

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th January 2018

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 9 December 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 & Discussion

Key Points to Note:

- This report provides an update of Commissioning & Quality Assurance issues arising in the month, including progress against quality standards.
- Achievements this month include an improvement in Friends and Family Test score and a reduction in sickness absence. Challenges include an increase in waiting times across many adult and childrens services.
- There has been little change in the month in relation to other workforce, training and quality standards.
- The executive summary on page 1 provides further points to note.

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 and discussion

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

NTW Integrated Commissioning & Quality Assurance Report 2017-18 Month 9 (December 2017)

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1. Executive Summary:

- The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF). (page 4).
- At Month 9, the Trust has a year to date surplus of £5.9m which is ahead of 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 a 1. The Trust needs to continue to improve its underlying financial position to maintain this year's control totals. The main financial pressures during the month were staffing pressures in CYPS inpatient, Older People's inpatients, and income being less than plan for Secure Services. See pages 17-18.
- There are a number of contract requirements largely relating to CPA metrics which were not achieved across local CCGs during month 9 and quarter 3 with only South Tyneside, Sunderland and Newcastle and Gateshead achieving fully in quarter 3 (page 11)
- There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. An action plan is in place to address the underlying issues and a Waiting Times and Access Standards Trust wide group has developed a workplan. (page 15)
- All CQUINs have been internally assessed as achieved during the quarter with the exception of improving services with mental health needs who present at A&E being forecast as partially achieved.(page 12)
- Three of the five quality priorities are assessed as achieved at the end of Quarter 3, whilst positive and safe and waiting times remain RAG rated as amber. (page 20)
- 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. (p 21)
- Reported appraisal rates have decreased in the month to 79.6% (was 81.6% last month). (p19)
- The in month sickness absence rate has decreased to 5.54% in the month. The 12 month rolling average sickness rate has decreased to 5.45%.(p 19)
- Training rates have continued to see most courses above the required standard. The only courses more than 5% below the required standard are PMVA Basic Training (78.0% was 78.3% last month) and Rapid Tranquilisation Training at (76.1% was 77.3% last month), MHA Combined Training (76.0% was 77.2% last month) and Information Governance (88.9% was 90.3% last month). (p 19)
- The service user and carer FFT recommended score was 88% in December which is an improvement from October but is the same as the national average. (page 24)

SOF:	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).		
Waiting Times	<ul style="list-style-type: none"> The number of people waiting more than 18 weeks has increased in the month across adult services excluding specialised services. The number waiting over 18 weeks in adult specialised services has increased during the month. The number of children and young people waiting more than 30 weeks has increased in the month in Northumberland, Sunderland and South Tyneside, the overall number of waiters has also increased in Newcastle, Gateshead and Sunderland. 			
Quality Priorities:	Quarter 3 forecast achieved:	Quarter 3 forecast part achieved:	Quarter 3 forecast not achieved	In total there are five quality priorities identified for 2017-18 and at quarter 3 three are assessed as achieved whilst the waiting times and embedding the positive and safe strategy are currently assessed as amber.
	3	2	0	
CQUIN:	Quarter 3 forecast achieved:	Quarter 3 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 for the quarter apart from improving services for people with mental health needs who present at A&E which has been assessed as partially achieved.	
	9	1		
Workforce:	Statutory & Essential Training:			Appraisals:
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Appraisal rates have decreased to 79.6% in December 17 (was 81.6% last month).
	12	3	4	
	Sickness Absence:			
			<p>The "in month" sickness absence rate is above the 5% target at 5.54% in December 2017</p> <p>The rolling 12 month sickness average has decreased to 5.45% in the month</p>	

Finance: At Month 9, the Trust has a year to date surplus of £5.9m which is ahead of plan due to a gain on an asset sale. Pay spend at Month 9 was £186.7m which is £1.2m above plan and includes £5.8m agency spend which is £1.0m under the planned trajectory to hit our agency ceiling of £8.6m. Income was £0.4m less than plan and this and the pay over spend are offset by non-pay spend being less than plan.

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 9 are staffing pressures in CYPS, Older People’s & Adult in-patients and income for Secure Services being less than plan. The Trust needs to reduce pay spend over the remainder of the year 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 reduce. Work is ongoing to reduce overspends across the main pressure areas and to improve efficiency and productivity across the Trust.

Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	94% of metrics achieved in month 9	90% of metrics achieved in month 9	90% of metrics achieved in month 9	100% of metrics achieved in month 9	100% of metrics achieved in month 9	75% of metrics achieved in month 9	75% of metrics achieved in month 9
	94% of metrics achieved in the quarter	90% of metrics achieved in the quarter	100% of metrics achieved in the quarter	100% of metrics achieved in the quarter	100% of metrics achieved in the quarter	75% of metrics achieved in the quarter	75% of metrics achieved in the quarter
The areas of under performance relate mainly to CPA metrics							

2. Compliance

a) NHS Improvement Single Oversight Framework

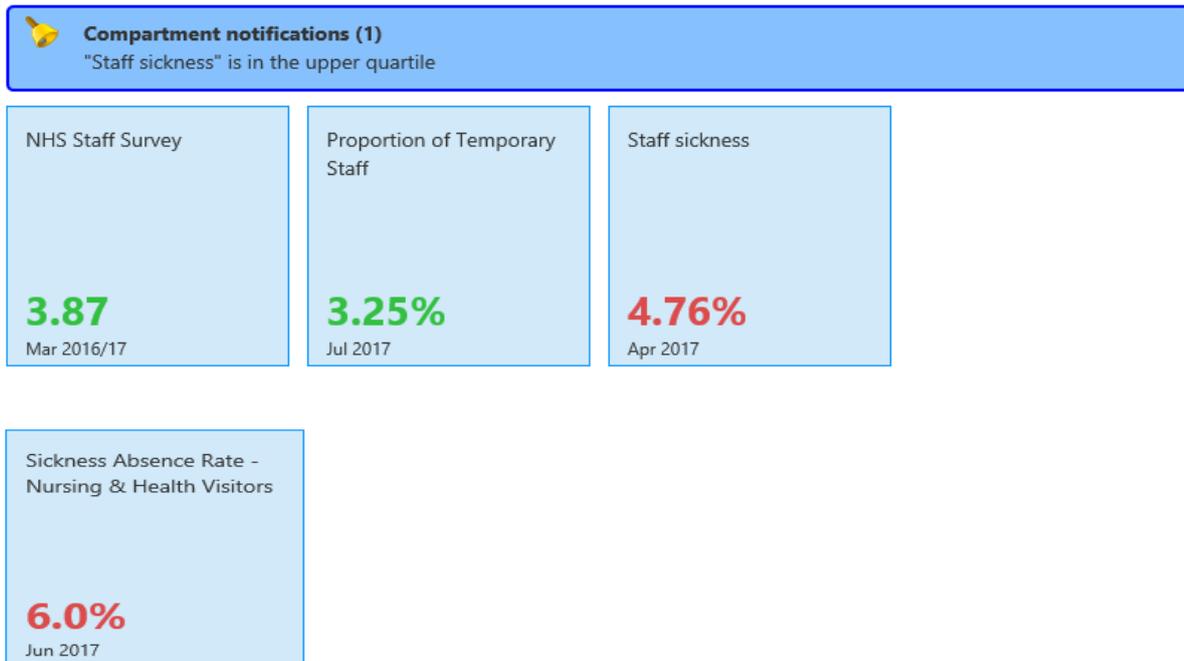
Self assessment as at Quarter 3 2017 to date against the “operational performance” metrics included within the Single Oversight Framework:

