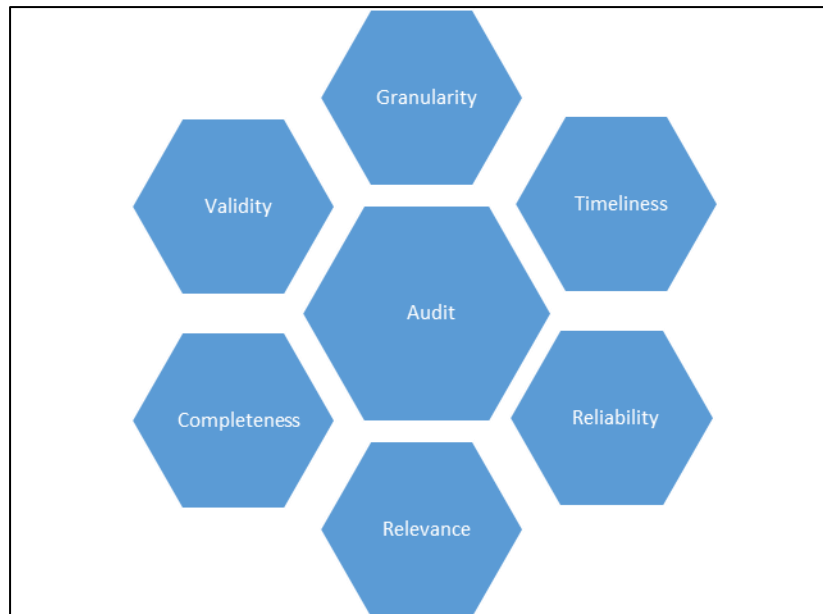
Improvement in compliance for CTO patients is also part of the remit of the CTO Task and Finish Group.

14. Other Useful Information March 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