Metric Id	Metrics: (nb concerns will be triggered by failure to achieve standard in more than 2 consecutive months)	Frequency	Source	Standard	Quarter 3 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%	88.90%	National data includes all NHS providers and is at October 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%	79%	77.30%	Published data is as at October 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%	97%	no data	no data	from weekly sheet 04.01.18	
1427	b) early intervention in psychosis services	Quarterly	Provider return / CQUIN audit	90%	92%	no data	no data	from weekly sheet 04.01.18	
1425	c) community mental health services (people on Care Programme Approach)	Quarterly	Provider return / CQUIN audit	65%	88%	no data	no data	from weekly sheet 04.01.18	
	Data Quality Maturity Index Score (DQMI)			95%	92%			Published data is at Quarter 1 2017	
	Out of Area Placements (Active at period end)					5	740	Published data relates to October 2017	
	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%	50.7%	50.0%	51.1%	NEW metric 1079 published data September 2017	
	- waiting time to begin treatment :								
1349	- within 6 weeks	Quarterly	IAPT minimum dataset	75%	99.8%	98.0%	88.7%	published data September 2017	
1348	- within 18 weeks	Quarterly	IAPT minimum dataset	95%	100.0%	99.0%	98.9%	published data September 2017	

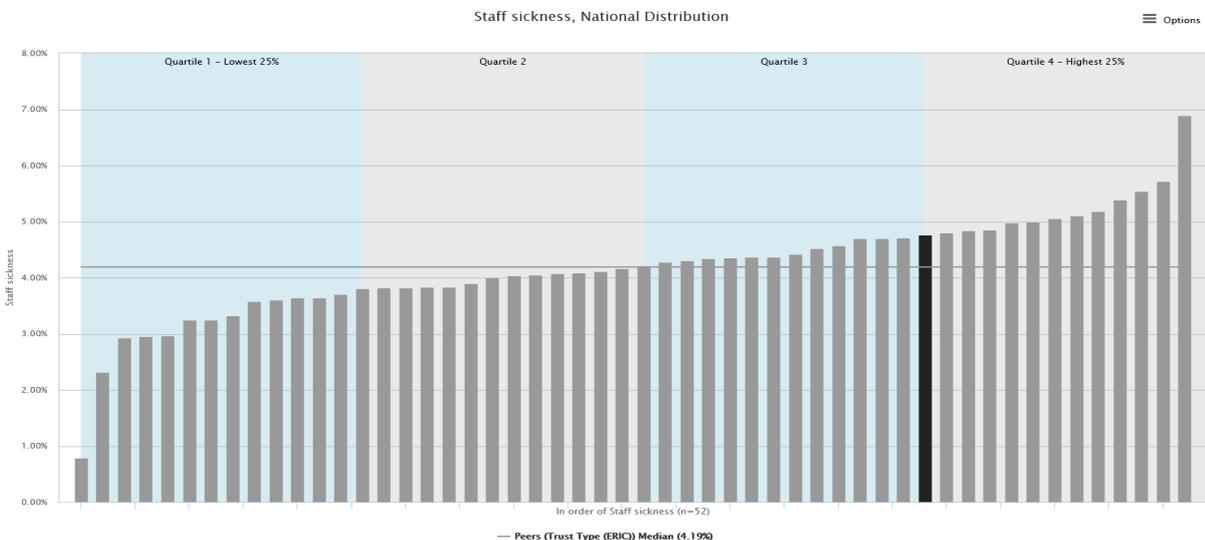
NHS Improvement Single Oversight Framework & Model Hospital Portal

As at the end of November 2017, the Trust remains segment 1 within the Single Oversight Framework as assessed by NHS Improvement (this data was last updated by NHSI in October 2017). There are currently 13 mental health providers nationally achieving this rating. There are currently no MH providers in the lowest segment (segment 4) and four providers remain in segment 3.

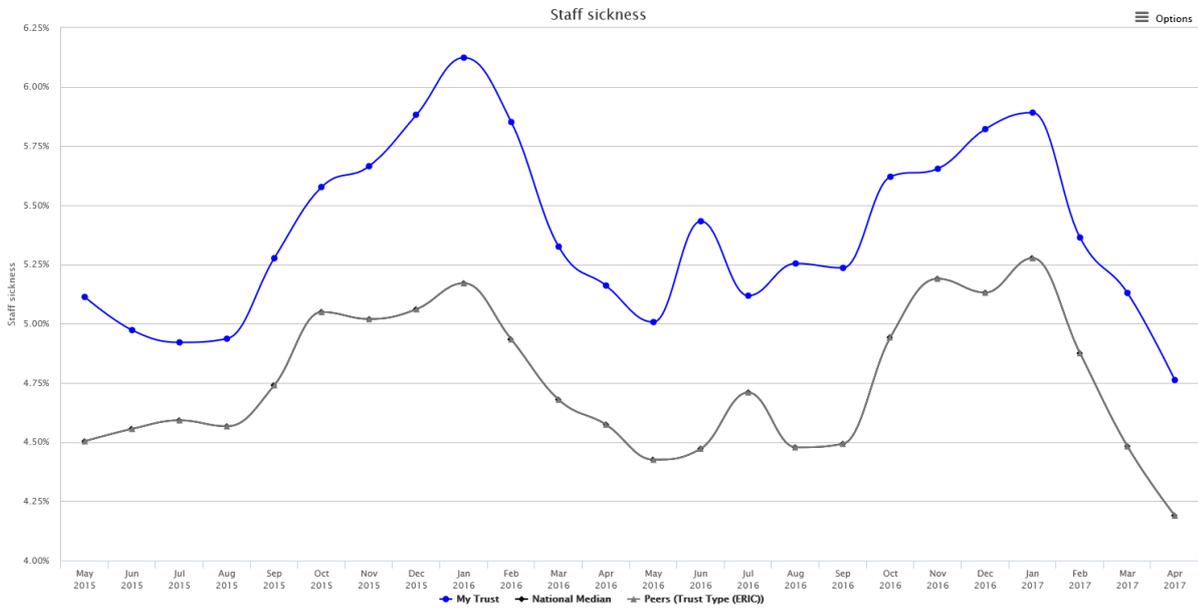
The staff sickness information has been updated, this still shows two notifications within the Model Hospital - one for overall staff sickness, and another for nursing sickness:



The graph below shows how the Trust currently compares nationally for staff sickness. The Trust is now just above quartile 3 with 4.76% sickness, with the Trust below on the graph having a sickness level of 4.72%.



The trend line below shows the Trust in April 2017 had its lowest sickness levels for almost two years at 4.76%, this is in comparison to 5.13% reported for March 2017.



2. Compliance

b) CQC Update December 2017

Registration notifications made in the month - No registration notifications have been made to the CQC this month.

Mental Health Act Reviewer visits in the month:

Ferndene PICU – visited 12 December 2017

This was an unannounced scheduled visit by a Mental Health Act Reviewer. One patient was seen with their independent mental health advocate (IMHA) and one patient was seen in private. Two patients refused to meet with the CQC and were spoken to informally.

There were no actions to review as they as they were reviewed during the Redburn ward visit.

Alnmouth, St George's Park – visited on 21 December 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Nine patients were interviewed in private, two patients declined to meet with the CQC. Other patients were interviewed informally in communal areas.

There were eight findings following this visit.

During their last visit on 27 April 2016 eight issues were found. Two issues remain unsolved and one remains partially resolved, these are:

1. Issues with the filing of detention documents – Pages were missing from detention documents within the RIO support file which accompanied the RIO electronic system. Section 5(2) had been used for one patient and the statutory document was completed fully. The trust electronic form detailing the outcome of section 5(2) had not been completed. One form H3 which records that the hospital have accepted the patient was not fully completed. The date the hospital had accepted the patient was missing.
2. Care planning (partially resolved) – issues with reviewing and recording or patient's capacity to consent to treatment.
3. No record that the RC had discussed the outcome of their SOAD visit with the patient or recorded why it was not appropriate to do this.

Woodhorn, St George's Park – 28 December 2017

This was an unannounced scheduled visit completed by a Mental Health Act Reviewer. Five patients were interviewed in private and three other patients were interviewed informally in communal areas. Cognitive impairment prevented an individual interview.

There were seven findings following this visit.

During their last visit on 3 February 2016 four issues were found. One issue remains unresolved:

1. Unable to locate evidence that the RC had discussed the outcome of the SOAD visit with the patient or if this was not appropriate why not.

Recently published CQC inspection reports to note

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Coventry and Warwickshire Partnership NHS Trust	June 2017	Nov 2017	Requires improvement	Following re-inspection the trust's overall rating remains at "requires improvement".	here

CQC Consultations

Reporting and rating NHS trusts' use of resources

The CQC are seeking views on their proposals about:

- the process to develop and award final ratings for use of resources and publish these on their website in published inspection reports
- changes to their standard aggregation rules and limiters to determine the new combined rating at trust level, when combining the use of resources rating with existing five trust-level key question ratings
- changing the principle in their current standard aggregation rules that determines the number of requires improvement ratings at trust level that would limit the combined trust-level rating to requires improvement

This builds on their earlier consultation and the findings of the initial testing. It covers the final steps to fully implementing the process that CQC and NHS Improvement will use to assess, report on and rate trusts' use of resources.

Regulatory Fees

The CQC are seeking views on their regulatory fees from April 2018, it should be noted that there is minimal impact on the proposed fees for our NTW.

CQC Recent News Stories

Findings from the first seven local system reviews published

The CQC has published their [interim findings](#) from the first seven local system reviews that have been commissioned by the government to deliver. The emerging findings from six of their reviews have revealed that those working within health and adult social care services are passionate about providing the best possible experience to the older people within their care. However, their efforts can be compromised by the competing priorities, performance measures

and accountabilities of their employing organisations. The CQC have carried out reviews of Bracknell Forest, Halton, Hartlepool, Manchester, Stoke-on-Trent, Trafford and York.

A further eight local system reviews will take place from February to April 2018 in Bradford, Cumbria, Hampshire, Liverpool, Northamptonshire, Sheffield, Stockport and Wiltshire. The CQC have not made a commitment to include mental health services in these reviews at present.

Regulating independent healthcare

The CQC are currently developing their next phase approach to regulating all types of independent healthcare. This is partly in response to the outcome of the recent Department of Health consultation which concluded that in addition to current regulatory activity, CQC will now also have the power to assess the performance of independent healthcare providers and award ratings as a result of inspections. In order to take this forward focus groups have been arranged to test their approach to inspecting and rating independent healthcare services.

Progress on the recommendations from CQC review of how NHS trusts investigate and learn from deaths

This month marks a year since the CQC published the findings and recommendations of their thematic review of how NHS trusts investigate and learn from deaths. Since then, the Department of Health and the National Quality Board (NQB) has been leading a programme of work to implement those recommendations within input from a number of organisations. The NQB has developed national guidance which sets out the actions NHS trusts must take when someone in their care dies and clear reporting expectations. The Department of Health has also announced that the NHS will become the “first healthcare system in the world to publish numbers of avoidable deaths”.

Following feedback from over a hundred people and discussions at an NHS England family and carer workshop in November, the CQC have developed an approach to reviewing how trusts investigate and learn from patient deaths that gives specific focus to the views of families and carers and assesses how providers are ensuring they meet the new national guidelines when patients die.

The CQCs approach which is being rolled out as part of their annual well-led inspections in NHS acute, community and mental health hospital trusts, also involves the option to analyse up to four reviews and investigations of recent deaths and a review of trusts’ policies on responding to deaths of patients in their care.

Reducing restrictive interventions in inpatient mental health services

The CQC have recently published a resource to help mental healthcare providers. This highlights good practice by NHS mental health services that has led to reduced use of physical restraint and other restrictive interventions. A copy of the resource can be found [here](#)

2. Compliance

c) Five Year Forward View for Mental Health

Children and Young People Eating Disorders	Quarter 2 UNIFY Submission	Quarter 4 2016/17 England
Number of Urgent cases seen within one week	77.7%	68.7%
Number of Routine cases seen within four weeks	86.2%	78.9.0%

Children and Young People	NTW December 2017	Quarter 4 2016/17 England
Under 18 admitted to Adult wards		
Number of patients	2	42
Number of Bed Days	12	321

IAPT - Sunderland	NTW December 2017	Quarter 4 2016/17 England
% seen within 6 weeks	99.8%	89.6%
% moving to recovery	50.7%	51.0%

EIP	NTW December 2017	Quarter 4 2016/17 England
% starting treatment within 2 weeks of referral	90.0%	76.6%

	NTW December 2017	Quarter 4 2016/17 England
% of people aged 18-69 in employment	6.2%	6.2%
% of people aged 18-69 in stable accommodation	77.7%*	29.7%

*Currently under investigation

	NTW December 2017/18	Quarter 4 2016/17 England
7 day follow up	96.7%	96.7%

Latest NHS England Five Year Forward View CCG dashboards are available [here](#)

3. Contract Update December 2017

a) Quality Assurance – achievement of quality standards December 2017

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
<p>The contract underperformed in month 9 on percentage of patients who have a completed Outcomes plan (1 patient 98.7%)</p>	<p>The contract underperformed in month 9 on Crisis and contingency (42 patients, 94.8%)</p>	<p>The contract underperformed in month 9 on 7 day follow up (3 patients, 92.9%)</p>	<p>All achieved in month 9</p>	<p>All achieved in month 9</p>	<p>The contract underperformed in month 9 on Crisis & Contingency (5 patients, 86.5%) and CPA risk assessments (4 patients, 92.2%).</p>	<p>The contract underperformed in month 9 on Completion of Risk assessment (3 patients, 70.0%), Crisis & Contingency (1 patient, 80.0%)</p>
<p>94% of metrics achieved in the quarter</p> <p>The contract underperformed in quarter 3 on percentage of patients who have a completed Outcomes plan (1 patient 98.7%)</p>	<p>90% of metrics achieved in the quarter</p> <p>The contract underperformed in quarter 3 on Crisis and contingency (42 patients, 94.8%)</p>	<p>100% of metrics achieved in the quarter</p>	<p>100% of metrics achieved in the quarter</p>	<p>100% of metrics achieved in the quarter</p>	<p>75% of metrics achieved in the quarter</p> <p>The contract underperformed in quarter 3 on Crisis & Contingency (5 patients, 86.5%) and CPA risk assessments (4 patients, 92.2%).</p>	<p>75% of metrics achieved in the quarter</p> <p>The contract underperformed in quarter 3 on Completion of Risk assessment (3 patients, 70.0%), Crisis & Contingency (1 patient, 80.0%)</p>

3. Contract update December 2017

b) CQUIN update December 2017

CQUIN Scheme:	Annual Financial Value	Requirements	Quarterly Forecast:				Comments
			Q1	Q2	Q3	Q4	
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.					
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 December 2017

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

3. Contract update December 2017

d) Mental Health Currency Development Update

Mental Health Currency Development Update														
Key Metrics	Contract Standard	Internal Standard	Q1 2017-18			Q2 2017-18			Q3 2017-18			Q4 2017-18		
			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%	59.1%	59.3%	59.6%	59.4%	59.6%	59.8%			
Current Service Users on CPA			10.1%	10.0%	9.8%	9.7%	9.6%	9.5%	9.4%	9.5%	9.4%			
Current in scope patients assigned to a cluster			86.7%	86.6%	86.9%	87.6%	87.5%	87.6%	87.6%	87.7%	88.1%			
Number of initial MHCT assessments that met the mandatory rules			85.3%	85.5%	85.2%	84.8%	85.6%	84.8%	84.4%	84.9%	84.4%			
Number of Current Service Users within their cluster review threshold		85%	77.4%	78.2%	79.0%	79.4%	78.8%	78.7%	78.8%	79.4%	79.1%			
Current Service Users with valid Ethnicity completed MHMDS only	90%	90%	92.3%	92.7%	93.0%	92.8%	92.5%	94.0%	94.0%	93.9%	93.8%			
Current Service Users on CPA, in scope for CPP who have a crisis plan in place	95%	95%	93.0%	92.2%	92.8%	93.5%	93.2%	92.7%	92.4%	91.5%	92.1%			
Number of CPA Reviews where review cluster performed +3/-3 days either side of CPA review within CPP spell		85%	68.9%	70.7%	67.7%	71.4%	68.1%	69.4%	72.4%	71.2%	72.9%			
Number of Lead HCP Reviews where review cluster performed +3/-3 days either side of review within CPP spell		85%	54.7%	55.2%	53.6%	53.5%	55.1%	57.8%	52.1%	56.3%	57.6%			
Current Service Users on CPA reviewed in the last 12 months	95%	95%	95.2%	95.7%	97.3%	96.4%	96.6%	97.7%	95.9%	96.8%	97.4%			

4. Waiting Times

As at 31st December 2017, there were almost 6,200 people waiting for a first contact to NTW adult community services and 1,800 waiting for treatment within community CYPS. There were also 3,200 people waiting for a healthcare professional allocation.

Key points to note from December 2017:

- The number of people waiting more than 18 weeks has slightly increased in the month across adult services excluding gender dysphoria, adult autism diagnosis etc, the number waiting over 18 weeks in these areas has increased during the month.
- The number of children and young people waiting more than 30 weeks has increased in the month in Northumberland, Sunderland and South Tyneside, the overall number of waiters has also increased in Northumberland, Gateshead and Sunderland.

Waiting Times Summary December 2017		As at 31st December 2017:		As at 30th November 2017:	
1. Number of service users waiting to access Adult Services *					
		4839		4822	
Proportion waiting more than 18 weeks at that date:		269	5.6%	242	5.0%
Proportion waiting more than 30 weeks at that date:		75	1.5%	78	1.6%
<i>excluding ** gender dysphoria, adult autism diagnosis, adult ADHD etc</i>					
2. Number of service users waiting to access Specialised Adult services *:					
		1430		1378	
Proportion waiting more than 18 weeks at that date:		915	64.0%	870	63.1%
Proportion waiting more than 30 weeks at that date:		620	43.4%	561	40.7%
<i>* gender dysphoria, adult autism diagnosis, adult ADHD etc</i>					
3. Total number of children and young people waiting for treatment by community CYPS services:					
Northumberland					
		442		397	
Proportion waiting more than 18 weeks at that date:		142	32.1%	144	36.2%
Proportion waiting more than 30 weeks at that date:		9	2.0%	1	0.3%
Newcastle					
		295		315	
Proportion waiting more than 18 weeks at that date:		23	7.8%	21	6.6%
Proportion waiting more than 30 weeks at that date:		0	0.0%	0	0.0%
Gateshead					
		257		245	
Proportion waiting more than 18 weeks at that date:		25	9.7%	29	11.8%
Proportion waiting more than 30 weeks at that date:		0	0.0%	0	0.0%
South Tyneside					
		181		192	
Proportion waiting more than 18 weeks at that date:		77	42.5%	78	40.6%
Proportion waiting more than 30 weeks at that date:		9	5.0%	1	0.5%
Sunderland					
		631		609	
Proportion waiting more than 18 weeks at that date:		206	32.6%	182	29.8%
Proportion waiting more than 30 weeks at that date:		11	1.7%	4	0.6%
4. Services in scope for RTT (referral to treatment) measurement:					
Incomplete waiters less than 18 weeks		<i>100% achieved</i>		<i>100% achieved</i>	
Incomplete waiters more than 52 weeks		<i>100% achieved</i>		<i>100% achieved</i>	
5. Number of service users with no recorded HCP/care co-ordinator or record of CPA status					
		3238		3350	

Gender RTT Waiting Times

The service is working towards achievement of an RTT 18 week standard and has recently commenced submission of waiting times data to NHS England, therefore the data is shown below for information. Note that the national procurement exercise is still pending.

During the month, the waiting list has decreased and currently there are 580 people waiting for treatment to commence, of whom 374 have not yet had a first contact. The proportion of people waiting more than 18 weeks has increased in the month.

	As at 31 October 2017	As at 30 November 2017	As at 31 December 2017
Number of Patients waiting for first contact	360	374	374
Proportion waiting less than 18 weeks for first contact	30%	36%	28%
Proportion waiting more than 18 weeks for first contact	70%	64%	72%
Number of Patients waiting for treatment	576	590	580
Proportion waiting less than 18 weeks for treatment	15%	21%	16%
Proportion waiting more than 18 weeks for treatment	85%	79%	84%

5. Finance Update December 2017

Financial Performance Dashboard

NTW Income & Expenditure

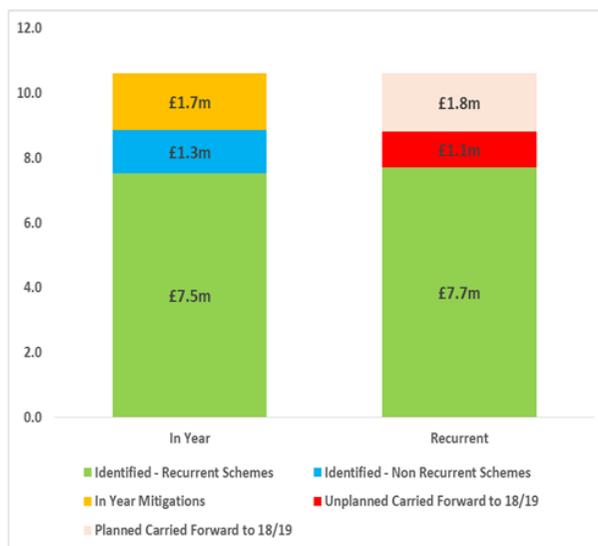
	Plan £m	YTD £m	Variance £m
Income	235.6	235.1	0.4
Pay	(185.5)	(186.7)	1.2
Non Pay	(37.3)	(36.2)	(1.1)
EBITDA	12.7	12.2	0.5
Cost of Capital	(8.2)	(8.0)	(0.2)
Gain on Disposal	0.0	1.7	(1.7)
Surplus/(Deficit)	4.5	5.9	(1.4)

Control Totals

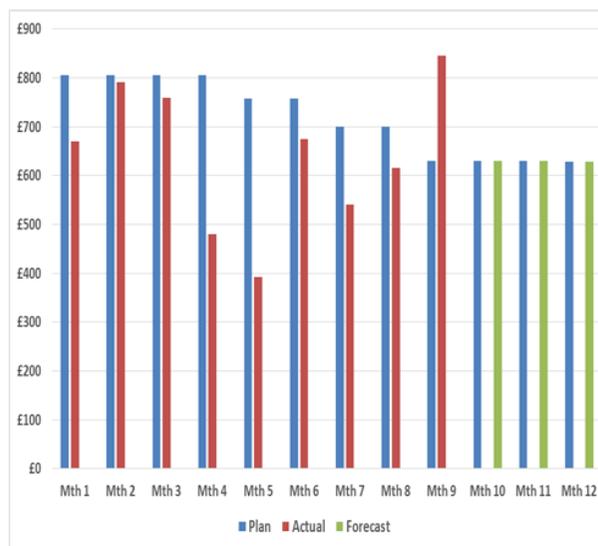
	Plan £m	YTD £m	Variance £m
North	18.9	18.1	0.8
Central	21.3	19.6	1.7
South	23.8	24.6	(0.8)
Central	(59.6)	(58.1)	(1.5)
Gain on Disposal	0.0	1.7	(1.7)
Surplus/(Deficit)	4.5	5.9	(1.4)

Key Indicators	Current	Forecast
Risk Rating	1	1
Agency Spend	£5.8m	£7.7m
FDP Delivery	£7.9m	£10.6m
Cash	£15.8m	£19.8m
Capital Spend	£3.4m	£7.8m

Financial Delivery Plan



Agency Spend



Key Issues/Risks

- Surplus - £5.9m at Mth 9 which is ahead of 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 Mth 9 & the forecast year-end rating is a 1.
- Pay costs £1.2m above plan at Mth9. Monthly pay spend needs to reduce if the Trust is to meet its control total this year and to achieve its targets going forward.
- Main pressures - CYPS, Older Peoples & Adult In-patients and below plan income in Secure Services.
- Agency Spend – Target spend in 17/18 is £8.6m. Spend at Mth9 is £5.8m which is £1.0m below target trajectory. Forecast spend is £7.7m.
- Financial Delivery Plan - Planned savings of £7.9m have been achieved at Mth9.
- Cash – £15.8m at Mth9 which is £4.7m below plan.
- Capital Spend - £3.4m at Mth9 which is £5.6m below plan.

Finance Agency

Agency Dashboard – Month 9 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 Mth9 is £5.8m which is £1.0m below trajectory.
6. Medical agency spend at Mth 9 is £2.4m which is in line with target.
7. Forecast agency spend is £7.7m which is £0.9m below ceiling.
8. The number of price cap breaches has reduced significantly since price caps were introduced. In November, the Trust reported an average of 27 above price cap shifts (breaches) per week (22 medical & 5 nursing). At the end of December, 4 medics were being paid above the capped rate. Agency medics are brought in at or below capped rates except in exceptional circumstances.

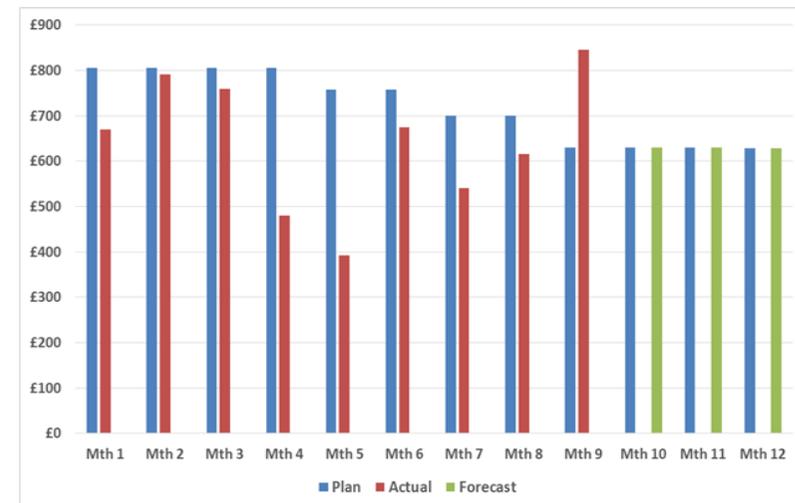
Monitor Agency Price Cap Breaches (Number of shifts)

	April	May	June	July	August	Sept	Oct	Nov	Dec
Staff Group	3/4 - 30/4	1/5 - 28/5	29/5 - 25/6	26/6 - 30/7	31/7 - 3/9	4/9 - 1/10	2/10 - 29/10	30/10 - 3/12	4/12 - 1/1
Medical	70	40	45	70	72	64	81	110	88
Nursing	15	20	20	20	25	20	20	25	20
Total	85	60	65	90	97	84	101	135	108

NTW - Temporary Staffing Spend 2017/18

Group	Year to date - Mth 9			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
North	2.1	1.5	1.0	4.6
Central	1.3	2.8	0.2	4.2
South	1.3	2.5	0.2	4.1
Support Services	1.1	0.1	0.3	1.5
	5.8	6.9	1.7	14.3

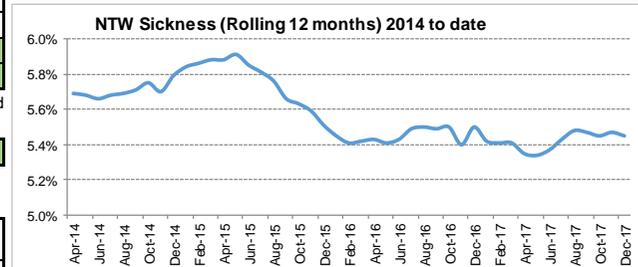
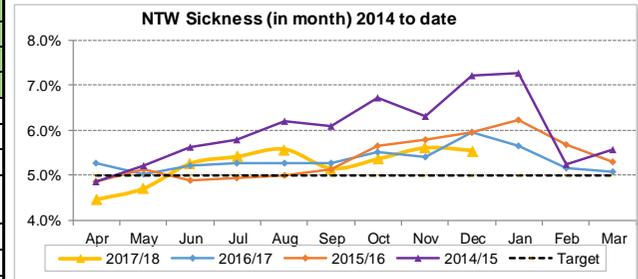
Agency Spend v Agency Ceiling



6. Monthly Workforce Update December 2017

Workforce Dashboard												Managing Attendance - includes NTW Solutions		
Training and Appraisals	Standard	M9 position	Overall Trend	North Locality Care Group	Central Locality Care Group	South Locality Care Group	Support & Corporate	Doctors in Training *	Staffing Solutions - Nursing	Staffing Solutions - Psychology	NTW Solutions	Target	M9 position	Trend
Fire Training	85%	88.1%	▼	88.6%	89.7%	89.1%	82.9%	43.5%	88.7%	84.0%	94.5%	<5%	5.54%	▲
Health and Safety Training	85%	91.7%	▬	93.1%	93.0%	93.5%	90.5%	48.1%	91.0%	100.0%	90.7%		1.47%	
Moving and Handling Training	85%	93.2%	▼	95.5%	93.8%	94.6%	91.9%	46.6%	96.1%	100.0%	91.0%		3.98%	
Clinical Risk Training	85%	90.8%	▲	90.8%	91.0%	91.8%			79.1%			<5%	5.45%	▲
Clinical Supervision Training	85%	84.2%	▲	83.0%	85.3%	84.6%			79.1%					
Safeguarding Children Training	85%	92.8%	▼	95.1%	93.0%	93.3%	91.8%	46.6%	94.5%	92.0%	95.4%			
Safeguarding Adults Training	85%	92.9%	▼	93.1%	94.7%	93.5%	92.5%	46.6%	94.9%	96.0%	95.4%			
Equality and Diversity Introduction	85%	93.7%	▼	95.5%	94.8%	95.1%	91.5%	48.1%	93.3%	100.0%	94.4%			
Hand Hygiene Training	85%	93.1%	▬	94.8%	93.9%	93.9%	93.1%	47.3%	91.0%	100.0%	95.5%			
Medicines Management Training	85%	82.3%	▼	80.2%	84.0%	83.3%	80.0%		75.8%					
Rapid Tranquillisation Training	85%	76.1%	▼	80.6%	87.5%	74.2%			44.0%					
MHCT Clustering Training	85%	88.2%	▬	86.2%	88.3%	89.6%								
Mental Capacity Act/ Mental Health Act/ DOLS Combined Training	85%	76.0%	▼	74.2%	81.2%	79.4%			55.9%					
Seclusion Training (Priority Areas)	85%	91.6%	▲	88.2%	95.4%	87.7%								
Dual Diagnosis Training (80% target)	80%	88.5%	▲	94.6%	92.8%	86.9%			61.1%					
PMVA Basic Training	85%	78.0%	▼	79.5%	84.1%	79.5%			69.0%					
PMVA Breakaway Training	85%	81.9%	▼	86.8%	82.6%	77.1%								
Information Governance Training	95%	88.9%	▼	89.9%	90.1%	89.8%	84.9%	40.5%	89.9%	84.0%	95.7%			
Records and Record Keeping Training	85%	97.6%	▼	99.4%	98.5%	98.6%	95.8%	53.4%	98.9%	100.0%	100.0%			

NB - NTW Solutions Sickness absence in the month was 5.22%



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

Appraisals	85%	79.6%	▼	83.7%	80.6%	80.1%	66.1%				92.1%
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Best Use of Resources	Target	M9 position	Trend
Agency Spend		£844,829	▼
Admin & Clerical Agency (included in above)		£75,970	▲
Overtime Spend		£182,929	▲
Bank Spend		£727,884	▲

Recruitment, Retention & Reward	Target	M9 position	Trend
Corporate Induction	100%	100.0%	▬
Local Induction	100%	99.3%	▬
Staff Turnover (includes NTW Solutions)	<10%	*16.83%	▼
Current Headcount		6298	

*this is a rolling 12 month figure

Behaviours and Attitudes	M9 position
Disciplinarys (new cases since 1/4/17)	146
Grievances (new cases since 1/4/17)	25

*Trainee Doctors rotate every 4-6 months and it takes approx. one month for them to complete all of the training they are required to complete. There have been issues identified relating to ESR. Time delays are incurred when receiving information from other organisations when training has been completed outside of NTW. These issues are currently being addressed and this involves streamlining the process, part of this work has involved the recent activation between ESR and Intrepid whereby an issues with Intrepid meant the data did not transfer over. These issues have been rectified and will be active for the rotation in February 2018 whereby the training record will move with the Doctor.

7. Quality Goals/Quality Priorities/Quality Account Update December 2017

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

Three of the seven priorities are currently rated green and two are rated amber against the Quarter 3 milestones.

Quality Goal:	2017-18 Quality Priority:		Quarterly Forecast Achievement:				Comments
			Q1	Q2	Q3	Q4	
Keeping you safe	1	Embedding the Positive & Safe Strategy (includes Risk of Harm Training which continues from 2016/17)					There was slippage into quarter 4 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.
	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					Progressing as planned

8. Accountability Framework

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

Overall Rating		North Locality Care Group		Central Locality Care Group		South Locality Care Group		Comments:
		Q3	Q4	Q3	Q4	Q3	Q4	
		4		4		4		
Quality Governance	Performance against National Standards:	1		1		1		
	CQC Information:	2		2		1		
	Performance against Contract Quality Standards:	3		3		2		
	Clinical Quality Metrics:	3		4		4		South Locality Care Group - A number of metrics have breached for 3 consecutive quarters. Improvement plans required.
Use of Resources	YTD Contribution	3		4		1		
	Forecast Contribution	4		4		1		
	Agency Spend	1		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 2 nd 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 2 nd consecutive quarter, or there is a contract metric not achieved which is not recoverable within the following quarter.	Quarterly standard breached in 3 rd 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

9. Monthly activity update (Currently in development)

10. Service User & Carer Experience Monthly Update December 2017

Experience Feedback:

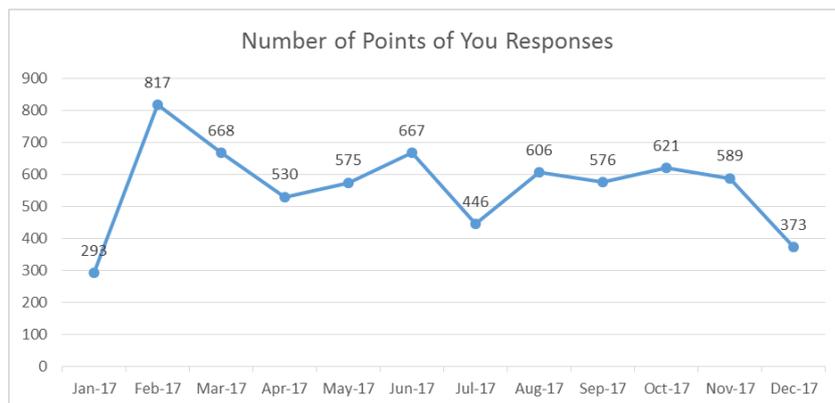
Feedback received in the month – December 2017:

	Responses received December 2017	Results December 2017
Points of You Feedback from Service Users ('Both' option included here)	268	Overall, did we help? Scored: 8.5 out of 10* (8.6 in November)
Points of You Feedback from Carers	105	
Total Points of You responses received	373	FFT Recommend Score**: 88% (86% in November)

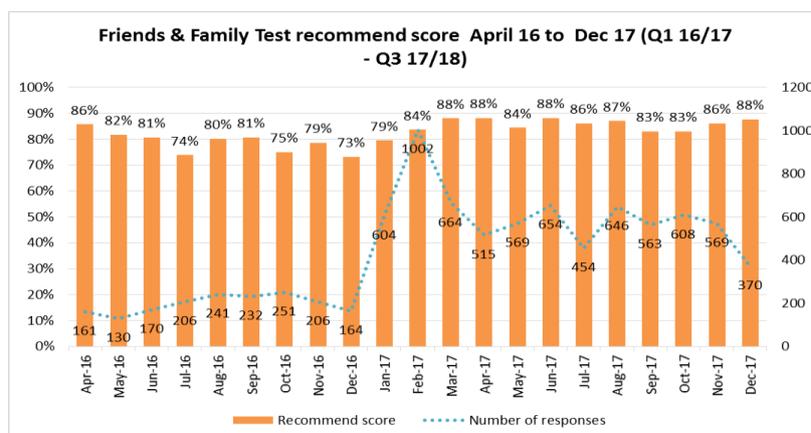
* score of 10 being the best, 0 being the worst

** national average recommend score resides around 88%

Graph showing Points of You responses received by month:



In December the number of Points of You responses decreased compared to the previous month of November. The results have improved with 88% of respondents identifying they would recommend our services to family or friends, which is the same as the national average of 88%.



Nb 3 of the 373 PoY responses in the month did not answer the FFT question within the survey

11. 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%	See Below			88.8%	97.8%	91.8%	91.9%			
Record of Rights (Detained) Revisited in past 3 months (inpatients)	94.8%	93.5%				93.8%	93.8%	95.5%	94.0%			
Record of Rights (Detained) Assessed at Section Change within the Period	87.0%	73.9%				88.2%	90.8%	90.8%	93.0%			
Record of Capacity/CTT for Detained clients Part A completion within 7 days of 3 month rule Starting	50.8%	42.4%				55.4%	36.0%	44.1%	52.9%			
Community CTO Compliance Rights Reviewed in Past 3 months	45.7%	48.9%				81.1%	85.9%	86.3%	88.5%			
Community CTO Compliance Rights Assessed at start of CTO	42.9%	33.3%				75.0%	75.0%	85.7%	66.7%			

The revised local rights recording form went 'live' on the 5th June 2017. The dashboard metrics for rights have been amended to link with the structure of the new form.

The provision of 'rights' to detained and CTO patients has been agreed as a Quality Priority for this year. The lead for this priority is Dr R Nadkarni.

In April 2017 compliance with Rights assessed within 7 days of the detention start date (metric 918) – was 92%. For the month of December 2017 the dashboards show compliance as 91.9%

For April 2017, compliance with rights having been revisited within a period not exceeding 3 months (metric 993) was 94.8%. For the month of December 2017 compliance was recorded on the dashboards as 94%.

Compliance in relation to the provision of rights where the section the patient was detained under changed (metric 994) - in April 2017 was 87%. This metric is included within the Rights Quality Priorities for 2017/2018. For the month of December compliance was recorded as 93.0% which exceeds the quarter 4 trajectory.

Compliance in relation to the provision of rights to detained patients continues to be good. The above rates of compliance provide assurance of this however it has been reinforced throughout the rights awareness training that the provision of rights is a legal requirement so we should strive to see further improvement.

Awareness sessions to support the introduction of the new form and the changes in practice required in relation to the provision of rights have been delivered by members of the 'MHA Local Forms and Practice Group' from June 2017 up until the end of November 2017. Registered Nurses were required to attend. The sessions have been, for the most part, well attended and feedback has been good. Some further sessions are booked for January 2018. It is anticipated that any registered staff who have not attended an awareness session will have their session delivered via a cascade model. E learning will also be an option.

In relation to CTO patients compliance with the provision of rights at the point the CTO is made (metric 998) in April 2017 was 42.9%. However significant improvement in compliance has been noted since the introduction of the revised form and associated training. For the month of November 2017 significant improvement was noted with compliance at 85.7% However compliance dropped to 66.7% in December 2017. Compliance will therefore need to improve throughout quarter 4 to meet the trajectory set at 80%.

Compliance with the provision of further explanations within a three month period (metric 985) has been consistently lower than the related metric for detained patients, In April 2017, compliance was 45.7%. Significant improvement in compliance has been noted since the introduction of the revised form and associated training. Compliance for the month of December 2017 is shown on the dashboards as 88.5%. This metric exceeds the quarter 3 and quarter 4 'Rights Quality Priorities' trajectories.

The CTO Task and Finish Group has been merged with the Local Forms Review Group. The new Group (The MHA Local Forms and Practice Group) will continue to monitor compliance and consider other options to improve compliance for both detained and CTO patient groups. Levels of compliance are reported at each of the CBU Quality Standards Group meetings. Ownership for ongoing monitoring of the provision of rights to detained and CTO patients will need to be transferred to these groups.

Compliance in relation to recording capacity assessments/discussions about consent to treatment (at the point of detention – metric 916) - 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 2017 has gone up to 55.1% however compliance for July 2017 is down to 49.1%. The data for September showed compliance at 55.4%. In October compliance was recorded at 36%. There was some improvement noted for November, with compliance shown on the dashboards at 44.1%. An improvement has been noted in December 2017, compliance being 52.9%

The review of the capacity/consent to treatment recording forms and associated practice issues is underway by the MHA Local Forms & Practice Review Group. As with the 'The Provision of Rights' the group will develop measures for improvement together with a communication strategy.

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

Benchmarking

The final report relating to the CAMHS collection has been received from the NHS Benchmarking Team.

The Corporate Functions draft report has been reviewed and we are currently awaiting the final report.

The Learning Disability Benchmarking collection has now been submitted and a draft report will be available in January 2018.

The Trust are participating in the Community Mental Health Team collection which is a one off dataset which will inform and enhance the knowledge base and intelligence around community mental health services, a core element of this work is to gain a full understanding of the workforce challenges for community services. The collection has now been submitted.

The Eating Disorder collection has been completed and returned to the NHS Benchmarking team.

Organisations have been asked to review a draft specification relating to the next collection for Perinatal benchmarking where some additional questions have been included relating to inpatient data regarding if the original admission was to a different Mother and Baby Unit and if the admission was antenatal or postnatal. The Trust is in a position to be able to report this data going forward.

The dates of the NHS Benchmarking Conferences are:

Learning Disability – March 2018

NTW Drive Mobility Service

The Trust has received formal notice from local CCG's that as from the 1ST November 2018 they will no longer commission the Drive Mobility Service currently provided at Walkergate Park. The rationale for the decision being the service is not deemed as a health provision. The service is currently looking at service model options which can be delivered from the remaining income streams in line with provision provided elsewhere in the country. The option appraisal will include a risk analysis associated with a reduced service or full withdrawal which will be shared with CCG colleagues.

Improving Access to Psychological Therapies (IAPT)

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

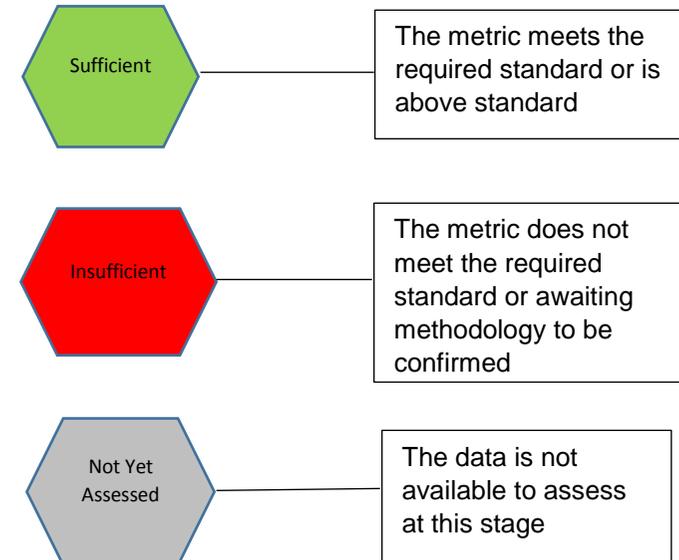
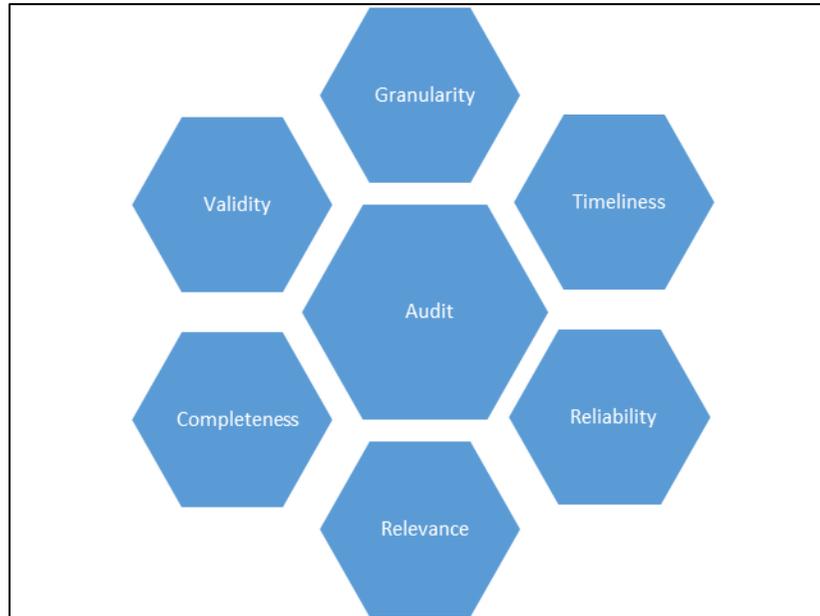
SUNDERLAND CCG PATIENTS - IAPT Only Patients - Quality Metrics in 2017-2018

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%	2.04%	2.32%	1.94%	1.68%	2.77%	3.02%			
Access - Over 65 (% of total service users entering treatment)	TBA	7.71%	6.94%	7.94%	7.95%	7.65%	5.06%	3.35%	7.02%	5.96%			
Access - Specific Anxieties (% of total service users entering treatment)*	TBA	14.09%	10.68%	10.30%	11.17%	10.13%	12.36%	13.49%	10.55%	10.69%			
Choice - % answering no	TBA	0%	0%	0%	0.37%	0%	0%	0%	0%	0%			
Choice - % answering partial	TBA	1.94%	5.26%	4.85%	0.38%	1.27%	0.86%	1.67%	0.49%	0.57%			
Choice - % answering yes	TBA	98.06%	94.74%	95.15%	99.25%	98.73%	99.14%	98.33%	99.51%	99.43%			
Employment Outcomes - Moved from Unemployment into Employment or Education	TBA	2	2	6	1	2	5	3	3	2			
Patient Satisfaction (Average Score)	TBA	19.31	19.34	19.36	19.42	19.51	19.27	19.35	19.54	19.68			
Recovery	50% of patients completing treatment	53.57%	51.20%	49.78%	51.50%	51.64%	51.70%	51.56%	51.30%	50.70%			
Reduced Disability Improved Wellbeing	TBA	36.31%	32.00%	30.90%	33.19%	32.16%	30.48%	30.17%	33.45%	28.88%			
Reliable Improvement	TBA	73.53%	68.73%	72.53%	71.06%	67.32%	72.86%	68.81%	70.69%	70.66%			
Self Referrals (% of discharges who had self referred)	TBA	73.81%	75.60%	73.82%	77.87%	78.43%	77.32%	79.66%	77.59%	76.00%			
Waiting Times	95% entering treatment within 18 weeks	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Waiting Times	75% entering treatment within 6 weeks	99.61%	100%	99.83%	99.66%	100%	99.83%	99.66%	99.82%	99.80%			

An element of the IAPT contract payment will be linked to these outcomes from April 2018

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